STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675469	A. Building B. Wing	05/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harmony Care at Floresville	1811 Sixth St Floresville, TX 78114

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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen reviewed, in that: 1. Dietary Aide E had a moustache, was not wearing a moustache guard, and was preparing food. 2. The wall air conditioning unit above the dry goods storage was emitting small pieces of gray pellets onto the stored dry goods items. 3. A 22-gallon container of loose sugar also contained a cup for scooping the sugar. 4. A 16-ounce container of beef base paste labeled refrigerate after opening had been opened and was not stored in a refrigerator. 5. A 5-pound container of cottage cheese was labeled use by March 2026.6. A box of lettuce dated 04/07/2026 was withered and brown with parts covered by a wet and slimy substance. 7. A box of lettuce dated 04/30/2026 had a wet and slimy substance which was white with black spots on the plastic wrapping around the lettuce.8. A 20-pound container of frozen potatoes was labeled use by May 6, 2026.9. A 15-ounce container of mango dessert sauce was labeled best by February 2025, three 15-ounce containers of caramel dessert sauce were labeled best by August 2025, a 15-ounce container of cinnamon dessert sauce was labeled best by January 2025, and two 15-ounce containers of cinnamon dessert sauce were labeled best by March 2025.10. A substance resembling particles of sand were on top of the dish sanitizing machine, near the roll down doors, and able to touch the inside of the doors and come into contact with clean dishes. This deficient practice could result in resident weight-loss and/or diminished life satisfaction for residents who consume meals and snacks prepared within the facility kitchen. The findings were: 1. Observation on 05/08/2026 at 10:20 a.m. revealed Dietary Aide E was preparing pinwheel sandwiches. Further observation revealed Dietary Aide E had a moustache and was not wearing a moustache guard. During an interview with Dietary Aide E on 05/08/2026 at 10:21 a.m., Dietary Aide E stated, I don't usually wear one [a moustache guard], should I? During an interview with the Dietary Manager on 05/08/2026 at 10:22 a.m. the Dietary Manager stated to Dietary Aide E and to the surveyor that all dietary staff with facial hair should utilize beard or moustache guards. Observations on 05/08/2026 between 10:25 a.m. and 11:30 a.m. revealed: 2. The wall air conditioning unit above the dry goods storage was emitting small pieces of gray pellets onto the stored dry goods items. 3. A 22-gallon container of loose sugar also contained a cup for scooping the sugar. 4. A 16-ounce container of beef base paste labeled refrigerate after opening had been opened and was not stored in a refrigerator. 5. A 5-pound container of cottage cheese was labeled use by March 2026.6. A box of lettuce dated 04/07/2026 was withered and brown with parts covered by a wet and slimy substance. 7. A box of lettuce dated 04/30/2026 had a wet and slimy substance which was white with black spots on the plastic wrapping around the lettuce.8. A 20-pound container of frozen potatoes was labeled use by May 6, 2026.9. A 15-ounce container of mango dessert sauce was labeled best by February 2025, three 15-ounce containers of caramel dessert sauce were labeled best by August 2025, a 15-ounce container of cinnamon dessert sauce was labeled best by January 2025, and two 15-ounce containers of cinnamon dessert sauce were labeled best by March 2025.10. A substance resembling particles of sand were on top of the dish sanitizing machine, near the roll down doors, and able to touch the inside of the doors and come into contact with clean dishes. During a (continued on next page)

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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	kitchen tour and interview with the Dietary Manager on 05/08/2026 at 11:55 a.m., the Dietary Manager confirmed the items listed below and stated he had only been in the position for two weeks and would conduct an inspection of the kitchen and storage area closely to ensure no additional items were being stored improperly. 2. The wall air conditioning unit above the dry goods storage was emitting small pieces of gray pellets onto the stored dry goods items. 3. A 22-gallon container of loose sugar also contained a cup for scooping the sugar. 4. A 16-ounce container of beef base paste labeled refrigerate after opening had been opened and was not stored in a refrigerator. 5. A 5-pound container of cottage cheese was labeled use by March 2026.6. A box of lettuce dated 04/07/2026 was withered and brown with parts covered by a wet and slimy substance. 7. A box of lettuce dated 04/30/2026 had a wet and slimy substance which was white with black spots on the plastic wrapping around the lettuce.8. A 20-pound container of frozen potatoes was labeled use by May 6, 2026.9. A 15-ounce container of mango dessert sauce was labeled best by February 2025, three 15-ounce containers of caramel dessert sauce were labeled best by August 2025, a 15-ounce container of cinnamon dessert sauce was labeled best by January 2025, and two 15-ounce containers of cinnamon dessert sauce were labeled best by March 2025.10. A substance resembling particles of sand were on top of the dish sanitizing machine, near the roll down doors, and able to touch the inside of the doors and come into contact with clean dishes. Record review of the facility's policy titled, Employee Sanitation, dated 10/1/18, revealed, Hair nets or other effective hair restraints must be worn to keep hair from food and food-contact surfaces. Record review of the facility's policy titled, Food Storage, dated 10/1/18, revealed, All containers must be labeled and dated.

