

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675564	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/26/2026
NAME OF PROVIDER OR SUPPLIER  Harmony Care at Giddings		STREET ADDRESS, CITY, STATE, ZIP CODE  1181 N Williamson Giddings, TX 78942	

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)
<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review the facility failed to ensure the residents' environment remained as free of accident hazards as possible and ensure each resident received adequate supervision and assistance devices to prevent accidents for one of five residents (Resident #1) reviewed for accidents and hazards. CNA B failed to check the surroundings and notify LVN A when she heard the door alarm on the secured unit on 02/23/2026 at about 2:00 am. Resident #1 eloped from the facility and was found by local PD on a highway about 0.9 miles away from the facility with in the dark on 02/23/26 at 2:25 am. Resident #1 left the facility's secured unit through the door in the lobby area. The noncompliance was identified as PNC. The IJ began on 02/23/26 and ended on 02/25/26. The facility had corrected the noncompliance before the survey began. This deficient practice placed residents at risk for unsafe elopements, falls, injuries, and hospitalization. Findings included: Record review of Resident #1's, undated, face sheet reflected a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #1 had diagnoses which included schizophrenia unspecified (a chronic, severe mental disorder that disrupts how a person thinks, feels, acts, and perceives reality) , Alzheimer's disease unspecified (a progressive, irreversible brain disorder that causes cognitive decline-including memory loss, thinking, and reasoning problems), Anxiety disorder unspecified (excessive, persistent fear or worry that interferes with daily life, going beyond normal stress). Major depressive disorder, recurrent (a chronic, often lifelong condition characterized by repeated, separate episodes of severe depression). Record review of Resident #1's quarterly MDS assessment, dated 01/02/2026, reflected a BIMS of 2, which indicated a severe cognitive impairment. Section E - Behavior indicated Resident #1 had hallucinations and delusions. Section E-Wandering -presence and frequency indicated behavior of this type occurred 1 to 3 days. Section GG (Functional Abilities and Goals) reflected he utilized a wheelchair and walker. Record review of Resident #1's care plan, revised 02/23/26, reflected Resident #1 resided in the secure unit as evidenced by elopement risk. It also reflected that Resident #1 had an actual elopement on 02/23/2026 and that Resident #1 had poor safety awareness due to diagnoses of Alzheimer's disease and schizophrenia. Record review of Resident #1's elopement assessment dated [DATE] showed he was at risk. Record review of PD's report reflected, on 02/23/2026 at approximately [2:25 am] a Deputy observed an elderly individual walking northbound along [local state highway]. Local nursing homes were notified. [XXX] employees verified the individual. He was then transported back to [XX] facility by Police Officer with no incident. Record review of Resident #1's progress note dated 02/23/2026 at 06:30 am written by LVN A reflected, Officer came to facility to ask if a resident had left the facility, this nurse was not aware that resident had eloped. When this nurse went to unit to do headcount resident was not in his room nor on the unit. Immediately resident elopement was reported to administrator. Resident was then brought back to facility by a police officer. This nurse then did a head-to-toe assessment on residents and no injuries noted at this</p> <p>(continued on next page)</p>

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
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