

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455561	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/12/2026
NAME OF PROVIDER OR SUPPLIER Beaumont Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 795 Lindbergh Dr Beaumont, TX 77707	
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to provide proper treatment and services to prevent complications of enteral feeding for one of two residents (Residents #1) reviewed for feeding tubes. The facility failed to ensure staff followed physician's orders for 45 ml of water to be flushed every hour for Resident #1, while the tube feeding was running. These failures could place residents at risk of tube obstruction and a decrease in hydration. Findings included: Record review of Resident #1's face sheet, dated 01/12/26, reflected a [AGE] year-old female with an admission date of 04/14/23 and a re-admission date of 01/10/26. Diagnoses included dysphagia (difficulty swallowing), aphasia (impaired speaking, understanding, reading, and writing), and cerebral infarction (stroke). Record review of Resident #1's quarterly MDS assessment, dated 11/24/25, reflected Resident #1 was too cognitively impaired to complete a brief interview of mental status. She received 51% or more of her total calories through a peg tube (a tube inserted through the abdomen that delivers nutrition directly to the stomach). Record review of Resident #1's care plan with a revision date of 07/18/24 reflected, .The resident has a feeding tube r/t Dysphagia, Hx of aspiration (when something other than air gets into your airway), Swallowing problem. {Resident #1} is NPO .The resident is dependent with tube feeding and water flushes. Record review of Resident #1's Physician active orders report dated 01/12/26 reflected, .TWO Cal 2.0 continuous 80ml/hr x 20hrs + 45ml/hr FWF . date active 05/12/25. Record review of Resident #1's Medication administration record for January 2026 reflected, .TWO Cal 2.0 continuous 80ml/hr x 20hrs + 45ml/hr FWF . date active 05/12/25. During an observation on 01/12/26 at 12:58 p.m. of the tube feeding pump for Resident #1, revealed the parameters on the screen showed 80 ml per hour for the formula and the water was set to 45 ml every 2 hours. The tube feeding was connected to Resident #1 and running. Resident #1 was not interviewable. During an interview with LVN A on 01/12/26 at 01:37 p.m. she stated the tube feeding was to be held from 8 a.m. until 12 p.m. She stated the order was for the formula to run 80 ml/hr and to be flushed with 45 ml of water every hour. LVN A and the surveyor proceeded to the tube feeding pump, where the parameters were read (flush 45 ml per every two hours). She stated, Oh, I will fix it right now. She stated the night nurses hung the feeding and the day nurses re-started the feeding. She stated the parameters not matching the orders could cause dehydration. During an interview with the DON on 01/12/26 at 01:55 p.m., the DON stated the expectations for tube feedings included to make sure it was labeled and dated, it was changed out every 24 hours and ensure the correct feeding rate and flushes matched the physician's orders. She stated it was the nurse's responsibility, and they should check the parameters on the pump to ensure they matched the order. She stated no recent related in-services, but they did them annually. She stated the result of parameters not matching the orders could be too many or too few calories for the resident or overhydration or dehydration of the resident. Requested recent training for the specific area from the DON on</p> <p>(continued on next page)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 455561	Facility ID: 455561 If continuation sheet Page 1 of 2

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>01/12/26 at 01:55 p.m. and none were received before exit. Record review of the facility's policy, dated February 2023 and titled, Care and Treatment of Feeding Tubes, indicated. It is a policy of this facility to utilize feeding tubes in accordance with current clinical standards of practice, with interventions to prevent complications to the extent possible. 1. Feeding tubes will be utilized according to physician orders, which typically include: the kind of feeding and its caloric value, volume, duration, mechanism of administration, and frequency of flush. 4. The facility will utilize the Registered Dietitian in estimating and calculating a resident's daily nutritional and hydration needs. e. Frequency of and volume used for flushing, including flushing for medication administration, and what to do when a prescriber's order does not specify.</p>		