

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  05/31/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 28689</p> <p>Based on observation, interview and record review, the facility failed to ensure residents had a safe, clean, comfortable, and homelike environment for 5 of 15 of Residents (Residents #27, #5, #13, #1 and #19), 1 of 1 outside facility grounds, and 1 of 1 shower rooms reviewed for homelike environment.</p> <p>A) The facility failed to ensure Resident #27's bathroom soap dispenser was attached to the wall on 05/28/2024 at 09:38 AM.</p> <p>B) The facility failed to ensure Resident # 5's remote control cord for her bed was intact and functional on 05/28/2024 at 09:40 AM.</p> <p>C) The facility failed to ensure Resident #13's window blinds were intact and not missing slats on 05/28/2024 at 09:40 AM.</p> <p>D) The facility failed to ensure Resident #1's window blinds were attached to the top of her window; the windowsill was attached securely to the window and the baseboard next to the window was attached to the wall on 05/29/2024 at 9:49 AM.</p> <p>E) The facility failed to ensure Resident #19's windowsill was attached securely to the wall and her room was not exposed to outside air on 05/29/2024 at 10:00 AM.</p> <p>F) The facility failed to ensure the facility grounds were kept mowed and debris was picked up on 05/28/2024.</p> <p>G) The facility failed to ensure the shower room linen cart was clean and the baseboard in the shower room was attached to the wall on 05/29/2024 at 1:15 PM.</p> <p>H) The facility failed to ensure the floor going into the dining room was intact and not missing a piece of concrete on 05/29/2024 at 11:00 AM.</p> <p>These failures placed residents at risk of having a dysfunctional, unsafe, and unhomelike environment.</p> <p>Findings included:</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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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A.</p> <p>Record review of the undated Face Sheet for Resident #27 reflected she was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses of Cerebral Infarction (brain stroke), Encephalopathy (any brain disease that alters brain function or structure), and personal history of Transient Ischemic Attack (a brief stroke-like attack).</p> <p>Record review of the Quarterly MDS for Resident #27 dated 05/18/2024 reflected she had unclear speech, and a BIMS score of 4 indicating severe cognitive impairment.</p> <p>Observation and attempted interview on 05/28/2024 at 09:38 AM in Resident #27's bathroom the soap dispenser was not attached to the wall. Resident #27 had difficulty speaking but pointed out the broken soap dispenser.</p> <p>In an interview and walking rounds on 05/29/2024 at 4:23 PM the MS and ADM observed the broken soap dispenser in Resident #27's bathroom. The ADM stated they did Angel Rounds but could not state who the Angels were or what rooms they were assigned to.</p> <p>Record review of the undated Care Team Assignment Sheet aka Angels indicated Resident #27's room was assigned to a staff member who was no longer employed at the facility.</p> <p>B.</p> <p>Record review of the undated Face Sheet for Resident #5 reflected she was a [AGE] year-old female admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of Unspecified Fracture of left Ilium (pelvic bone fracture), repeated falls, and muscle weakness generalized.</p> <p>Record review of the Quarterly MDS dated [DATE] for Resident #5 reflected she had a BIMS score of 15 indicating intact cognitive function.</p> <p>Observation on 05/28/2024 at 09:40 AM in Resident #5's room revealed the remote control for her bed had electrical tape holding it together in a few spots and several wires were exposed.</p> <p>Observation and interview on 05/29/23024 at 4:30 PM in Resident #5's room of her bed's remote that had wires exposed and electrical tape on it. Resident #5 stated sometimes the remote for her bed did not work. The ADM observed the remote control and stated the voltage to the device was 9V and so was no danger to the resident.</p> <p>C.</p> <p>Record review of the undated Face Sheet for Resident #13 reflected she was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses of Anemia (condition in which the blood doesn't have enough healthy red blood cells and hemoglobin, a protein found in red blood cells to carry oxygen all through the body), Unspecified Intellectual Disabilities and Cognitive Communication Deficit (difficulty understanding language and speaking associated with attention, higher brain functions and working memory).</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of the MDS Optional State Assessment Set dated 05/13/2024 for Resident #13 indicated she had a BIMS score of 11 indicating moderate cognitive impairment.</p> <p>Observation on 05/29/2024 at 9:40 AM in Resident #13's room revealed her window blinds were broken on the left side and were missing 16 partial slats.</p> <p>Observation and interview on 05/30/2024 at 4:35 PM in Resident #13's room revealed her window blinds were still broken. The ADM stated she needed new blinds and the Angels who made rounds on the rooms should have reported it.</p> <p>Record review of the undated Care Team Assignment Sheet aka Angels indicated Resident #13's room was assigned to a staff member who was no longer employed at the facility.</p> <p>D.</p> <p>Record review of the undated Face Sheet for Resident #1 reflected she was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses of Unspecified Atrial Fibrillation (hearts upper chamber beat chaotically, irregularly, and out of sync with the lower heart chambers), Pneumonia (infection that inflames air sacs in one or both lungs which may fill with fluid), and Unspecified Dementia (cognitive impairment without a specific diagnosis).</p> <p>Record review of the MDS Record review of the Nursing Home PPS Item Set dated 05/25/2024 for Resident #1 reflected she had a BIMS score of 11 indicating moderate cognitive impairment.</p> <p>Observation on 05/29/24 at 9:49 AM in Resident #1's room revealed the window blinds were falling off of the window and were not attached on the left or right side. The windowsill was not completely attached to the wall. The baseboard was not attached to the wall for approximately 3 ft to the right of the windowsill.</p> <p>Record review of the undated Care Team Assignment Sheet aka Angels provided by the ADM indicated Resident #1's room was assigned to a staff member who was no longer employed at the facility.</p> <p>E.</p> <p>Record review of the undated Face Sheet for Resident #19 reflected she was an [AGE] year-old female admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of Paroxysmal Atrial Fibrillation ((hearts upper chamber beat chaotically, irregularly, and out of sync with the lower heart chambers that reverts to a regular rhythm within 7 days), Sepsis (life-threatening complication of an infection) and Allergy, unspecified.</p> <p>Record review of the MDS OSA Item Set dated 05/13/2024 for Resident #19 reflected she had a BIMS score of 11 indicating moderate cognitive impairment.</p> <p>Observation and interview on 05/29/2024 at 10:00 AM in Resident #19's room revealed a spider web in the top left corner of the window. The windowsill was falling off and at a 45-degree angle. Warm air could be felt coming through an opening to the outside on the left bottom of the window behind the windowsill. Resident #19 stated I noticed that. I'm worried about mildew and mold. I'm allergic to that.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation and interview on 05/29/2024 at 4:30 PM in Resident #19's room with ADM and MS of the broken windowsill and a small opening in the screen that allowed warm outside air into the room. The ADM stated there was a possible risk of mold forming on the windowsill.</p> <p>Record review of the undated Care Team Assignment Sheet aka Angels provided by the ADM indicated Resident #1's room was assigned to a staff member who was no longer employed at the facility.</p> <p>Record review of an undated blank Guardian Angel Round Sheet' reflected Areas to inspect: Are walls in good repair? No holes, peeling paint or other damage. The Guardian Angel round sheets should be turned in daily.</p> <p>F.</p> <p>Observation on 05/28/2024 at 9:00 AM revealed the front lawn of the facility had high grass and weeds that were approximately 6 inches tall.</p> <p>Observation on 05/28/2024 at 11:51 AM revealed the lawn located off of the back of the facility and next to the smoking area had grass and weeds ranging from 6-12 inches tall. Broken sticks and limbs were located all over the patio. There was a large pile of broken limbs on the ground approximately 5 ft long X 2 ft wide X 1 ft high.</p> <p>Observation an interview on 05/29/2024 at 5:13 PM of the front lawn of the facility with the MS who stated he had worked at the facility since the end of January 2024. He stated the lawn could use a good mowing.