STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676370	A. BUILDING _____ B. WING _____	**07/28/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HARMONEE HOUSE	**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)
F 0578 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to ensure all residents had the right to formulate an advanced directive for 1 (Resident #1) of 5 residents reviewed for advanced directives. Resident #1 had a DNR in her record with no physician's statement. The facility's failure to ensure accuracy of resident medical records for advanced directives such as a DNR (Do Not Resuscitate), recognized under State law (whether statutory or as recognized by the courts of the State), relating to the provision of health care could place residents a risk for not receiving healthcare as per their or their legal representatives wishes. Findings include: Record review of the clinical record for Resident #1 revealed an [AGE] year-old female resident admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Record review of the clinical record for Resident #1 revealed the last MDS completed was a quarterly done on [DATE] with a BIMS of 15 indicating she was cognitively intact and had a functionality of independent with activities. Record review revealed a DNR in Resident #1's clinical record dated [DATE]. All sections were completed except the Physician Statement section which had no physician's signature, date, printed name, or license #. During an interview on [DATE] at 4:17 PM Resident #1 verified that she does wish to be a DNR. During an interview on [DATE] at 1:48 PM Per interview with RN G and LVN B were presented with Resident #1's chart and asked what Resident #1's current code status was. Both RN G and LVN B reviewed it and reported that it was supposed to be marked on the hard cover if Resident #1 was a DNR. Both RN G and LVN B verified that Resident #1's chart was not marked anywhere to identify her DNR status. Both RN G and LVN B reviewed the DNR in Resident #1's chart and both agreed that Resident #1 was currently a DNR and when questioned if they would start CPR both stated, No we would not do CPR on her if she coded. This surveyor then asked RN G to review the DNR closely and RN G noted the missing physician's signature. RN G then stated, I guess I would start CPR on Resident #1. During an interview on [DATE] at 3:51 PM with the ADON who when presented with Resident #1's DNR reviewed the DNR and stated, No, I would not implement this DNR, it does not have the section with the physician's signature. Record review of facility provided policy titled CPR, undated, revealed the following: Policy .CPR is initiated for any resident who has had a cardiopulmonary arrest while in the facility unless a decision not to initiate CPR has been previously made and properly recoded. Record review of OUT-OF-HOSPITAL DO-NOT-RESUSCITATE (OOH-DNR) ORDER-TEXAS DEPARTMENT OF STATE HEALTH SERVICES, revealed the following: -The original or a copy of a fully and properly completed OOH-DNR Order or the presence of an OOH-DNR device on a person is sufficient evidence of the existence of the original OOH-DNR Order and either one shall be honored by responding health care professional
F 0680 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**Ensure the activities program is directed by a qualified professional.** Based on interview, and record review the facility failed to have a qualified professional to direct the activity program in that - The facility has not had a full-time certified Activity Director since 09-13-2019. This failure placed the facility residents at risk of a diminished quality of life. Finding include: During an interview on 7-28-2020 at 3:39 PM, BOM reported that Activity Assistant C continues to make sure activities are being completed. BM stated that Activity Assistant C currently has been demoted to activity assistant due to not completing her training and the facility is currently running an classified ad for an Activity Director. The BOM went on to report (with the ADON present) that the facility's last certified Activity Director was AD E who was last certified on 9-13-2019. During an interview on 7-28-2020 at 3:53 PM the BOM stated, We really don't have a Activity Director policy or at least I couldn't find one. Record review of the current facility staff/personnel roster does not list an Activity Director. Record review of Activity Assistant C's employee record revealed a hire date of 10-29-2014 and no current certification for Activity Director.
F 0727 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	**Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.** Based on interview, and record review, the facility failed to use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. During the months of June and July, there was no RN in the facility on 17 different days. The facility did not have a RN working in the facility for the full 8 hours for 5 days during the period of 5-27-2020 through 7-28-2020 This deficient practice had the potential to affect all residents in the facility by leaving staff without supervisory coverage for RN-specifixc nursing activities and for coordination of events such as emergency care and disasters such as with flooding, power outage, tornado, fire, etc. Findings include: Record review of the facility's last 63 days of time sheets for RN coverage revealed that RN F was in the facility for 3.67 hours on 5-27-2020 and 5.90 hours on 7-15-2020. There was no other RN present in the facility on these days. Record review of the facility's last 63 days of time sheets for RN coverage revealed that RN G was in the facility for 6.52 hours on 7-21-2020, 3.33 hours on 7-25-2020, and 7.07 hours on 7-27-2020. There was no other RN present in the facility on these days. Record review of the facility's last 63 days of time sheets for RN coverage revealed that the facility did not have an RN in the facility on 5-31-2020, 6-6-2020, 6-7-2020, 6-13-2020, 6-14-2020, 6-27-2020, 6-28-2020, 7-4-2020, 7-5-2020, 7-11-2020, 7-12-2020, 7-16-2020, 7-18-2020, 7-23-2020, 7-24-2020, 7-26-2020, and 7-28-2020. During an interview on 7-28-2020 at 1:19 PM, BOM was asked about RN coverage for the last 60 days and the lack of weekend RN coverage. BOM stated, We had to let the weekend RN go on 4-29-2020 because she could not continue her qualifications. We just hired RN G on 7-17-2020. Since then we have not had weekend coverage. The administrator and DON were not present for interviews. Record review of facility presented policy titled Registered Nurse Coverage revealed the following: dated September 2013. Policy: It is the policy of this facility to attempt to ensure that the facility maintains 7 day a week 8 hours RN coverage in as much as is possible as is required by federal and state guidelines.
F 0921 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	**Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.** Based on observations and interviews, the facility failed to provide a safe and sanitary environment for resident, staff,

