

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  02/17/2026
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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep all essential equipment working safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to maintain all mechanical, electrical, and patient care equipment in safe operating condition for 2 of 33 beds (Residents #1 and #2) reviewed for essential equipment. The facility did not ensure the 2 of 33 (Residents #1 and #2) resident beds on Hall 100 had footboards and were in safe operating condition. This failure could place residents at risk of injury and patient care equipment not in safe operating condition. Findings included: 1. Record review of Resident #1's admission record, dated 02/17/2026, indicated a [AGE] year-old female, admitted [DATE], in room [ROOM NUMBER] A, and diagnoses included high blood pressure, and Alzheimer's disease. Record review of the admission MDS assessment dated [DATE] for Resident #1 was in progress. Record reviews of the care plans dated 02/17/2026 for Resident #1 were being developed. During an observation on 02/17/2026 at 9:30 a.m., the bed in room [ROOM NUMBER] A was an unoccupied bed, missing the footboard and brackets needed to attach the footboard to the bed. Further observation indicated there were holes in the frame under the foot section of the mattress on each side. for a bracket to be mounted to attach the footboard. During an observation on 02/17/2026 at 2:20 p.m., Resident #1 was admitted today and was in her bed without a footboard, and the bed was in the lowest position. 2. Record review of Resident #2's admission record, dated 02/17/2026, indicated a [AGE] year-old female, admitted [DATE], and diagnoses included heart disease, muscle weakness, and history of falls. Record review of Resident #2's admission MDS assessment, dated 02/12/26, indicated no impaired cognition with a BIMS score of 13. This MDS assessment indicated Resident #2 fell prior to admission. Record review of the care plans, dated 02/07/2026, indicated Resident #2 was at moderate risk for falls related to muscle weakness and needed a safe environment. During an observation on 02/17/2026 at 9:50 a.m., the bed in room [ROOM NUMBER] A was empty, missing the footboard but had metal brackets for the foot board to attach to the bed. Observation indicated the brackets were extended past the mattress approximately two to three inches. During observation and interview on 02/17/2026 at 11:00 a.m., Resident #2 was sitting in her wheelchair bedside her bed. Resident #2 said she had not hurt herself on the metal. She denied reporting it. During an interview on 02/17/2026 at 11:20 a.m., the Laundry/Housekeeping Supervisor said she saw a new footboard in the storage shed but did not know it was needed. During an interview on 02/17/2026 at 1:50 p.m., the Maintenance Supervisor said the footboards were to keep mattress in place. He said no one reported the missing footboards for Resident #1 and Resident #2 in the electronic reporting system. He said he was recently hired and will be checking beds monthly. During an interview on 02/17/26 at 2:30 p.m., the Administrator said she was not sure why those beds did not have footboards. She said the facility replaced the footboard after surveyor intervention. She wanted all the beds to be in good order. Record review of the policy titled, Bed Maintenance and Inspection. dated 2024, indicated, Policy: It is the policy of this facility to conduct regular inspections of all bed frames. 3. The Maintenance Director shall review each manufacturer's recommendations and requirements for maintenance and</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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F 0908  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	bed inspections and shall establish a maintenance and inspection schedule accordingly.		