

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676370	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/01/2025
NAME OF PROVIDER OR SUPPLIER  Harmonee House		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 Main St Amherst, TX 79312	

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 0846</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have policies and procedures ensuring the administrator's responsibilities for facility closure are completed successfully.</p> <p>Based on observation, interview and record review, the facility failed to submit to the residents of the facility and their legal representatives of such residents or other responsible parties, written notification of an impending closure at least 60 days prior to the date of closure for 16 of 16 resident reviewed for discharge notice. The facility failed provide residents and their representatives a written notice of closure at least 60-days before closure. This failure could place residents at risk of an improper discharge and not having notice to provide them with time to place for a safe discharge. Findings included: Record review of facility closure letter dated September 25, 2025 revealed that the letter indicated that the DON and ADON would be assisting families with a listing of homes in the surrounding area to help make informed decisions and families and residents could meet with the governing board on September 29, 2025. Record review of form 2191, the Nursing Facility Closure Master Resident List, dated 10/20/2025, revealed all 16 residents had been discharged to other facilities or to home starting on 10/01/2025 with the last resident passing away on 10/18/2025. During an interview on 10/10/2025 at 10:00 am, the DON stated that they had had no warning that the closure of the facility was happening. She and the staff were told only a short time before that letter went out to the families. She stated that there were rumors in the community that the facility was closing but it had not been confirmed until a meeting with the owner shortly before the letter was sent out on September 25th, 2025. An observation on 10/20/2025 at 9:50 AM revealed a sign on the facility door that revealed the facility was closed. During an interview on 10/20/2025 at 9:50 AM, the ADON met the surveyor at the front door and stated that the last resident passed away on 10/18/2025 in the facility at approximately 2:00 AM. She had been actively dying for about a week. The ADON stated during the exit conference that she was unaware that the facility was supposed to give a 60-day notice to families. The ADON was asked for a policy about discharge notices, but a policy was not provided.</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
---	-------	-----------