STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675469	A. Building B. Wing	06/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harmony Care at Floresville	1811 6th St Floresville, TX 78114

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident?s assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure an encoded, accurate and complete discharge MDS was electronically completed and transmitted to the CMS System within 14 days after completion for 1 of 4 residents (Resident #2) reviewed for discharge MDS assessments. The facility failed to ensure a discharge MDS was completed and transmitted for Resident #2's within 14 days of his discharge to the hospital. This failure could place residents at risk of not having assessments completed and submitted in a timely manner as required.The findings included: Record review of Resident #2's electronic face sheet, accessed on 06/11/2026, revealed the resident was a [AGE] year-old male admitted on [DATE], and readmitted on [DATE], with diagnoses that included Type 2 diabetes mellitus (high level of sugar in the blood) , Hyperlipidemia (Elevated level of any or all lipids(fat) in the blood) , Anxiety disorder (A group of mental illnesses that cause constant fear and worry), Peripheral vascular disease (narrowed arteries reduce blood flow to the arms or legs) , Depression (mood disorder that causes a persistent feeling of sadness and loss of interest) , Chronic pain and Hypertension (High blood pressure). Firther review revealed Resident #2 indicated a transfer to an acute care hospital on [DATE] at 6:20PM. Record review of Facility's census, dated 06/11/2026, for Resident #2 revealed a stop billing date/discharge date of 05/24/2026 Record review of Resident #2s electronic MDS assessments accessed 06/11/2026, revealed a Quarterly MDS Assessment with an ARD of 04/10/2026. As of 06/11.2026, there was no evidence of a discharge MDS completed or transmitted to CMS. During an interview with the DON and Administrator on 6/11/2026 at 2:00 PM, hey revealed the MDS nurse was not in the facility and was usually working remotely. They stated Resident #2's discharge MDS should have been initiated the day the resident left or the day after. It was the MDS nurse's responsibility to complete and transmit the discharge MDS and she missed it. They stated the MDS nurse was relatively new. The administrator stated it was important that MDS assessments were completed in a timely manner, so the facility knew how to care for the residents. Record review of CMS Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual Version 1.20.1 October 2025, 2.5 Assessment Types and Definitions, revealed, Discharge refers to the date a resident leaves the facility or the date the resident's Medicare Part A stay ends but the resident remains in the facility. A day begins at 12:00 a.m. and ends at 11:59 p.m. Regardless of whether discharge occurs at 12:00 a.m. or 11:59 p.m., this date is considered the actual date of discharge. There are three types of discharges: two are OBRA required-return anticipated and return not anticipated; the third is Medicare required-Part A PPS Discharge. A Discharge assessment is required with all three types of discharges.Discharge Assessment refers to an assessment required on resident discharge from the facility, or when a resident's Medicare Part A stay ends, but the resident remains in the facility (unless it is an instance of an interrupted stay, as defined below). This assessment includes clinical items for quality monitoring as well as discharge tracking information. OBRA Discharge assessments consist of discharge return anticipated and discharge return not anticipated. [.] Must be completed (item Z0500B) within 14 days after the discharge date (A2000 + 14 calendar days).

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE