

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 01/20/2026
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff and public on 2 of 3 Halls (100 and 200 Halls) reviewed for environmental concerns in that. 1. Overhead light was not illuminating in the overbed light of room [ROOM NUMBER].2. Baseboard coming off the wall in rooms 107, 1094. Peeling paint on the walls in rooms [ROOM NUMBERS]. 5. Bedroom and with trash, dust and food on the floor in room [ROOM NUMBER], 205, 105.6. Bathroom in 107 had dirty bathtub, broken sheetrock and dirty shower chair.7. Resident's feeding pump, air mattress and pump and O2 concentrator were not cleaned. 8. Electric outlet not covered in room [ROOM NUMBER]. Broken blinds, night stand stripping to the front 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. Findings included: Observation on 1/15/2026 between 11:00pm and 2:00pm revealed the following:room [ROOM NUMBER]'s baseboard not affixed to the wall. In the bathroom of 107 were the following:Broken sheetrock at the base of the shower pipe. In the shower tub was a dirty shower chair, disposable brief, wet tissue paper and a box with gloves. The strips in the bathtub were black and the bathtub had an accumulation of dust and dirt. room [ROOM NUMBER]'s baseboard was not affixed to the wall between Bed A and Bed B. The bed sheet on Bed A was worn and had brown stains on it. The silver tape that was affixed to the window was torn and the window had black stuff on it. The overbed light did not illuminate when turned on. room [ROOM NUMBER]'s nightstand had peeling strips on it. There were broken blinds in the hallway between hall 100 and hall 200. In room [ROOM NUMBER] the baseboard was not affixed to the wall.room [ROOM NUMBER] had no covering on the electrical outlet between Bed A and Bed B. room [ROOM NUMBER] had peeling paint behind Bed A.room [ROOM NUMBER] had trash, dirty gloves, dust, food crumbs and dirt on the floor.room [ROOM NUMBER]'s nightstand had peeling strips on the front were the drawers were located. Observation on 1/20/2026 between 12:45 and 4:00pm revealed the following:Room's 105, 107, 109 had antennas and cords on the floor. room [ROOM NUMBER] had an accumulation of black looking stuff in the corner under the window. Baseboard was not affixed to the wall in the bathroom.room [ROOM NUMBER] had an electric cord on the floor and peeling paint behind the bed. room [ROOM NUMBER]'s floor was dirty - stained floor with trash on the floor, soiled privacy curtains with dark dry substance on it.room [ROOM NUMBER], G-Tube feeding pole was soiled with copious amounts of dried beige substance that appeared to be the same color of the enteral feeding inside the bag hanging on the pole at the resident's bedside with formula on it. The Air mattress had stains on it and the pump hanging at the foot of the bed of the residents' air mattress was soiled with dried dark brown drips and dried beige streaks and drips of unknown substance down the sides and front of the pump. The O2 concentrator at the bedside had drips of dried beige substance down the sides and back of the machine. room [ROOM NUMBER] had dirty floor with trash</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: 675233	Facility ID: 675233 If continuation sheet Page 1 of 5

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>containers filled and overflowing with trash. In an interview on 1/15/2026 at 1:05pm, Medication Aide F said she was going to look at the room. She looked at the room and said it was dirty, but she did not know if the room was cleaned that morning. She said she was going to get housekeeping to take care of it. In an interview on 1/15/2026b at 1:10am the Housekeeping Manager said he has 3 housekeepers and 1 floor tech. He said the floor tech cleans the hallways and the housekeepers clean the rooms. He said they usually start cleaning at 7am and when breakfast trays were served, they would check rooms to see which room needed to be cleaned first. He said he did not know why room [ROOM NUMBER] was not one of the first rooms to be cleaned. At that point he said he was going to clean the room. In an interview on 1/20/2025 at 3:00pm with Maintenance Supervisor, he said he usually does morning walks on Tuesday, Wednesday, Thursday and Friday. He said whatever concerns he got during his wall throughs and the log at the nurse's station; he tried to address them immediately. He said that he had a fly wipe which decreased the number of flies, and it was working properly. He said he was going to secure the cable wires that were on the floor from the cable boards to the wall because they were accident hazards. He said he was going to ensure the issues with food in resident's rooms were addressed to prevent the roaches, flies, gnats and ants. He said he was going to replace the missing socket cover in room [ROOM NUMBER]. He said they have a painting project they were working on, and he had done room [ROOM NUMBER]. He said there should be no bathtub in room [ROOM NUMBER] and he was going to address the issue of the dirty shower chair, dirty brief, wet tissues, a box with gloves and the broken sheetrock around the pipe. In an interview on 1/20/2026 at 5:00pm with the Administrator he said that he was going to address the environmental issues. He said he was working on a painting project, and they had completed one room. He said the light in 109 was fixed. Record review of the facility's undated policy and procedures titled Environment read in part:Policy StatementResidents are provided with a safe, clean, and homelike environment and encouraged to use their personal belongings to the extent possible.Policy Interpretation and Implementation1. Staff provide