</p> <p>Observation and interview on 05/29/2024 at 5:20 PM in the back of facility with the MS revealed large tree sticks on patio, the lawn with grass up to 1 ft tall in places, and a large pile of tree limbs next to the patio. He stated he did not know where to put the tree limbs as he could not put them in the dumpster. He stated the riding lawnmower was broken and the weed eater was not working. He stated he did have a functional leaf blower but with all of the issues inside the building he had not had time to blow the debris off of the patio. He stated the [NAME] had been broken since Friday (May 24, 2024) but with all of the rain prior to that he had not been able to [NAME] the grass.</p> <p>G.</p> <p>Observation on 05/29/2024 at 1:15 PM in the shower room revealed the linen cart had dirt and debris on the shelves alongside adult briefs and towels. The baseboard to the left of the shower room door was detached from the wall and small pieces of crumbled sheetrock were on the baseboard and on the floor.</p> <p>H.</p> <p>Observation on 05/29/2024 at 11:00 AM of a hole approximately 6 inches x 3 wide X 1/2 inch in the concrete floor outside the dining room entrance door.</p> <p>In an interview on 05/30/2024 at 4:10 PM the ADM observed the hole in the floor and stated it possibly could be a fall risk.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 05/29/2024 at 4:23 PM the MS stated this was his first job doing maintenance. He stated he followed the Maintenance calendar and completed water temperature checks every day. He stated he looked in the Maintenance log at the nurse's station everyday Monday through Friday and sometimes on the weekends.</p> <p>Record review of the undated Maintenance Calendar reflected on Thursday of every week to check to ensure screens are on all windows and in good repair and Check sidewalks and parking area or uneven surfaces/trip hazards.</p> <p>Record review of Maintenance and HK Request/Issue Forms in book at nurses' station did not reflect any of the maintenance issues observed.</p> <p>Record review of the undated Maintenance Calendar reflected on Thursday of every week to check to ensure screens are on all windows and in good repair and Check sidewalks and parking area or uneven surfaces/trip hazards.</p> <p>Record review of an undated task sheet provided by the ADM reflected Frequency: Weekly Ensure screens are on all windows and in good repair. Repair any holes or bent screens as needed.</p> <p>In an anonymous interview on 05/28/2024 a staff member stated they knew how to use the Maintenance Request/Issues Form but had not noticed any issues.</p> <p>In an interview on 05/30/2024 at 3:48 PM the DON stated her expectation was that the facility grounds would be kept clean, and that limbs on the back patio would be removed. She stated the windowsill in the resident's room that was open to outside air could allow insects to enter the building. She stated the disrepair of the facility could affect the resident's sense of dignity.</p> <p>In an interview on 05/30/2024 at 4:28 PM the ADM stated her expectation was that the facility should be kept in good condition. She stated the facility lawnmower had just broken and she did not know why the weed eater had not been used. She stated staff should notify the MS daily if any maintenance issues are found.</p> <p>Review of an undated facility policy and procedure titled Quality of Life - Homelike Environment reflected Policy Statement: Residents are provided with a safe, clean, comfortable, and homelike environment. 2. The facility staff and management shall maximize to the extent possible the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include Cleanliness and order.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32452</p> <p>Based on interview, and record review the facility failed to ensure that all alleged violations involving neglect were reported immediately to the state survey agency, for 1 of 1 resident (Resident# 25) reviewed for elopement.</p> <p>The facility did not report to the state survey agency when Resident #25 eloped from the facility on 05/14/2024 without facility knowledge and was found at the convenience store 0.4 miles away.</p> <p>This failure places residents at risk for elopement, accidents, and heat exhaustion due to lack of supervision.</p> <p>Findings included:</p> <p>Review of Resident #25's Face sheet dated 05/28/2024 reflected a [AGE] year-old male admitted to the facility on [DATE] with the following diagnoses Dementia (A group of symptoms that affects memory, thinking and interferes with daily life.), Vertigo (A sense of spinning experienced even when someone is perfectly still. ), anxiety disorder, (Fear characterized by behavioral disturbances.) and lack of coordination.</p> <p>Review of Resident #25 Annual MDS dated [DATE] reflected he was assessed to have a BIMS score of 7 indicating moderate cognitive impairment. Resident #25 was assessed to not have wandering behavior during the assessment period. Resident #25 was assessed to require moderate assist with ADLs.</p> <p>Review of Resident #25's Comprehensive care plan reflected a focus area dated 09/23/22 Resident #25 has impaired cognitive function/dementia or impaired thought processes related to dementia, impaired decision making. Further review reflected a focus area dated 01/10/2023 Resident #25 has vertigo related to dizziness. And a focus area dated 07/26/2022 Resident #25 is a wanderer r/t Disoriented to place. He has ideations of wanting to go home and believes he has a vehicle at the community that he can get in and drive. Goals included: The resident's safety will be maintained through the review date and the resident will not leave facility unattended through the review date. Interventions included: Assess for fall risk. Date Initiated: 07/26/2022; Disguise exits; cover door knobs and handles, tape floor. Date Initiated: 07/26/2022, Distract resident from wandering by offering pleasant diversions, structured activities, food, conversation, television, book. Resident prefers: Date Initiated: 07/26/2022 , Identify pattern of wandering: Is wandering purposeful, aimless, or escapist? Is resident looking for something? Does it indicate the need for more exercise? Intervene as appropriate. Date Initiated: 07/26/2022; Monitor for fatigue and weight loss. Date Initiated: 07/26/2022.</p> <p>(continued on next page)</p>

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #25's nursing progress notes reflected an entry dated 05/13/2024 At approx. 6:25 PM, Resident #25 asked to walk to store, stating they let me do it all the time, I just sign out. This charge nurse verified request with Administrator. This charge nurse was informed that resident cannot leave residence unattended due to being observed breaking the smoking policy and smoking unattended while walking to store on a previous occasion. Resident was mildly argumentative but agreed and verbalized understanding. Further review reflected an entry dated 05/14/2024 at 8:30 PM This resident was observed walking from the facility toward the neighborhood store. Resident stated he went to store to buy candies This charge nurse informed CNA to pick up resident from store due to the fatigue from the walk. The CNA brought resident back to facility. This charge nurse did head to toe assessment. No skin issues noted. Resident denies pain or discomfort at this time. This charge nurse asked resident if he would cooperate with a physical search to make, he doesn't have any unpopular items. Resident refused physical search of himself. Assessed vitals: B/P 124/71, P78, R18, T 98.0. Q 15 min checks initiated.</p> <p>In an interview on 05/28/2024 at 3:02 PM the Administrator stated the incident with Resident #25 was not reported to the state. She stated he did leave the facility and he did not sign out and the facility did not know where he was. She stated it was not an elopement he just went to the store unattended he likes to get cigarettes. She stated again it was not an elopement, but a behavior and we discourage him from going. Administrator stated she did not know if he was his own responsible party.</p> <p>In an interview on 05/29/2024 at 10:32 AM the DON stated Resident #25 did not elope she stated he was alert. When asked if anyone knew he was gone, she stated no. She further stated he has had an increase in narcotic use due to a fall and complaints of hip pain. She stated she has heard of his behaviors of confusion and wandering but has not seen any. She did not know what the facility's policy was regarding elopement. The DON stated the incident was not reported to the stated because she did not think it was an elopement.</p> <p>Review of the facility policy abuse/ neglect (not dated) reflected It is the policy of this facility to provide professional care and services in an environment that is free from any type of abuse, corporal punishment, involuntary seclusion, misappropriation of property, exploitation, neglect, or mistreatment. The facility follows the federal guidelines dedicated to prevention of abuse and timely and thorough investigations of allegations. These guidelines include compliance with the seven (7) federal components of prevention and investigation . Neglect is the failure to provide necessary and adequate (medical, personal or psychological) care. Neglect is the failure to care for a person in a manner, which would avoid harm and pain, or the failure to react to a situation which may be harmful. Neglect may or may not be intentional . All allegations of abuse will be reported to the appropriate State Agencies immediately after the initial allegation is received. A final investigation report will be submitted to the appropriate State Agencies within 5 working days . The Administrator is the Abuse Coordinator. Preliminary Investigation Report: The abuse coordinator must submit a preliminary investigation report to the appropriate State Agencies immediately once assurances for the resident's or other resident's safety have been established. However, if the event that caused the allegation of abuse results in serious bodily harm, the allegation of abuse must be reported to appropriate state agencies immediately and not later than 2 hours after receiving the allegation of abuse. Final Investigation Report: The abuse coordinator must submit a final investigation report to the appropriate State Agencies within five (5) working days of the allegation.</p>		

