

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 08/31/2020
NAME OF PROVIDER OF SUPPLIER HARMONEE HOUSE		STREET ADDRESS, CITY, STATE, ZIP 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)		
E 0004 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Develop and maintain an Emergency Preparedness Program (EP). Based on interview and record review, the facility failed to develop and maintain an Emergency Preparedness Plan that was reviewed and updated at least annually. The facility's Emergency Preparedness Plan was last reviewed on 05/01/2019. This failure could prevent the availability of an updated emergency plan that assesses for all potential hazards and could affect residents by placing them at an unnecessary risk of exposure to preventable harm related to emergency situations. Finding Include: Record review of the facility's emergency preparedness plan revealed that it was last reviewed on 05/01/2019. During an interview with the ADM on 08/31/2020 at 1:10 PM, she confirmed that the last documented review date of the facility emergency preparedness plan was on 05/ 9. She reported that she recently started working at the facility and has not had a chance to review the emergency preparedness plan yet. She reported that the emergency preparedness plan is supposed to be reviewed and updated at least once a year. Record Review of facility policy titled Emergency Preparedness Manual, dated 04/12/2019, reflected in part: Responsibility to Maintain and Implement Plan: The plan and procedures will be reviewed at least annually or whenever new information or lessons learned warrant change.		

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.