

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 686124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/21/2025
NAME OF PROVIDER OR SUPPLIER Harmony Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9820 N Kendall Drive Miami, FL 33176	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, records reviewed and interviews, the facility failed to provide appropriate treatment to prevent worsening Urinary Tract Infections for one (Resident #2) out of two sampled residents, who had an indwelling urinary catheter; as evidenced by during hygiene care Resident #2's indwelling urinary catheter drainage collection bag and tubing were positioned on the bed below the level of the bladder with backflowing urine noted in the tubing. This deficient practice potentially increases the risk for worsening urinary tract infection and other severe complications. There were four residents with Urinary Tract Infections residing in the facility at the time of the survey. The findings included: Observation on 7/21/25 at 1:28 PM revealed Staff C, a Certified Nursing Assistant (CNA) performing hygiene care for Resident #2, Staff C, CNA positioned the urinary drainage collection bag and tubing between the resident's feet on the bed (photographic evidence) below the level of the bladder. The surveyor observed back flowing urine in the tubing and asked Staff C, CNA if it was okay to leave the bag and tubing on the bed. Staff C, CNA replied, yes, because I emptied it. Staff C, CNA continued with hygiene care leaving the bag and tubing above the level of the bladder. The surveyor exited the room and informed the Director of Nursing (DON) of the identified concern. Record review of a demographic sheet revealed Resident #2 was admitted on [DATE] with diagnosis that included: Bacteriuria (presence of bacteria in urine and can be asymptomatic but If Bacteriuria is accompanied by symptoms it is classified as a Urinary Tract Infection). Record review of Resident #2's physician's order sheet revealed an order dated 6/27/25 indicating: Keep dignity bag covered and attached to urine collection bag below the level of the bladder at all times and order dated 7/14/25 for Medications ordered included: Sulfamethoxazole-Trimethoprim 800-160 Milligrams (a combination of antibiotics used to treat infections including urinary tract infections) give one tablet by mouth every 12 hours for Bacteriuria for 10 Days. During an interview on 7/21/25 at 5:50 PM, the DON revealed the bag should remain below the level of the bladder to prevent urine reflux which can cause a UTI and Resident #2 had a current diagnosis for UTI. Record review of the facility's policy for indwelling catheter care date implemented: 3/2020 Policy: It is the policy of this facility to provide catheter care to all residents that have an indwelling catheter in an effort to reduce bladder and kidney infections.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and records review, the facility failed to implement infection prevention and control practices in accordance with the facility's policy related to Enhanced Barrier Precautions (EBP) for one (Resident # 2) out of two sampled residents, as evidenced by staff failure to wear required Personal Protective Equipment (PPE) during indwelling catheter care. The findings included:</p> <p>Observation on 7/21/125 at 1:28 PM of Staff C, Certified Nursing Assistant performing hygiene care for Resident #2 who is under Enhanced Barrier Precautions (EBP) due to an indwelling urinary catheter. Staff C, Certified Nursing Assistant performed hand hygiene donned gloves but did not put on a gown which is a required PPE for EBP and completed Resident #2's hygiene care. The surveyor exited the room and informed the Director of Nursing (DON) of the identified concern.</p> <p>Record review of a demographic sheet revealed Resident #2 was admitted on [DATE] with diagnosis that included: Bacteriuria (presence of bacteria in urine).</p> <p>Record review of Resident #2's physician's order sheet revealed an order dated 6/27/25 for Enhanced Barrier precautions for every shift.</p> <p>Record review of a Medicare 5-day Minimum Data Set (status completed) revealed Resident #2 has no cognitive impairment, required substantial/maximal assistance for toileting hygiene care and had an indwelling catheter.</p> <p>During an interview on 7/21/25 at 3:17 PM, Staff C, Certified Nursing Assistant stated: "I did not put on the gown because I was nervous; I know which residents I need to wear a gown for by the sign on the wall that says Enhanced Barrier Precaution";</p> <p>On 7/21/25 at 5:50 PM, the DON revealed staff are to wear a gown and gloves when providing hygiene caring for residents on Enhanced Barrier Precaution.</p> <p>Record review of the facility's Policy titled, Infection Control Policy and Procedure: Enhanced Barrier precautions issued 8/16/2022 revised: 4/1/2024 revealed :Policy: Policy: It is the policy of this facility that Enhanced Barrier Precautions, in addition to Standard and Contact Precautions will be implemented during high-contact resident care activities when caring for residents that have an increased risk for acquiring a multidrug-resistant organism (MDRO) such as a resident with wounds, indwelling medical devices or residents with infection or colonization with an MDRO. Procedures included: Enhanced Barrier Precautions (EBP) consists of the use of gowns and gloves for high-contact care activities which include but may not be limited to: Providing hygiene, changing briefs or assisting with toileting, Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator, and Wound care: any skin opening requiring a dressing.</p>		