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<p>F 0635</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide doctor's orders for the resident's immediate care at the time the resident was admitted.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 28689</p> <p>Based on interview and record review, the facility failed to ensure that residents had orders and followed physician's orders for the resident's immediate care for 1 of 15 Residents (Resident #80) reviewed for admission orders.</p> <p>The facility failed to provide physician's orders for fingerstick blood sugar checks for Resident #80 who was admitted to the facility on [DATE].</p> <p>The facility failed to check Resident #80's blood pressure per Physician's orders.</p> <p>This failure could place the resident at risk of not receiving necessary care and services upon admission that could result in a deterioration of her condition.</p> <p>Findings included:</p> <p>Record review of the undated Face Sheet for Resident #80 reflected she was a [AGE] year-old female admitted to the facility on [DATE] and readmitted on [DATE] with a diagnosis of Type 2 Diabetes (long term condition in which the body has trouble controlling blood sugar and using it for energy) and Morbid Obesity (severely overweight).</p> <p>Record review of the Discharge Medications list dated 04/23/2024 from a hospital and provided by Resident #80. The medication list was transcribed by LVN C, the receiving nurse for Resident #80 and reflected Insulin glargine 60 Units subcutaneously (underneath all of the layers of the skin) twice a day for Type 2 Diabetes and Lisinopril Oral tablet Give 1 tablet by mouth one time a day for hypertension [high blood pressure] hold for SBP &lt;110, DBP&lt; 80 or HR &lt; 60.</p> <p>In an interview on 05/29/2024 at 4:05 PM Resident #80's Physician stated he no idea who wrote the orders for Resident #80. He stated normally the on-call Dr. would write the orders but he did not know who that Dr. was or if they were called. He stated the facility knew he would visit the resident the week after admission. He stated Resident #80 was a low risk for problems with her blood sugar as she was aware when it was low, but doing a blood sugar check would be appropriate before administering insulin. He stated it would be a standard of care to have blood pressure checks prior to blood pressure medications and blood sugar checks prior to giving insulin. He stated he would set parameters for giving the medications.</p> <p>In an interview on 05/30/2024 12:10 PM LVN C stated she was the receiving nurse and had worked the evening shift when Resident #80 was admitted . She stated she had called the facility Medical Director to confirm orders and stated she got the Resident's medications from paperwork she had provided from her recent discharge from a hospital. She stated she had put in blood pressure parameters and told the Medical Director the resident had been checking her blood sugars at home.</p> <p>In an interview on 05/30/2024 01:00 PM LVN A stated there were no orders in the chart for FSBS and she did not see orders for FSBS from admission. She stated she had not seen any orders for blood pressure checks. She stated she was still learning how to use the facility electronic health care charting.</p> <p>(continued on next page)</p>		

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<p>F 0635</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the Blood Pressure Summary for Resident #80 reflected she had blood pressure checks on 5/25/2024 at 31 minutes past midnight, at 10:04 AM on 05/27/2024, at 3:24 PM on 05/28/2024 and at 10:03 AM on 5/29/2024. No other blood pressure checks were recorded.</p> <p>Record review of the Blood Sugar Summary for Resident #80 reflected she had her blood sugar checked on 05/24/2024 at 10:30 PM with a reading of 129 and on 05/30/2024 at 9:41 AM with a reading of 168. No other blood sugars were recorded.</p> <p>In an interview on 05/30/2024 at 3:25 PM the DON stated the standard of care for a resident with diagnoses of insulin-dependent diabetes would be blood sugar accuchecks (blood sugar monitoring). She stated an abnormally high or low blood sugar could be a risk to the resident. She stated the standard of care for a resident receiving blood pressure medication would be blood pressure checks. She stated she had started in her position three months ago, and it was a process training the nurses.</p> <p>Record review of a facility Therapeutic Interchange Program for medications signed by the DON on 03/22/2024 reflected for a resident receiving insulin, blood glucose monitoring was recommended.</p> <p>In an interview on 05/30/2024 at 4:21 PM the ADM stated her expectation was that nursing staff follow physician's order. She stated she did not understand the risk of not taking a blood pressure or blood glucose check as that was a clinical question.</p> <p>Review of an article titled Blood Glucose Monitoring dated 05/23/2023 from the National Institute of Health/National Library of Medicine reflected Blood glucose monitoring helps to identify patterns in the fluctuation of blood glucose (sugar) that occur in response to diet, exercise, medications, and pathological processes associated with blood glucose fluctuations, such as diabetes mellitus. Unusually high or low blood glucose levels can potentially lead to life threatening conditions, both acute and chronic. The human body attempts to maintain blood glucose levels at about 72 to 108 mg/dl. Regular daily blood glucose monitoring is recommended for those with diabetes mellitus using insulin therapy.</p> <p>Review of an article titled Open Resources for Nursing Blood Pressure Introduction dated 2021 from the National Institute of Health/National Library of Medicine reflected The accurate measurement of blood pressure is important for ensuring patient safety and optimizing body system function. Blood pressure measurements are used by health care providers to make important decisions about a patient's care. Blood pressure measurements help providers make decisions about whether a patient needs fluids or prescription medications. It is crucial to follow the proper steps to obtain a patient's blood pressure to ensure the care team has accurate data to help make health care decisions and determine a plan of care.</p>		

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NAME OF PROVIDER OR SUPPLIER  Harmony Care at Giddings		STREET ADDRESS, CITY, STATE, ZIP CODE  1181 N Williamson Giddings, TX 78942	
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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 28689</p> <p>Based on interview and record review, the facility failed to develop and implement a baseline care plan within 48 hours of admission that included the instructions needed to provide effective and person-centered care of the resident that meets professional standards of quality care for 1 of 15 residents (Resident #80) reviewed for baseline care plans.</p> <p>The facility failed to ensure Resident #80's baseline care plan dated 05/28/2024 included instructions to address her admission diagnosis, Type 2 Diabetes (long term condition in which the body has trouble controlling blood sugar and using it for energy) and physician orders within 48 hours of admission. Resident #80 was admitted to the facility on [DATE].</p> <p>This failure could place residents at risk of receiving inadequate care and services.</p> <p>Findings included:</p> <p>Record review of the undated Face Sheet for Resident #80 reflected she was a [AGE] year-old female admitted to the facility on [DATE] and readmitted on [DATE] with a diagnosis of Type 2 Diabetes (long term condition in which the body has trouble controlling blood sugar and using it for energy) and Morbid Obesity (severely overweight).</p> <p>Record review of the Discharge Medications list dated 04/23/2024 from a hospital and provided by Resident #80 reflected Insulin Glargine 60 Units subcutaneously (underneath all of the layers of the skin) twice a day for Type 2 Diabetes and Lisinopril 20 mg daily for high blood pressure. The list was transcribed by LVN C, the receiving nurse, for Resident #80 on 05/24/2024.</p> <p>Record review of the Baseline Care Plan for Resident #80 dated 05/28/2024 (4 days after admission) reflected she had a refrigerator in her room, and she was at risk for falls due to impaired mobility and medications. It stated she used a CPAP machine while sleeping and she was a full code.</p> <p>In an interview on 05/30/2024 at 1:00 PM LVN A stated she had not been trained to do a baseline care plan.</p> <p>Record review of an undated facility Admission Check List stated All starred items must be completed upon admission. All other assessment must be completed by the following nurses every shift until all items are completed within the first 24 hours without exception. Page 2 of the document reflected Baseline Care Plan.</p> <p>In an interview on 05/30/2024 at 3:31 PM the DON stated the nurses in the facility had not been trained to do a Baseline Care Plan. She stated she usually started the task of completing Care Plans. She stated Care Plans would be used by the staff to help provide care for the residents.</p> <p>Care plan policy review was not provided prior to exit.</p>		

