

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675233	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Harmony Care at Golfcrest		STREET ADDRESS, CITY, STATE, ZIP CODE 6150 S Loop East Houston, TX 77087	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15976</p> <p>Based on observation, interview and record review, the facility failed to establish an infection prevention and control program that included handling of soiled linen, and patient care equipment as well as to help prevent the development of communicable diseases and infections, on 2 of 3 halls (Hall 100 and Hall 200) observed for infection control.</p> <p>CNA D and CNA E were observed taking dirty linen and soiled brief to the trash can across the hallway and they were not in clear trash bag.</p> <p>Personal care basins and bed pans were on the bathroom floor not labeled with resident's name and not in plastic bags.</p> <p>These failures have the potential to affect all residents by placing them at risk of infections and diminishing quality of life.</p> <p>Findings included:</p> <p>Observation on 3/27/2025 between 9:30am and 10:30am revealed the following:</p> <p>In room [ROOM NUMBER], 118, 112, 218, 219, 209 and 208 personal care wash basins on the floor in the bathroom with no name and two residents share the rooms. In room [ROOM NUMBER] was a urinal and a bed pan on the floor in the bathroom not in a plastic bag with no name and two residents share the room.</p> <p>Observation on 3/27/2025 at 4:00pm revealed CNA D leaving room [ROOM NUMBER] with soiled brief with feces not in a clear bag to the trash can across the hallway. Further observation at that time revealed CNA E, at the doorway with soiled towels heading to the trash cannot in a bag. At that point the Surveyor asked what was going on and she stopped, and CNA D brought her a clear plastic bag and CNA E put the soiled linen in the bag and took it to the dirty barrel.</p> <p>In an interview on 3/27/2025 at 4:00pm with CNA E she said she was in training. She said that they should not be walking with the dirty linen and soiled brief. She said they should place the soiled linen and brief into plain plastic bags to dispose of them.</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
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 3/27/2025 at 4:05pm with CNA D she said she should have clear plastic bags in the room during incontinent care. She said having to walk across the hallway with the soiled brief could cause waste to drop on the floor which could cause infection. She said she was in-serviced on infection control, and she should have bags in the room when incontinent was being provided.</p> <p>In an interview on 3/27/2025 at 4:29pm the DON said nursing staff were in-serviced on infection control and ensuring that soiled briefs were in plain plastic bags and disposed in the trash bins and linen be placed in plain plastic bags and placed in the dirty barrel. She said resident personal care basins, urinal, and bed pans should be in clear plastic bags and the names of the residents be written on them. She said this could cause infection when using resident care equipment for multiple residents. She said she was going to immediately start in-servicing the staff.</p> <p>Record review of the facility policy on Standard Precautions dated 2/2023 read in part .</p> <p>Policy Statement</p> <p>Standard Precautions will be used in the care of all residents regardless of their diagnoses, or suspected or confirmed infection status. Standard Precautions presume that all blood, body fluids, secretions, and excretions (except sweat), non-intact skin and mucous membranes may contain transmissible infectious agents.</p> <p>Policy Interpretation and Implementation</p> <p>5. Resident-Care Equipment</p> <p>a. Handle used resident-care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of other microorganisms to other residents and environments.</p> <p>b. Ensure that reusable equipment is not used for the care of another resident until it has been appropriately cleaned and reprocessed and single use items are properly discarded.</p> <p>7. Linen</p> <p>a. Handle, transport, and process used linen soiled with blood, body fluids, secretions, excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and avoids transfer of microorganisms to other residents and environments.</p> <p>Record review of the undated facility's Policies and Practices - Infection Control read in part .</p> <p>Policy Statement</p> <p>This facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections.</p> <p>Policy Interpretation and Implementation</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1. This facility's infection control policies and practices apply equally to all personnel, consultants, contractors, residents, visitors, volunteer workers, and the general public alike, regardless of race, color, creed, national origin, religion, age, sex, handicap, marital or veteran status, or payor source.</p> <p>2. The objectives of our infection control policies and practices are to:</p> <ul style="list-style-type: none"> a. Prevent, detect, investigate, and control infections in the facility. b. Maintain a safe, sanitary, and comfortable environment for personnel, residents, visitors, and the general public; f. Provide guidelines for the safe cleaning and reprocessing of reusable resident-care equipment.