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. Based on observation, interview, and record review, the facility failed to ensure residents have a right to personal privacy for 2 of 6 residents (Residents #3 and #11) observed for nursing care: 1.The Facility failed to ensure resident's privacy was provided during care when LVN C did not close Resident #3's room door while providing colostomy care.2 The Facility failed to ensure resident's privacy was provided during care when CNA D did not completely close Resident #11's privacy curtain while providing catheter care for the resident. This failure could place residents at risk for loss of dignityThe findings were: 1.Record review of Resident #3's face sheet, dated 05/08/2026, revealed an admission date of 08/15/2025, and a readmission date of 11/26/2025, with diagnoses that included: Osteomyelitis (infection in a bone), Type 2 diabetes mellitus (high level of sugar in the blood), Major depressive disorder (mental disorder characterized by at least two weeks of pervasive low mood, low self-esteem, and loss of interest or pleasure), Hyperlipidemia (Elevated level of any or all lipids(fat) in the blood) and paraplegia (inability to voluntarily move or control the lower parts of the body) Record review of Resident #3's Quarterly MDS assessment, dated 04/16/2026, revealed the resident had a BIMS score of 15, which indicated no cognitive impairment, and was indicated to have an ostomy (opening (stoma) in the body for the discharge of body wastes) and an indwelling catheter. Record Review of Resident #3's care plan, dated 04/18/2026, revealed a problem of OSTOMY: requires the use of an Ostomy and is at risk for skin break down and ostomy malfunction and an intervention of Provide colostomy care per order During an observation on 05/07/2026 at 1:49 p.m. LVN C provided colostomy care for Resident #3. LVN C did not close the door after entering Resident #3's room and Resident #3 could be seen from the hall while receiving care. During an interview with LVN C on 05/07/2026 at 2:02 p.m., she stated the door was not closed while she provided care for Resident #3 but should have been. LVN C stated she was nervous and forgot to close the door. She stated she received training about resident rights within the year. 2. Record review of Resident #11's face sheet, dated 05/08/2026, revealed an admission date of 04/03/2023, and a readmission date of 05/07/2025, with diagnoses that included: Dysphagia (difficulty swallowing), Type 2 diabetes mellitus (high level of sugar in the blood), Major depressive disorder (mental disorder characterized by at least two weeks of pervasive low mood, low self-esteem, and loss of interest or pleasure), Hyperlipidemia (Elevated level of any or all lipids(fat) in the blood), Chronic pain, Hypothyroidism (under active thyroid). Record review of Resident #11's Significant change MDS assessment, dated 03/26/2026, revealed the resident had no BIMS score, had memory problems and was severely impaired cognitively. Resident #11 was indicated to have an indwelling catheter and was always incontinent of bowel. Review of Resident #11's care plan, dated 04/19/2023, revealed a problem of has an Indwelling Catheter d/t (due to)hyperplasia, urinary retention, Neuromuscular dysfunction and BPH (Benin prostate hyperplasia) and an intervention of CATHETER: The resident has 18fr/10cc indwelling foley catheter. Position catheter bag and tubing below the level of the bladder and away from entrance room door. Observation on 05/07/2026 at 2:30 p.m. revealed CNA D provided catheter care for Resident #11. CNA D did not close the privacy curtain around the bed of the resident. The room had 3 residents. The resident across from Resident #11 could see resident #11 from his bed. A hospice nurse was providing care to one of the other residents and opened the room's door 3 to 4 times and Resident #11 could be seen from the door. Resident #11 was receiving catheter care and his genitals were exposed. During an interview with CNA D on 05/07/2026 at 2:50 p.m., she stated she got nervous and forgot to close the curtain. She stated they should provide privacy for the resident during care. They stated they received resident rights training within the year. During an in interview with the DON on 05/07/2026 at 3:57 p.m., the DON stated privacy must be provided during nursing care, Resident #3's door should have been closed and Resident #11's privacy curtain should have been closed completely. Resident rights training was provided every year and the staff skills were checked annually and as needed by the DON. Record review of facility's policy titled, Resident (continued on next page)