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<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> 32452</p> <p>Based on observation, interview, and record review the facility failed to ensure each resident received adequate supervision and assistance devices to prevent accidents for 1 of 1 resident (Resident# 25) reviewed for elopement and failed to ensure the residents' environment remained as free of accident hazards as possible for 1 of 1 shower rooms reviewed for quality of care.</p> <p>A) The facility failed to ensure Resident #25 was monitored for wandering and elopement. Resident #25 eloped from the facility on 05/14/2024 without facility knowledge and was found at the convenience store 0.4 miles away.</p> <p>An immediate Jeopardy (IJ) situation was identified on 05/29/2024 at 1:22 PM. While the IJ was removed on 05/31/2024 at 1:00 PM, the facility remained out of compliance because of the facility's need to evaluate the effectiveness of its corrective systems.</p> <p>This failure places residents at risk for elopement, accidents, and heat exhaustion due to lack of supervision.</p> <p>B) The facility failed to ensure two spray bottles containing a degreaser and a disinfectant were not left in an unlocked shower room.</p> <p>This failure could lead to unintentional ingestion, inhalation or eye contact with chemicals leading to injury and hospitalization .</p> <p>Findings included:</p> <p>A) Review of Resident #25's Face sheet dated 05/28/2024 reflected a [AGE] year-old male admitted to the facility on [DATE] with the following diagnoses Dementia (A group of symptoms that affects memory, thinking and interferes with daily life.), Vertigo (A sense of spinning experienced even when someone is perfectly still. ), anxiety disorder, (Fear characterized by behavioral disturbances) and lack of coordination.</p> <p>Review of Resident #25 Annual MDS dated [DATE] reflected he was assessed to have a BIMS score of 7 indicating moderate cognitive impairment. Resident #25 was assessed to not have wandering behavior during the assessment period. Resident #25 was assessed to require moderate assist with ADLs.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of Resident #25's Comprehensive care plan reflected a focus area dated 09/23/22 Resident #25 has impaired cognitive function/dementia or impaired thought processes r/t Dementia, impaired decision making. Further review reflected a focus area dated 01/10/0223 Resident #25 has vertigo related to dizziness. And a focus area dated 07/26/2022 Resident #25 is a wanderer r/t Disoriented to place. He has ideations of wanting to go home and believes he has a vehicle at the community that he can get in and drive. Goals included: The resident's safety will be maintained through the review date and the resident will not leave facility unattended through the review date. Interventions included: Assess for fall risk. Date Initiated: 07/26/2022; Disguise exits; cover door knobs and handles, tape floor. Date Initiated: 07/26/202, Distract resident from wandering by offering pleasant diversions, structured activities, food, conversation, television, book. Resident prefers: Date Initiated: 07/26/2022, Identify pattern of wandering: Is wandering purposeful, aimless, or escapist? Is resident looking for something? Does it indicate the need for more exercise? Intervene as appropriate. Date Initiated: 07/26/2022; Monitor for fatigue and weight loss. Date Initiated: 07/26/2022.</p> <p>Review of Resident #25's nursing progress notes reflected an entry dated 05/13/2024 At approx. 6:25 PM, Resident #25 asked to walk to store, stating they let me do it all the time, I just sign out. This charge nurse verified request with Administrator. This charge nurse was informed that resident cannot leave residence unattended due to being observed breaking the smoking policy and smoking unattended while walking to store on a previous occasion. Resident was mildly argumentative but agreed and verbalized understanding. Further review reflected an entry dated 05/14/2024 at 8:30 PM This resident was observed walking from the facility toward the neighborhood store. Resident stated he went to store to buy candies This charge nurse informed CNA to pick up resident from store due to the fatigue from the walk. The CNA brought resident back to facility. This charge nurse did head to toe assessment. No skin issues noted. Resident denies pain or discomfort at this time. This charge nurse asked resident if he would cooperate with a physical search to make, he doesn't have any unpopular items. Resident refused physical search of himself. Assessed vitals: B/P 124/71, P78, R18, T 98.0. Q 15 min checks initiated.</p> <p>Review of the weather channel website reflected the sunset at the facility on 5/14/2024 was indicated to be at 8:14 PM and the average temperature to be between 82 and 88 degrees Fahrenheit.</p> <p>Review of Google Maps dated 05/14/24 revealed the speed limit on the road Resident #25 walked to be 30 miles per hour and the distance to the store to be 0.4 miles.</p> <p>In an interview on 05/28/2024 at 3:02 PM the Administrator stated the incident with Resident #25 was not reported to the state. She stated he did leave the facility and he did not sign out and the facility did not know where he was. She stated it was not an elopement he just went to the store unattended he likes to get cigarettes. She stated again it was not an elopement, but a behavior and we discourage him from going. Administrator stated she did not know if he was his own responsible party.</p> <p>In an interview on 05/28/2024 at 3:10 PM the DON stated she did not do an investigation of Resident #25's elopement just what was in the nursing notes she stated he had some confusion, but he was pretty much with it.</p> <p>Review of Resident #25's consolidated physician orders reflected an order dated 05/11/2024 Hydrocodone-Acetaminophen 10-325mg by mouth four times daily for low back pain. Further review reflected an order dated 12/05/2022 Meclizine HCL 12.5mg one tablet every 6 hours for vertigo.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of Resident #25's Behavioral Health care note dated 05/17/2024 This is a follow-up visit and the staff reports that the patient continues to have occasional mood swings and depression. Staff stated that the patient left and went to the store without permission. He started yelling at caregivers and refused to be checked when he came back .Patient stated that he went to the store to buy cigarettes. He denied yelling at staff though and stated that he is a grown man and can do whatever he wants .</p> <p>In an interview on 05/28/2024 at 3:18 PM CNA E she stated that Resident #25 wanders, but she has never seen him leave she stated she was told if he tries to leave, and we caught him that we are to put him on 15 min checks. She stated he was pretty much with it.</p> <p>In an interview on 05/28/2024 at 3:20 PM Resident #25 stated he feels comfortable going out by himself stated he likes to go get M&amp;Ms. He stated, They won't take me, so I just take off, It's only a quarter of mile.</p> <p>Observation on 05/28/2024 at 3:36 PM revealed both the front and back exit doors without locks and an alarm that was barely audible.</p> <p>In an interview on 05/28/2024 at 10:32 AM the DON stated Resident #25 did not elope she stated he was alert. When asked if anyone knew he was gone, she stated no. She further stated he has had an increase in narcotic use due to a fall and complaints of hip pain. She stated she has heard of his behaviors of confusion and wandering but has not seen any. She did not know what the facility's policy was regarding elopement. She stated the nurses could not see the front door from the nurse's station and they could not hear the door alarms from there.</p> <p>Review of Resident #25's EMR reflected an elopement assessment dated [DATE] (no previous elopement assessments were done.) Review of the elopement assessment reflected Resident #25 was assessed to have a 12-elopement risk score indicating he was at risk for elopement.