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15976</p> <p>Based on observation, interview, and record review the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents on 2 of 3 Halls (100 and 200 Halls) reviewed for environmental concerns.</p> <ol style="list-style-type: none"> 1. Overhead light was not illuminating in the bathroom of room [ROOM NUMBER]. 2. Baseboard coming off the wall in rooms 118, 201, 3. Broken sheet rack in rooms 113, 219, 206 4. Peeling paint on the wall in rooms 103, 120, 5. Floor tile lifting in room [ROOM NUMBER] 6. Strong urine/feces odor in room [ROOM NUMBER], 116 and 120. In 116 and 120 brown substance that looked like feces the toilet and floor. <p>This deficient practice could affect residents who resided in rooms on hall 100 and hall 200 by causing the residents to live in an environment that would not improve their quality of life.</p> <p>Findings Included:</p> <p>Observation on 3/27/2025 between 9:30am and 10:30am revealed the following.</p> <p>In room [ROOM NUMBER] the light in the bathroom was not illuminating.</p> <p>In rooms [ROOM NUMBERS] the baseboard coming off the wall. 201 window blinds were broken.</p> <p>In rooms 113, 219 and 206 revealed broken sheet rack.</p> <p>In rooms [ROOM NUMBERS] has peeling paint on the wall.</p> <p>In room [ROOM NUMBER] there was a hole under the window where the tape was not affixed to the wall and a hole in the sheet rack near the entrance door. There was an electric cord plug in the wall across the floor to bed A.</p> <p>Rooms 112,116 and 120 had strong offensive urine/feces odor. In room [ROOM NUMBER] and 120 the toilet bowl, seat and floor had brown stains and smear that looked and smelled like feces. In rooms [ROOM NUMBERS] the floor had an accumulation of brown stains on it.</p> <p>Interview on 3/27/2025 at 9:35am. with an unidentified resident revealed that there was no light in the bathroom of 113.</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 3/27/2025 at 1:25pm with the Maintenance Supervisor revealed that he was not aware of the light not working in room113. He said maybe it was just the bulb that needed to be changed. He said he was going to check the bathroom I 13 and change the bulb. He said he had just gotten the position as maintenance supervisor, and he was going to address all concerns brought to him. He said there was a book on all stations and concerns were documented in them. He said each morning he would check the books and see what needed to be done and try to address them as quickly as possible.</p> <p>In an interview on 3/27/2025 at 4:00pm the Administrator said Maintenance Supervisor said he had just taken the position as supervisor, and he was going to hire an assistant for him. He said he was going to address the concerns brought to him.</p> <p>Record review of the facility's policy and procedures revised August 2009 revealed Quality of Life-Homelike Environment read in part .</p> <p>Policy Statement: Resident are provided with a safe, clean, comfortable, and homelike environment and encouraged to use their personal belongings to extent possible.</p> <p>Policy Interpretation and Implementation</p> <ol style="list-style-type: none"> 1. Staff provide person-centered care that emphasizes the resident comfort, independence and personal needs preferences. 2. The facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: <ol style="list-style-type: none"> a. cleanliness and order. b. Comfortable (minimum glare) yet adequate (suitable to the task) lighting. e. Pleasant neutral scents. 		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15976</p> <p>Based on observations, interviews, and record review the facility failed to maintain an effective pest control program so the facility was free of pests on two of three halls (Hall 100 and Hall 200) reviewed for pest control.</p> <p>The facility failed to ensure the building was free of roaches and gnats.</p> <p>This failure could place residents at risk of infection, skin irritation, allergies, and unsanitary living conditions which could result in a decline in health and well-being.</p> <p>Finding included:</p> <p>Observation during the survey process on 3/27/2025 between 9:30am and 10:30am revealed the following:</p> <p>In room [ROOM NUMBER] there were gnats flying in the room. In room [ROOM NUMBER] there was a live roach crawling on the resident's over bed table and there was a dead roach on the floor near the resident's bedside to the closet area. In room [ROOM NUMBER] was a roach crawling in the corner near the closet of bed A.</p> <p>In interviews on 3/27/2025 between 9:30 am and 10:30am with 2 unidentified residents revealed that roaches were always in their rooms. They said they would spray the roaches, but the roaches would always come back. One resident said he tried to follow the rules but sometimes he would get his own spray and spray his room to get rid of the roaches.</p> <p>In an interview on 3/27/2024 at 10:50am Resident #1 said roaches were always in her room. She said they usually spray her room but there were still roaches. She said the last time she saw a roach was the morning of the survey crawling on her overbed table.</p> <p>Observation on 3/27/2025 at 10:52am the resident pointed a live roach crawling on her overbed table to the surveyor. The roach was crawling from one end of the overbed table to the other. It was pointed out to the CNA who was working the floor. At that point the CNA said she would take care of it.</p> <p>In an interview on 3/27/2025 at 1:25pm with the Maintenance Supervisor he said the pest control company was in the building two days ago. He said they were spraying for roaches. He said they were coming once a month, but they were now set up for them to come once a week for four weeks and then back to monthly spraying.</p> <p>In an interview with the Administrator on 3/27/2025 at 4:10pm regarding pest control issues in the facility, he said the pest control company was in the building a few days ago. He said they used to come monthly but they just changed the contract to once a week for four weeks and then back to monthly visits.</p> <p>Record review of the grievance log for March 2025 revealed that on 3/24/2025 insects were observed on the resident's plate. No location was documented on the grievance log.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of the pest control receipt dated 1/10/2025 revealed the pest control company was in the building on 1/16/2025, 2/25/2025, 3/14/2025 and 3/25/2025 to treat spiders, roaches, and ants. They treated patient and guest rooms for roaches, spiders and ants and on 3/25/2024 the kitchen was treated for roaches and fumigated, and resident rooms and office treated for roaches. Further record review revealed the rooms that were identified with roaches and gnats were not included on the list of rooms that were treated on 3/25/3035.</p> <p>Record review of the undated pest control policy and procedures read in part .</p> <p>Policy Statement:</p> <p>Our facility shall maintain an effective pest control program.</p> <p>1. This facility has an ongoing pest control program to ensure that the building is kept free of insect and rodent.</p>