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

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.

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F 0921 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Many	(continued... from page 1) and public. 1. The ceiling in the hallway in front of the kitchen was leaking water and had missing ceiling tiles. 2. The ceiling in the laundry room was leaking water and had missing tiles. 3. The stove in the kitchen was not working properly. 4. The air conditioner in the laundry room was not working. These deficient practices could affect all residents who resided in the facility placing them at risk for inadequate care, inadequate nutrition, poor safety, and risk of improperly laundered linens that could lead to deterioration in general health and condition. Finding include. An observation on 7-28-2020 at 9:36 AM of the hallway in front of the kitchen entry revealed the following: a ceiling tile missing with two ceiling pipes exposed; there were a total of 8 stained ceiling tiles from leaking water damage; there was a 30-gallon barrel under the missing tile to catch water leaking from the ceiling. The barrel was 1/3 full of water. During an interview with Cook H during the observations, Cook H reported she had been employed by the facility for a year. When questioned, Cook H reported that the leaking ceiling and tiles had been that way since she started employment. Cook H reported that the left side of the stove did not work but the right side did. When questioned about the stove, Cook H stated, Yes it makes it hard to cook meals. Cook H went on to state, The stove has been like this since I started here. When questioned how Cook H would report the needed repairs Cook H stated We can call the maintenance man on his cell phone, but he only works on the weekends. We also write it down in a log at the nurses' station but once again the maintenance man only works on the weekends. An observation on 7-28-2020 at 9:52 PM of the laundry room revealed: in the washing area, a ceiling tile was missing with a leak noted dripping into a small bucket on the floor. Also noted were 4 stained ceiling tiles from previous leaks. The leak and stained tiles were 10-15 feet from the washing machines. Per interview with the Laundry Supervisor during these observations, Laundry Supervisor reported she had been employed for the facility for 1 year) and stated that the missing tile and leak had been there since she started. This surveyor noted that the area was very warm and when questioned the Laundry Supervisor stated, Ya the air conditioner has been broken since I started. When questioned how the Laundry Supervisor reports the needed repairs the Laundry Supervisor stated, We can write it down on a clip board at the nurse's station, but the maintenance man only works on the weekends, so it usually gets missed. During an interview on 7-28-2020 at 11:52 AM, LVN B stated that the maintenance process was to write the needed repairs on a clip board and the maintenance man would repair them when he works on the weekends. During an interview on 7-28-2020 at 2:57 PM, BOM reported that the current maintenance man was on contract labor. When questioned concerning the poor ceiling tiles and lthe leaks, the BOM stated, the owners are aware of the roof leaking and are currently looking for a company to repair it. The electrician is due this next weekend to fix the air conditioner system. The owner is aware of the laundry air-conditioned not working. Our new Dietitian I has a plan to repair the faulty oven in the kitchen. During an interview on 7-28-2020 at 3:14 PM, Dietitian I reported she has a plan for most of the kitchen problems but is still working on the faulty stove situation. During an interview on 7-28-2020 at 3:53 PM the BOM stated, We also don't have a maintenance policy. The BOM also reported that the maintenance man has a full-time job and cannot be reached by phone during the week. Record review of the maintenance log from 4-18-2020 to present revealed there are no listing for ceiling repairs, ceiling leak repairs, or air conditioner repairs. Record review of facility provided policy titled Resident Rights dated April 2019, revealed the following: Nursing Facilities Dignity and Respect: You have the right to: -Live in safe, decent, and clean conditions.