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Rights, dated January 2036, revealed, Federal and State laws guarantee certain basic rights to all residents of this facility. These rights include the resident rights to: [.] Privacy and confidentiality.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that residents who needed respiratory care were provided such care, consistent with professional standards of practice, for 1 of 3 residents (Resident # 38) reviewed for oxygen : The facility failed to ensure Resident #38's nebulizer tubing was bagged. This failure could place at risk for an increase in respiratory complications. Findings included:Record review of Resident # 38's face sheet dated 5/5/26 revealed an [AGE] year-old female admitted [DATE] diagnoses included: Chronic Obstructive Pulmonary Disease [disease is characterized by breathlessness], Asthma [is a chronic condition that causes the airways in the lungs to be inflamed and narrowed at times], and Atrial fibrillation [irregular heart rhythm with symptoms include fatigue, heart palpitations, trouble breathing and dizziness]. Record review of Resident #38's Quarterly MDS assessment dated [DATE], revealed a BIMS of 13, which indicated intact cognition. Record review of Resident #38's Physician monthly orders dated May 2026 revealed an order start date of 03/09/26: albuterol and ipratropium solution 0.5-2.5 mg / 3ml four times a day/ per nebulizer [COPD medication]. During an observation on 5/05/26 at 10:35 a.m. Resident #38 's nebulizer tubing was unbagged on the bedside table. During an Interview on 5/05/26, at 11:51 a.m., with Resident #38 stated only certain nurses bagged the nebulizer tubing, depending on the nurse. During an Interview with LVN A on 5/05/26, at 12:10 p.m., she stated she was assigned to Resident #38. LVN A stated it was every nurse's responsibility to bag the nebulizer. however, she stated she forgot to bag it this morning after giving Resident #38 her nebulizer treatment. LVN A stated the resident was at risk of possible respiratory infection due to the nebulizer tubing being unbagged. During an Interview with the DON on 5/05/26 at 1:57 p.m., it was revealed that Resident #38 should have had their nebulizer tubing bagged by the day shift nurse . The DON mentioned that she needed to determine why the nebulizer tubing for Resident #38 was not bagged. She also stated that she oversaw this task and assured that she would monitor it for compliance. The DON stressed that Resident #38 was at risk of respiratory infection due to unbagged nebulizer tubing. Record review of the facility's policy titled, Departmental (Respiratory Therapy Prevention of Infection), dated 11/2011, revealed: Store the circuit in a plastic bag, marked with the date and the resident's name, between uses.

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F 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a policy regarding use and storage of foods brought to residents by family and other visitors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Number of residents sampled: Number of residents cited: Based on observations, interviews, and record reviews, the facility failed to ensure the safe and sanitary storage of residents' food items in 1 of 5 reviewed residents' refrigerators. The facility failed to date open food items in the resident's #39 personal room refrigerator. This deficient practice could put residents at risk of foodborne illness from consuming spoiled food. The findings were: Record review of Resident #39's face sheet, dated 5/05/2026, revealed the resident was admitted to the facility on [DATE] with diagnoses that included:Benign Prostatic Hyperplasia (a non-cancerous condition in men where the prostate gland becomes enlarged as they get older), Bipolar disorder (a mental health condition that causes extreme mood swings), and Borderline personality disorder (a mental health condition characterized by intense emotions, unstable relationships, and a distorted self-image). Record review of Resident #39's BIMS assessment, dated 1/30/26, revealed a BIM score of 15, which indicated intact cognition. Observations on 5/05/2026 at 11:20 a.m. revealed that the personal refrigerator for Resident #39 contained an unlabeled, undated bean dip container with unidentified, fuzzy, slimy patches. During an Interview with Resident #39 on 5/05/2026 at 12:08 p.m. revealed that he was unaware of the unlabeled bean dip container in his personal refrigerator. Resident #39 stated, he stored snacks in his personal refrigerator but forgot the bean dip was even there . During an Interview on 05/5/2026 at 12:40 p.m. with CNA B, and she stated was assigned to Resident #39 and the personal refrigerator in Resident #39's room contained a bean dip container that was undated and unlabeled. She did not know who was responsible for checking the rresident's personal refrigerator for expired food, but would check with the charge nurse. Interview with LVN A on 5/05/2026 at 1:00 p.m. she stated she was the assigned nurse for Resident # 39 and confirmed that there was an unlabeled/undated bean dip storage container in resident 39's personal refrigerator. She stated nursing staff were responsible for removing undated and unlabeled food items from residents' personal refrigerators;but she did not check them today. LVN A stated Resident # 39 risked some form of food-borne illness by possibly consuming food that was unlabeled and undated. During an interview with the DON on 05/05/26, at 2:30 p.m., the DON confirmed that perishable food and drinks in residents' personal refrigerators should be labeled and dated to prevent residents from consuming spoiled food. The DON stated that all nursing staff were responsible for removing undated, unlabeled food items from residents' refrigerators, including assisting families in labeling and dating food items brought in. She added that her charge nurses were responsible for overseeing this task, and her ADONs would be monitored at random. Record review of the facility policy, Food Brought in by Family / Visitors , revised March 2022, revealed: Nursing staff will discard perishable foods before the use by date .