</p> <p>In an interview on 05/29/2024 at 10:38 AM LVN A stated she had been here for about 2 weeks; she stated Resident #25 was alert and knows what is going on. She stated she was told he likes to go to the store, but he was not supposed to go. LVN A stated she cannot see the doors or hear the alarms. She further stated she did not think it was safe for Resident #25 to go to the store alone.</p> <p>In an interview on 05/29/2024 at 11:20 AM Resident #25's facility Physician stated regarding Resident #25's cognitive status It depends she stated she was aware he has left in the past and has had a recent increase in his pain medication. She stated sometimes he is confused and not aware of his safety needs and other times he is aware of his needs.</p> <p>In an interview on 05/29/2024 at 11:42 AM the facility RN C stated an elopement was when someone would leave the facility and does not come back. She stated resident #25 was found at the store and he did not sign out, but he knows where he is going, she stated the facility did not report the incident because they did not feel like it was an elopement because they figured he went to the store. When asked if the facility knew when he left or how long he was gone the RN C stated they did not.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>In an interview on 05/29/2024 at 11:50 AM Resident #25's RP stated his dad should definitely be supervised and should not walk all the way to the store on his own. He stated Resident #25 did not handle the heat very well. He stated he has episodes of confusion and states he wants to go home sometimes. He stated sometimes he is fine but should definitely be supervised.</p> <p>In an interview on 05/29/2024 at 2:39 PM CNA G stated he was working when Resident #25 left the facility on [DATE]. He stated he took the residents out on their last smoke break around 6:00 PM or 6:30 PM and he stated Resident #25 stayed outside on the back porch after the break. CNA G stated he was ok to be outside by himself just not to smoke. He stated the RN charge nurse told him she thought Resident #25 had left the facility because a resident told her she saw him leave and to go get him. CNA G stated he left to go get him after he finished the shower he was giving. CNA G stated Resident #25 was at the railroad tracks coming back to the facility. He stated it was still daylight. CNA G stated he was not sure what time it was he stated Resident #25 told him he wanted candy and that was why he left the building. CNA G stated Resident #25 came back without issues.</p> <p>In an interview on 05/30/2024 at 1:53 PM the DON stated regarding Resident #25's elopement and updating his care plan to include his behavior, she stated Well that is questionable when asked why she stated, I did not think he eloped. The DON stated care plans should be updated after changes in condition or behavior and failure to do so could cause staff to overlook something that could affect the resident's care.</p> <p>Attempts to contact RN Charge Nurse on 05/28/2024 at 3:25 PM, 05/29/2024 at 2:00 PM and 5/30/2024 at 10:30 AM were unsuccessful.</p> <p>B) Observation on 05/29/2024 at 1:15 PM in the unlocked shower room revealed two spray bottles hanging from hooks on the wall above the linen cart and approximately 6 feet from the floor. The linen cart was located in a indented area of the wall. One bottle was labeled Non-acid Restroom Cleaner Disinfectant, and the other bottle was labeled a Degreaser. Both bottle labels were from the same chemical company. Both bottles stated Warning: causes eye irritation. Avoid contact with eyes, skin, and clothing. Wash hands and affected area thoroughly after handling. First aid: If in eyes: rinse cautiously with water for several minutes. Continue rinsing for 15 minutes. If eye irritation persists, get medical attention. If on skin: Wash with plenty of water, if skin irritation persists, get medical attention. See label on original container for complete direction for use and additional information. Keep out of reach of children.</p> <p>Review of the product Material Safety Data Sheet for the Non-Acid Restroom Cleaner Disinfectant found online at the manufacturer's website reflected If swallowed, rinse mouth. Do not induce vomiting without medical advice. If conscious, dilute by drinking up to a cupful of milk or water as tolerated. If inhaled, move the person to fresh air and keep comfortable for breathing. Start first aid. Immediately call a poison control center or physician. Classification: eye damage, skin irritation and acute toxicity. Hazard statements: Causes serious eye damage and skin irritation. Harmful if swallowed.</p> <p>In an observation and interview on 05/29/2024 at 3:25 PM in the shower room, the ADM stated the chemicals in the spray bottles were not a brand that the facility used. She opened one bottle, sniffed it, and stated it's just vinegar.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Observation in the shower room on 05/29/2024 at 4:40 PM revealed the spray bottles had been removed.</p> <p>In an interview on 05/30/2024 at 3:37 PM the DON stated her expectation was that chemicals should be locked up as the potential risk to the resident could be their skin might break out. She stated she had removed them from the shower room when informed by the ADM that they were in there.</p> <p>In an interview on 05/30/2024 at 4:25 PM the ADM stated chemicals should be locked up and the risk to the resident depends on the chemical. She again stated the chemicals she observed in the shower room were not a brand that the facility used. She had no further comment.</p> <p>Review of an undated facility policy and procedure titled Material Safety Data Sheet reflected Policy Statement: A current Material Safety Data Sheet (MSDS) will be obtained and kept on file for each hazardous chemical stored or used in our facility. The program coordinator is responsible for receiving and reviewing all material safety data sheets (MSDSs) before chemicals are used by employees.</p> <p>Review of the MSDS book for the facility did not include the Material Safety Data Sheets for the two spray bottles found in the shower room.</p> <p>Review of an undated facility policy and procedure titled Location of Hazardous Chemicals reflected Hazardous chemicals and/or materials are maintained in the following locations: housekeeping closet, maintenance closet, maintenance office, kitchen, dietary storage, storage shed.</p> <p>B) Observation on 05/29/2024 at 1:15 PM in the unlocked shower room revealed two spray bottles hanging from hooks on the wall above the linen cart and approximately 6 feet from the floor. The linen cart was located in a indented area of the wall. One bottle was labeled Non-acid Restroom Cleaner Disinfectant, and the other bottle was labeled a Degreaser. Both bottle labels were from the same chemical company. Both bottles stated Warning: causes eye irritation. Avoid contact with eyes, skin, and clothing. Wash hands and affected area thoroughly after handling. First aid: If in eyes: rinse cautiously with water for several minutes. Continue rinsing for 15 minutes. If eye irritation persists, get medical attention. If on skin: Wash with plenty of water, if skin irritation persists, get medical attention. See label on original container for complete direction for use and additional information. Keep out of reach of children.</p> <p>Review of the product Material Safety Data Sheet for the Non-Acid Restroom Cleaner Disinfectant found online at the manufacturer's website reflected If swallowed, rinse mouth. Do not induce vomiting without medical advice. If conscious, dilute by drinking up to a cupful of milk or water as tolerated. If inhaled, move the person to fresh air and keep comfortable for breathing. Start first aid. Immediately call a poison control center or physician. Classification: eye damage, skin irritation and acute toxicity. Hazard statements: Causes serious eye damage and skin irritation. Harmful if swallowed.</p> <p>In an observation and interview on 05/29/2024 at 3:25 PM in the shower room, the ADM stated the chemicals in the spray bottles were not a brand that the facility used. She opened one bottle, sniffed it, and stated it's just vinegar.</p> <p>Observation in the shower room on 05/29/2024 at 4:40 PM revealed the spray bottles had been removed.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>In an interview on 05/30/2024 at 3:37 PM the DON stated her expectation was that chemicals should be locked up as the potential risk to the resident could be their skin might break out. She stated she had removed them from the shower room when informed by the ADM that they were in there.</p> <p>In an interview on 05/30/2024 at 4:25 PM the ADM stated chemicals should be locked up and the risk to the resident depends on the chemical. She again stated the chemicals she observed in the shower room were not a brand that the facility used. She had no further comment.</p> <p>Review of an undated facility policy and procedure titled Material Safety Data Sheet reflected Policy Statement: A current Material Safety Data Sheet (MSDS) will be obtained and kept on file for each hazardous chemical stored or used in our facility. The program coordinator is responsible for receiving and reviewing all material safety data sheets (MSDSs) before chemicals are used by employees.