person-centered care that emphasizes the residents' comfort, independence and personal needs and preferences.2. The facility staff and management maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include:a. clean and sanitary environment.b. comfortable (minimum glare) yet adequate (suitable to the task) lighting.d. clean bed and bath linens that are in good condition.e. pleasant, neutral scents.g. comfortable and safe temperatures (71 F - 81 F); andh. comfortable sound levels.3. The facility staff and management minimize, to the extent possible, the characteristics of the facility that reflect a depersonalized, institutional setting. These characteristics include:a. overhead paging.b. institutional odors.c. institutional signage (for example, labeled storage closets and work rooms in common areas); and4. Comfortable and adequate lighting is provided in all areas of the facility to promote a safe, comfortable and homelike environment. The lighting design emphasizes:a. sufficient general lighting in resident-use areas.b. task lighting as needed.c. reduction in glare (through use of light filters, no wax floors)e. maximum use of daylight.f. night lighting to promote safety and independence.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interviews, the facility failed to ensure that resident's care plan was reviewed and revised by the interdisciplinary team to address 1 of 6 residents (Resident #1's) behavior of refusing care in that:The facility failed to ensure that Resident #1's care plan was revised to address his refusal of showers.This failure could place residents at risk of not getting the care and services needed to improve their quality of life. Findings Included Record review of Resident #1's admission face sheet dated 1/15/2026 revealed he was a [AGE] year-old male who was admitted to the facility on [DATE]. His diagnoses included hypertension (high blood pressure), diabetes (high blood sugar), Alzheimer disease (a progressive brain disorder causing memory loss), anxiety (excessive fear or worry), depression (mood disorder causing sadness), malnutrition(it is a condition where the body in not getting enough of the right foods) and diaper dermatitis (over hydration of the skin that looks like inflamed skin on the buttocks). Record review of Resident #1's quarterly MDS dated [DATE] revealed for Section C500 the resident's BIMS score was 11 indicating the resident was moderately impaired for decision making, For Section E: Behavior: The resident was coded as having no behaviors For Section GG: ADL's were coded for Eating as needing set up only, Oral hygiene he was coded as needing supervision, For toileting and lower body dressing he was coded as dependent on staff with 2 persons assist, For upper body dressing, shower/bath, putting on and taking off foot wear and personal hygiene he needed maximal assist from staff. For Bowel and Bladder, he was coded incontinent of bladder and as having a colostomy. Observation on 1/15/2026 at 1:50pm of Resident #1 revealed he was up in bed. He was alert and oriented and could make his needs known. He was groomed with no lingering odor. In an interview on 1/15/2026 at 1:50pm with Resident #1 regarding the care and services he received he said he had problems getting a shower. He said they usually gave him a bed bath, and he wanted a shower where they could soap him up and wash him off and they couldn't do that in the bed. Record review of Resident #1's progress notes and shower sheets revealed multiple documentation where the resident refused a shower and would rather take a bed bath instead. Review of shower sheets revealed the following dated the resident refused shower and requested baths were 1/5/2026, 1/6/2026, 1/8/2026, 1/10/2026 and 1/15/2026. Record review of Resident #1's care plan dated 12/28/2025 revealed he did not have a care plan for shower or bathing refusals. It was documented as receiving showers/bed baths at least twice per week via shower sheets and CNA POC documentation under tasks. Interview on 1/20/2026 at 1:00pm Resident #1 said he was bathed but not as often as he would like. When asked if he had specific bathing days he said yes, Tues, Thurs and Fri but he does not get them all the time when he wants them. Asked what happens when he asks for his shower the resident said he had not asked, the staff should know. When asked if ever complained or filed a grievance about it, he shrugged his shoulders and then said yes. He said ultimately, I do not get showers as timely as I would like them, but I do get them. Interview with on 1/20/2026 at 3:28pm MDS Coordinator B said that there was a weekend person who helped with care plans and the 2 ADON's also helped with completing acute care plans and if there was a change in a resident's condition. She said care plans were completed quarterly, annually and when there was a change in condition. She said that she was aware that Resident #1 often refused showers and it should be addressed in the care plan. She said she did not know why it had not been done. She said it was just a human over site why it was not addressed on the care plan. At that point she said the care plan will be updated to address the resident's refusal of showers. In an interview on 1/20/2026 at 1:30pm CNA B said Resident #1 will agree to take a shower, and he would be in the shower chair and start screaming and</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>yelling that he did not want a shower, he would rather take a bed bath. She said he would ask for bed bath and then call his daughter and tell her he did not get a shower. In an interview on 1/20/2026 at 4:00pm with ADON C and ADON D they said they initiated care plan for falls, change