

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>45F603</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/01/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>EDWARD ABRAHAM MEMORIAL HOME</b>		STREET ADDRESS, CITY, STATE, ZIP <b>803 BIRCH ST CANADIAN, TX 79014</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<b>Develop and maintain an Emergency Preparedness Program (EP).</b>  Based on interviews and record reviews, the facility failed to maintain an Emergency Preparedness Plan that was reviewed and updated at least annually. - The facility's Emergency Preparedness Plan was last reviewed December 2018. This deficient practice has the potential to place the residents at unnecessary risk by not having an up-to-date emergency plan and could result in serious harm to residents. Finding Include: Record review revealed that the facility's emergency preparedness plan was last reviewed December 2018. During an interview with the ADM on 6-1-2020 at 1:05 PM, ADM was asked when the last time his emergency preparedness plan was reviewed. He confirmed the EPP plan was last reviewed December 2018. ADM then stated that the plan would be reviewed the next day. Record Review of facility policy titled Emergency Management/Disaster Plan, not dated, reflected in part: This plan is to be reviewed on an annual basis or as changes dictate.		

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.