</p> <p>Review of the MSDS book for the facility did not include the Material Safety Data Sheets for the two spray bottles found in the shower room.</p> <p>Review of an undated facility policy and procedure titled Location of Hazardous Chemicals reflected Hazardous chemicals and/or materials are maintained in the following locations: housekeeping closet, maintenance closet, maintenance office, kitchen, dietary storage, storage shed.</p> <p>Review of the facility's policy Elopements (not dated) reflected Staff shall investigate and report all cases of missing residents. Staff shall promptly report any resident who tries to leave the premises or is suspected of being missing to the Charge Nurse or Director of Nursing . 2. If an employee observes a resident leaving the premises, he/she should: a. Attempt to prevent the departure in a courteous manner; b. Get help from other staff members in the immediate vicinity, if necessary; and c. Instruct another staff member to inform the Charge Nurse or Director of Nursing Services that a resident has left the premises.</p> <p>The Administrator was notified on 05/29/2024 at 1:22 PM, that an Immediate Jeopardy had been identified due to the above failures and an IJ template was provided.</p> <p>The following POR was accepted on 05/30/2024 at 5:01 PM:</p> <p>PLAN OF REMOVAL OF IMMEDIATE JEOPARDY</p> <p>F689</p> <p>On 05/29/2024 at approximately 1:20 PM, the facility was notified by an HHSC employee the facility was in Immediate Jeopardy (IJ) with allegations of Supervision (F689) noncompliance.</p> <p>The surveyor provided an Immediate Jeopardy (IJ) Template notification via email that the Regulatory Services has determined that Immediate action is required to ensure residents are safety.</p> <p>Action:</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>o On 5/29/24 R25 was immediately placed on every 15 min checks Nurse or designee will be assigned to do the monitoring and documentation on paper indicated q 15 min visual checks, Director Of Nursing or Nurse manager will oversee to make sure it's being completed, until the facility can transfer R25 to another facility with secure unit, waiting on approval from facility that has a secure unit, clinicals were sent.</p> <p>o On 5/29/24 Director of Nursing/nurse managers Immediately reviewed residents with Dementia diagnosis or wandering behaviors for elopement risk, all resident's elopement risk assessment was completed to determine risk level, 1 Resident #R25 was only identified to be at risk for elopement at this time. Elopement assessments will be completed on admission and if changes in mental cognition, and yearly.</p> <p>o On 5/29/24 Regional Director of Clinical Operations in-service Administrator/Director of Nursing on Provider Letter for investigation and reporting Elopement to the state. Administrator/ or designee Immediately in-service all staff Full time, Part- Time and PRN, in person and those not present were in-service via phone, 100% completion on elopement policy, exit seeking behaviors per policy, safety and supervision. New employees will be trained as part of their orientation.</p> <p>o On 5/29/24 Maintenance inspected the Alarms at the door entrance and exits for proper functioning, he identified the volume was low and was able to increase volume for staff to hear if someone was exiting. Door locking mechanisms were inspected for both front and dining room doors and were found to be in working order, doors will be locked after visiting hours between 10pm and 6am.</p> <p>o On 5/29/24 MDS nurse reviewed all residents who have diagnosis of Dementia, to make sure interventions and correct supervision were in place for the nursing staff to be able to see in the electronic health record (EHR). Director of Nursing in-service the Nursing staff in person, and the nursing staff not present were in-service via phone on where to find in the information in the care plan and Kardex (nurse to nurse communication form).</p> <p>o Please review and accept this Plan of Removal. All items above have been completed with completion date and time May 30,20024</p> <p>The Survey Team monitored the POR on 05/29/2024 through 5/31/2024 as followed:</p> <p>Review of nursing notes dated 05/29/2024 reflected an entry at 12:56 PM the DON spoke with resident's RP, notified him that resident will need to be transferred to locked unit and there is a room available at another facility, we will be sending records to them. He expressed understanding.</p> <p>Review of the facility's 24-hour 1:1 Monitoring and Safety check for Resident #25 reflected the monitoring started 05/29/2024 at 11:15 AM and ongoing.</p> <p>In an interview on 05/31/2024 at 10:58 AM the DON stated she was checking the sheet two times per shift to make sure it was done.</p> <p>Review of the 1:1 in-service for Administrator and DON reflected in-services were conducted on 05/29/2024 regarding elopement, and the provider letter safety/ supervision. The in-service was signed by the RNC as the trainer and the Administrator and DON as the recipients of the training.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Harmony Care at Giddings		STREET ADDRESS, CITY, STATE, ZIP CODE  1181 N Williamson Giddings, TX 78942	
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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>In an interview on 05/31/2024 at 11:10 AM the Administrator stated she was provided a 1:1 in-service from the RNC and was given instruction on elopements, starting to lock the doors at night, activate alarms and replaced broken alarms and purchasing a door bell. Administrator stated was instructed to report elopements as soon as it is reported to her.</p> <p>In an interview on 05/31/2024 at 11:11 AM the DON stated she was instructed on elopement. She stated when an elopement occurs staff should try to stop the resident from leaving and place them on every 15 min checks. She was also instructed that the incident should be reported the State. She stated, I think the confusion came from us not thinking his leaving was an elopement. She stated she was aware now that it was considered an elopement if the resident leaves and the facility was not aware.</p> <p>Review of the in-service training provided to the facility staff by the RNC dated 05/29/2024 through 05/31/2024 reflected the topic was elopement, safety, supervision, and unauthorized departures. The in-service was signed by 31 of the 38 total employees.</p> <p>In an interview on 05/31/2024 at 11:30 AM the DON stated the employees not yet in serviced will be in serviced before they come to work.</p> <p>In an interview on 05/30/2024 at 3:18 PM CNA G stated, We had an in-service about the difference in elopement and leave without signing. Elopement is when they leave with no one knowing and the other is when they tell someone first. Stated they are to monitor for these behaviors and if some is trying to leave, they have to be put on every 15 min checks.</p> <p>In an interview on 05/30/2024 at 4:30 PM LVN Charge nurse LVN A she stated she was trained on elopement, and they are doing q15 min checks on Resident #25. She stated they told her that if they do have a resident that is missing to notify administration right away. She stated she was also told to make sure the front door is locked at 10 pm if she is working the evening shift.</p> <p>In an interview on 05/31/2024 at 11:38 AM LVN B she stated she was trained on elopement, and they are doing q15 min checks on Resident #25. She stated they told her that if they do have a resident that is missing to notify administration and to make sure the door alarms are on and working.</p> <p>In an interview on 05/31/2024 at 11:58 AM CNA Y stated she was in-serviced on elopement and monitoring residents that try to leave and to notify nurses if it occurs. She stated elopement was when a resident leaves and you did not know about it. Also, to keep an eye on Resident #25 every 15 min.</p> <p>In an interview on 05/31/2024 at 12:05 PM CNA J (night) stated she was in-serviced over the phone and was instructed the doors are to be lock at 10:00 PM till 6:00 AM and monitor wandering behaviors. They talked about elopement and to report to nurse if someone is missing.</p> <p>In an interview on 05/31/2024 at 12:20 PM CNA K stated she was in serviced on 05/29/2024 about residents leaving and if a resident is trying to leave tell the nurse and put them every 15 min checks and if they get out to tell charge nurse right away. Also, to keep doors locked at night now.</p> <p>In an interview with the Maintenance supervisor on 05/31/2024 at 11:38 AM checked all door alarms and replaced with louder alarms. Inspected the door locking mechanisms and all were working. Was in-serviced on elopement and monitoring residents for behavior.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Observation on 05/31/2024 at 11:45 AM revealed alarms working on all exit doors and alarms are audible.</p> <p>Review of the list of Dementia residents provided by the facility reflected 14 residents. Review of the 14 Resident EMR's reflected elopement assessment done. No high risk for elopement was identified.