in condition and acute care plans. They said they were aware that Resident #1 always refused his showers, but they thought he was care planned for his refusals of showers. She said they would put him on the shower bed and then he would refuse to go to the shower room, and he would then decide he wanted a bed bath instead. They said he had dementia and after they would put him back in bed and give him a bed bath, as soon as they left the room, he would call his daughter and tell her he needed a shower. In an interview on 1/20/2026 at 4:15pm the DON, said it was the MDS Coordinator's duty to assess the resident and if there were any issues, she should address it on the care plan. She said care plans should be reviewed every 90 days and as needed and should be updated to address residents' needs. She said she was going to in-service staff and complete an audit of the care plans. Record review of the facility's policy and procedure dated 2001 titled Care Plans, Comprehensive Person-Centered read in part. Policy StatementA comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. Policy Interpretation and Implementation1. The interdisciplinary team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident.3. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment.4. Each resident's comprehensive person-centered care plan is consistent with the resident's rights to participate in the development and implementation of his or her plan of care, including the right to:a. participates in the planning process.b. identifies individuals or roles to be included.c. request meetings.d. request revisions to the care plan.e. participates in establishing the expected goals and outcomes of care.f. participates in determining the type, amount, frequency and duration of care.g. receives the services and/or items included in the plan of care; andh. see the care plan and sign it after significant changes are made.5. The resident is informed of his or her right to participate in his or her treatment and provided advance notice of care planning conferences.7. The comprehensive, person-centered care plan:a. includes measurable objectives and timeframes.b. describes the services that are to be furnished to attain or maintain the residents' highest practicable physical, mental, and psychosocial well-being, including:10. Assessments of residents are ongoing, and care plans are revised as information about the residents and the residents' conditions change.11. The interdisciplinary team reviews and updates the care plan:a. when there has been a significant change in the residents' condition.b. when the desired outcome is not met.</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>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** Based on observations, interviews, and record reviews, 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. The facility failed to ensure that resident's rooms were free of roaches, flies and gnats. This failure could place residents at risk of infection, skin irritation, allergies, and unsanitary living conditions which could result in a decline in their health and well-being. Observation during the survey process on 1/15/2025 between 11:30am and 2:00 pm revealed the following:room [ROOM NUMBER] had dead flies in resident's room, flies and gnats were observed in the bathroom.room [ROOM NUMBER] a live fly was noted on the resident's forehead.room [ROOM NUMBER] and 217, dead roaches were noted on the floor.room [ROOM NUMBER] flies were flying in the room, and live gnats were noted in bathroom. room [ROOM NUMBER] dead roaches were noted on the floor and live roaches crawling on the floor. Interview on 1/15/2026 between 11:30 and 2:00pm with 5 unidentified residents revealed that flies, gnats, and roaches were always in their rooms. They said the pest control company came to the building and treated pests, but the flies, gnats and roaches still come back. In an interview on 1/15/2026 at 1:30pm with Assistant Maintenance H, he said the pest control company was in the facility a few days prior to the survey. He said they were treating for roaches, gnats, flies and ants. He said they usually do morning walks through the building, check the maintenance log and talk to residents. He said depending on what was documented and concerns voiced by residents and staff, they tried to address the concerns immediately. In an interview on 1/20/2025 at 3:00pm with Maintenance Supervisor he said he usually does morning walks the building on Tuesday, Wednesday, Thursday and Friday. He said whatever concerns there was he would address them. He said he usually fixed what needed to be fixed. He said that he had a fly wipe which decreased the flies, and it seemed to be working. In an interview with the Administrator on 1/20/2026 at 5:00pm he said they were working on addressing issues and concerns brought to the facility. He said they were having pest control coming to the building once a month and the increased the visit from once a month to twice a month and he had seen improvement where roaches and flies were concerned. Record review of the pest control receipt dated 11/13/2025 revealed the pest control company was in the building on 11/25/2025, 12/11/2025, 12/23/2025 and 01/08/2026 to treat gnats, roaches, and ants. They treated patient rooms and guest rooms for roaches, gnats and ants and on 08/01/25. 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 01/08/2026. Record review of the undated pest control policy and procedures read in part .Policy Statement:Our facility shall maintain an effective pest control program.1. This facility has an ongoing pest control program to ensure that the building is kept free of insect and rodent.</p>		