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to maintain an Infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable disease and infection for 1 of 6 residents (Resident #3) reviewed for infection control: The facility failed to ensure LVN C sanitized her hands between change of gloves while providing colostomy care for Resident #3. This failure could place residents at-risk for infection due to improper care practices.Findings included: Record review of Resident #3's face sheet, dated 05/08/2026, revealed an admission date of 08/15/2025, and a readmission date of 11/26/2025, with diagnoses that included: Osteomyelitis (infection in a bone), Type 2 diabetes mellitus (high level of sugar in the blood), Major depressive disorder (mental disorder characterized by at least two weeks of pervasive low mood, low self-esteem, and loss of interest or pleasure), Hyperlipidemia (Elevated level of any or all lipids(fat) in the blood) and paraplegia (inability to voluntarily move or control the lower parts of the body) Record review of Resident #3's Quarterly MDS assessment, dated 04/16/2026, revealed the resident had a BIMS score of 15, which indicated no cognitive impairment, and was indicated to have an ostomy (opening (stoma) in the body for the discharge of body wastes) and an indwelling catheter. Record Review of Resident #3's care plan, dated 04/18/2026, revealed a problem of OSTOMY: requires the use of an Ostomy and is at risk for skin break down and ostomy malfunction and an intervention of Provide colostomy care per order During an observation on 05/07/2026 at 1:49 p.m. LVN C provided colostomy care for Resident #3. LVN C after removing the colostomy bag and cleaning the stoma and skin of the resident, changed her gloves, but did not sanitize or wash her hands. During an interview with LVN C on 05/07/2026 at 2:02 p.m., she stated she did not use sanitizer but knew she needed to use sanitizer between change of gloves. She forgot to take her sanitizer bottle with her in the room. She stated she received infection control training within the current year. During an interview with the DON on 05/07/2026 at 3:57 p.m., the DON stated the staff needed to sanitize or wash their hands between change of gloves to prevent infection and cross contamination. The DON provided training on infection control to the staff at least annually and she checked their skills annually. She would also do sport check if needed Review of facility policy, titled Fundamentals of infection control precautions, dated 03/2024, revealed The following is a list of some situations that require hand hygiene: [.] after contact with a resident's mucous membranes and body fluids or excretions. [.] after removing gloves or aprons.

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F 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. Based on record review and interviews, the facility failed to maintain spaces of at least 80 square feet per resident for 14 of 15 Resident rooms (Resident rooms #101, 102, 103, 104, 105, 106, 107, 401, 403, 404, 405, 406, 408, and 409) inspected for resident room sufficient space for privacy and comfort, in that: The facility failed to ensure resident rooms #101, 102, 103, 104, 105, 106, 107, 401, 403, 404, 405, 406, 408, and 409 were maintained with at least 80 square feet of space per resident. This failure could place residents at risk of restricting their resident rights for comfort and privacy. The findings were:Record review of the Bed Classification Form 3740 dated 02/13/24 which was filled out by the Administrator indicated the capacity of the facility was 144 beds. In an interview with the Administrator on 02/16/24 at 10:55 a.m., revealed she was not aware of any room waivers for the facility. Review of the measurements provided by LSC, of the bedrooms which were measured and identified by the Maintenance Director indicated as follows:Bedroom # (allocated for 2 Beds as per Form 3740)101 - 76.35 square feet per bed102 - 77.44 square feet per bed103 - 76.49 square feet per bed104 - 76.589 square feet per bed105 - 76.124 square feet per bed106 - 75.675 square feet per bed107 - 76.83 square feet per bed401 - 77.8145 square feet per bed403 - 72.1485 square feet per bed404 - 75.968 square feet per bed405 - 75.40 square feet per bed406 - 76.25 square feet per bed408-77.30 (allocated for 4 beds per the Form 3740)409-78.19 (allocated for 4 beds per the Form 3740) In an interview with the Administrator on 05/11/2026 at 11:46 a.m. the Administrator stated that the Bed Classification Form 3740 which she completed was accurate. The Administrator stated she could not advise that a room waiver request had been submitted by the previous Administrator. The Administrator stated she would like to apply for a room waiver request for the rooms designated by the Life Safety Surveyor as not meeting room space capacity requirements.