</p> <p>On 05/31/2024 at 2:00 PM the facility was notified the IJ was lowered to no actual harm with the potential for more than minimal harm.</p> <p>28689</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 28689</p> <p>Based on observation, interview, and record review the facility failed to ensure that a resident who needed respiratory care was provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents goals and preferences for 4 of 4 residents (Residents #88, #22, #19 and #24) reviewed for respiratory care.</p> <p>A. The facility failed to ensure Resident #80's CPAP mask was covered with a dated plastic bag on 05/28/2024 at 9:52 AM</p> <p>B. The facility failed to ensure Resident #22's nebulizer mask was covered with a dated plastic bag on 05/29/2024 at 2:33 PM.</p> <p>C. The facility failed to ensure Resident #19's oxygen tubing was dated on 05/28/2024 at 11:02 AM and failed to ensure her nasal cannula was covered with a dated plastic bag when not in use.</p> <p>D. The facility failed to ensure Resident #24's nebulizer mask was covered with a dated plastic bag on 05/29/2024 at 2:33 PM when not in use.</p> <p>These failures could place residents at risk for respiratory infections.</p> <p>Findings included:</p> <p>A.</p> <p>Record review of the undated Face Sheet for Resident #80 reflected she was a [AGE] year-old female admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of Type 2 Diabetes (long term condition in which the body has trouble controlling blood sugar and using it for energy), Morbid Obesity (severely overweight), insomnia (sleep disorder in which a person has trouble falling or staying asleep), shortness of breath and sleep apnea (a potentially serious sleep disorder in which breathing repeatedly stops and starts).</p> <p>Record review of a Care Plan dated 05/28/2024 for Resident #80 reflected she used a CPAP machine while sleeping. Interventions: Change filter out weekly on the C-pap machine, clean tubing and mask weekly as directed.</p> <p>Record review of Physician's Orders dated 05/29/2024 for Resident #80 reflected CPAP apply at bedtime.</p> <p>Observation on 05/28/2024 at 9:52 AM in Resident #80's room, a CPAP mask was on top of her mattress and not bagged.</p> <p>Observation on 05/29/2024 at 2:16 PM in Resident #80's room a CPAP mask was uncovered and hanging off the side of her bedrail.</p> <p>B.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of the undated Face Sheet for Resident #22 reflected she was a [AGE] year-old female admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of Chronic Obstructive Pulmonary Disease with acute exacerbation (group of lung diseases that block airflow and make it difficult to breathe), and Unspecified Dementia (a person loses the ability to think, remember, learn, make decisions, and solve problems).</p> <p>Record review of an MDS OSA Item Set dated 05/19/2024 for Resident #22 reflected she had a BIMS score of 15 indicating intact cognitive status. Her active diagnoses included Chronic Obstructive Pulmonary Disease.</p> <p>Record review of Physician Orders for Resident #22 dated 02/08/2024 reflected she had an order for Albuterol Solution (medication that relaxes the muscles in the lungs to open up the airways and make breathing easier) 0.5-2.5 (3) mg/3 ml 1 vial two times a day.</p> <p>Observation on 05/28/2024 at 10:25 AM revealed Resident #22's nebulizer mask was uncovered and on top of her bedspread.</p> <p>C.</p> <p>Record review of the undated Face Sheet for Resident #19 reflected she was an [AGE] year-old female admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of Paroxysmal Atrial Fibrillation ((hearts upper chamber beat chaotically, irregularly, and out of sync with the lower heart chambers that reverts to a regular rhythm within 7 days), Sepsis (life-threatening complication of an infection) and Allergy, unspecified.</p> <p>Record review of the MDS OSA Item Set dated 05/13/2024 for Resident #19 reflected she had a BIMS score of 11 indicating moderate cognitive impairment.</p> <p>Observation on 05/28/2024 at 11:02 AM in Resident #19's room revealed she had oxygen tubing connected to a concentrator. A plastic bag attached to the concentrator was dated 5/20/2024. The nasal cannula was uncovered and was on top of her bedspread.</p> <p>D.</p> <p>Record review of the undated Face Sheet for Resident #24 reflected she was an [AGE] year-old female admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of Unspecified Dementia (a person loses the ability to think, remember, learn, make decisions, and solve problems), Cognitive Communication Deficit (person struggles with memory, organization, and problem solving making it difficult to properly speak, listen, read, write or interact in social situations), and seasonal allergy Rhinitis (allergic response causing itchy, watery eyes, sneezing).</p> <p>Record review of Quarterly MDS dated [DATE] for Resident #24 reflected she had a BIMS score of 9 indicating moderate cognitive impairment.</p> <p>Observation on 05/29/2024 at 2:33 PM of Resident #24's nebulizer mask, which was sitting in a box uncovered on a dresser.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an observation and interview on 05/29/2024 at 2:44 PM in Resident #80's room, LVN A, stated her CPAP mask should have been in a zip lock bag with the date on it. She stated the last time she was on duty; the resident did not have the CPAP machine. LVN A observed the CPAP mask hanging off of the bed rail and stated it was not sanitary, could have germs on it and she could get a respiratory infection.</p> <p>In an observation and interview on 05/29/2024 at 2:47 PM in Resident #24's room LVN A stated her nebulizer mask should have been bagged. She stated it was not in the right place and there was no date on it. She further stated all other places she had worked; the night nurses changed the respiratory equipment on Sunday nights.</p> <p>In an interview on 05/30/2024 at 3:35 PM the DON stated respiratory equipment should have a bag over it and the policy in the facility was for the Sunday night nurse to change the tubing, bag, and date the equipment. She said the nurses had not been trained on that policy since she had been there. She stated the potential risk to the resident was an infection as all kinds of bacteria could be on the equipment.</p> <p>In an interview on 05/30/2024 at 4:24 PM the ADM stated nursing staff should be changing oxygen tubing and dating it. She stated she did not know if the masks or cannulas should be covered.</p> <p>Record review of an undated facility policy and procedure titled Departmental (Respiratory Therapy) Prevention of Infection. The purpose of this procedure is to guide prevention of infection associated with therapy tasks and equipment, including ventilators, among residents and staff. Infection control considerations related to oxygen administration: 8. Keep the oxygen cannula and tubing used prn in a plastic bag when not in use. Infection control considerations related to medication nebulizers/continuous aerosol: 8. Store the circuit in plastic bag, marked with date and resident's name between uses.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>28689</p> <p>Based on observation, interview and record review, the facility failed to ensure that all expired drugs and biologicals were removed and destroyed for 1 of 1 medication storage rooms reviewed for medications and failed to ensure 1 of 1 medication storage room refrigerators was free of contaminants.</p> <p>The facility failed to remove 7 bottles of expired medication from the medication storage room and 1 container of expired protective skin applicators when it was observed on 05/28/2024 at 3:45 PM.</p> <p>The facility failed to ensure the medication room refrigerator was free of contaminants including staff food and drinks when it was observed on on 05/28/2024 at 3:45 PM.</p> <p>This failure could place all residents at an increased risk of receiving expired and/or contaminated medications/supplements resulting in adverse health consequences.</p> <p>Findings included:</p> <p>Observation on 05/28/2024 at 3:45 PM in the medication storage room revealed one bottle of Aspirin 81 mg expiration date 08/2023, four bottles of Docusate Sodium expiration date 04/2024, one bottle of natural tear eye drops expiration date of 09/24/2023, Skincote protective dressing applicator expiration date 08/2023. The medication room refrigerator had one open container of lemon-flavored thickened liquid, and two magic cups (nutritional supplement) for residents. Staff food items included an open container of yogurt, an open strawberry-flavored drink, two bottles 33 oz. water, one of which was open, cheese sticks, one large 32 oz soft drink with a straw in it, crispy onion salad topper and a jar of opened mayonnaise.</p> <p>In an interview on 05/28/2024 at 3:55 PM MA H stated she had been working in the facility since May 1, 2024, and stated the staff used the refrigerator in the medication room because the staff did not have one in their break room. She stated the medications that were expired would not be as potent if given to a resident.</p> <p>In an interview on 05/28/2024 at 4:12 PM LVN B stated the expired medications would not be as effective if given to a resident. She stated the staff remove expired medications as a team and no one person was responsible. She further stated the staff should not be using the refrigerator in the medication room for their personal food as there could be cross contamination.</p> <p>In an interview on 5/28/2024 at 4:20 PM the DON stated she had been working at the facility since February 2024. She stated regarding the expired medications, the staffing coordinator had quit a month ago and they had not gotten around to removing the expired medications. She stated the potential risk of expired medications could be GI upset and they would be less effective. Regarding staff food in the resident's refrigerator, she stated there could be cross-contamination. She stated the staff did not have a refrigerator in their break room.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 05/30/2024 at 3:45 PM the DON stated she and other staff had pulled expired medications off of the storage room shelves at the beginning of April 2024. She stated the central supply person was no longer at the facility and it was one of her duties to remove expired medications. She stated having staff food in the refrigerator could be an issue due to cross contamination and expired medications would not be as potent or the resident could have an adverse reaction.</p> <p>In an interview on 05/30/2024 at 4:26 PM the ADM stated her expectation was that the medication aides would clean expired medications off of the storage room shelves. She said the task depended on who the DON assigned it to. She stated expired medications could potentially be ineffective. She stated food and drinks should not be in the storage room refrigerator as it was an infection control issue.</p> <p>Review of a facility policy and procedure dated 01/01/2024 titled Storage of Medications reflected The facility will store all drugs and biologicals in a safe, secure, and orderly manner. 4. The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals. All such drugs shall be returned to the dispensing pharmacy or destroyed. 8. Medications requiring refrigeration must be stored in a refrigerator located in the drug room at the nurses' station or other secured location. Medications must be stored separately from food and must be labeled accordingly.</p>

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32452</p> <p>Based on interview and record review, the facility failed to follow guidelines for mandatory electronic submission of staffing information based on payroll data in a uniform format. The facility failed to submit direct care staffing information on the schedule specified by CMS (Centers for Medicare and Medicaid Services), but no less frequently than quarterly for 1 of 4 quarters reviewed for payroll data information (Quarter 1 2024).</p> <p>The facility failed to submit PBJ staffing information to CMS for the 1st quarter ([DATE] to March 30) of fiscal year 2024.</p> <p>This failure could place residents at risk for personal needs not being identified and met, decreased quality of care, decline in health status, and decreased feelings of well-being within their living environment.</p> <p>Findings included:</p> <p>Review of the facility's Civil Rights Survey Report dated 05/28/2024 (Form 3761) indicated the following:</p> <ul style="list-style-type: none"> <li>3 RNs</li> <li>7 LVNs</li> <li>9 Direct Care Staff</li> <li>6 Dietary</li> <li>4 Housekeeping &amp; Laundry</li> <li>7 All Others</li> </ul> <p>Record review of the CMS PBJ Staffing Data Report (payroll-based staffing), CASPER Report (Certification and Survey Provider Enhanced Report) 1705 D FY Quarter 1 2024 (October 1-December 31), dated 05/22/2024, indicated the following entry: Metric Failed to Submit Data for the Quarter, Result Triggered Definition Triggered = No Data Submitted for Quarter.</p> <p>In an interview on 05/30/2023 at 1:20 PM the Administrator stated the corporate office was in charge of reporting the CMS PBJ staffing data. She stated the pervious company was responsible for reporting the 1st quarter staffing information and it was not done. She stated the new corporate office did report the 2nd order.</p> <p>Review of the facility's policy (undated) reflected Policy Statement: Direct care staffing information is reported electronically to CMS through the Payroll-Based Journal system. Policy Interpretation and Implementation:</p> <p>(continued on next page)</p>

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>1. Complete and accurate direct care staffing information is reported electronically to CMS through the Payroll-Based Journal (PBJ) system in a uniform format specified by CMS. 8. Technical specifications for uploading data directly from a payroll or time and attendance system will be accessed through: <a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html</a>. 9. Direct care staffing information is submitted on the schedule specified by CMS, but no less frequently than quarterly. 10. Staffing information is collected daily and reported for each fiscal quarter no later than 45 days after the end of the reporting quarter. Dates are as follows:</p> <p>Fiscal Quarter Date Range Submission Deadline</p> <p>1 October 1 - December 31 February 14</p> <p>2 January 1 - March 31 May 15</p> <p>3 April 1 - June 30 August 14</p> <p>4 July 1 - September 30 November 14</p> <p>28689</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>28689</p> <p>Based on observations, interviews, and record review the facility failed to maintain an effective pest control program so that the facility was free of pests for 1 of 1 dining rooms and 1 of 1 shower room reviewed for environment.</p> <p>The facility failed to ensure the dining room was free of flies during the resident meal service on 05/28/2024 at 12:15 PM.</p> <p>The facility failed to ensure the shower room was free of roaches and water bugs on 05/29/2024 at 1:15 PM.</p> <p>These failures could place residents at risk for insect borne illness, not having a home free of pests and a comfortable environment in which to live.</p> <p>Findings included:</p> <p>Observation on 05/28/2024 at 12:15 PM revealed one resident swatting a fly off of her food. The fly landed in her dessert cup and was stuck on the inside. Another resident had a fly land on her drink cup several times.</p> <p>Observation on 05/29/2024 at 1:15 PM in the shower room of a small brown roach crawling toward the commode and a water bug (a large insect that can bite and prefers very wet environments) approximately one-inch-long crawling on the wall above the linen cart.</p> <p>In an interview on 05/30/2024 at 4:35 PM the ADM stated she and the MS did the pest control for the facility. She stated they used over the counter products, and she was not aware of any live roaches, but she had seen dead roaches. She stated they sprayed around the outside of the building one time a month. She stated a commercial pest control company had quit coming to the facility and she did not know why.</p> <p>In an anonymous staff interview on 05/30/2024 at 12:34 PM they stated there were water bugs in the facility and the infestation was worse in the summer. They stated there were a lot of flies everywhere in the building and especially in the dining room.</p> <p>In an interview on 05/30/2024 at 12:39 PM MA I stated she had been at the facility since the end of January. Stated there are a lot of flies in the dining room and at the nurse's station. She stated she had not observed crawling insects, but she did not go into the shower room.</p> <p>In an interview on 05/30/2024 at 3:50 PM the DON stated her expectation was that the facility would be pest free. She stated insects could contaminate food. She stated she had not seen any roaches, but she had seen flies in the dining room.</p> <p>(continued on next page)</p>		

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  05/31/2024
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 05/30/2024 at 4:30 PM the ADM stated her expectation was that the facility would be pest free which she stated was not realistic. She stated food that insects landed on could be contaminated. She stated she obtained the pest control chemicals from the local big chain store, or the hardware store and the chemicals were stored outside in the storage room. She stated she and her MS sprayed the pest control products monthly and as needed. She stated she did not know why the pest control company quit coming and stated the company she worked for had taken over the facility November 1st, 2023.</p> <p>Record review of an undated facility policy and procedure titled Pest Control reflected Purpose: to provide an environment free of pests. Policy: 1. The facility will have pest control that provides frequent treatment of the environment for pests. It will allow for periodic treatment when a problem is detected. There will be emphasis on the pest control in the kitchens, cafeterias, laundries, loading docks, construction activities and other areas prone to infestation. Monitoring of the environment will be done by the facility's staff. Pest control problems will be reported promptly. Screens will be maintained in all windows that open to the outside.</p> <p>32452</p>		