

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675579	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/24/2026
NAME OF PROVIDER OR SUPPLIER Beacon Harbor Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6700 Heritage Parkway Rockwall, TX 75087	

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 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide each resident with a nourishing, palatable, well-balanced diet that met his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident for three (Resident #1, #2, and #3) of ten residents reviewed for food preferences. The facility failed to provide hot palatable oatmeal at the breakfast meal for Residents #1, #2, 3, and #4. This deficient practice could put residents at risk of weight loss, an increase of feelings of self-worth, and a decreased quality of life. Findings included: Record Review of Resident #1's quarterly MDS assessment, dated 03/10/2026, revealed a [AGE] year-old-female who was admitted to the facility on [DATE]. Resident #1 had diagnosis which included: cerebral infarction (stroke), chronic respiratory failure (lungs are very weak), and atrial fibrillation (irregular fast heart rate). Resident #1 had severe cognitive impairment and required assistance of one staff for activities of daily living. Record Review of Resident #2's quarterly MDS assessment, dated 01/12/2026, revealed a [AGE] year-old-male who was admitted to the facility on [DATE]. Resident #2 had diagnoses which included: cerebral infarction (stroke), hypertension (high blood pressure), and edema (fluid in lower legs). Resident #2 was alert and oriented and able to make decisions. He required assistance of one staff for activities of daily living. Record Review of Resident #3's quarterly MDS assessment, dated 01/05/2026, revealed an [AGE] year-old-male who was admitted to the facility on [DATE]. Resident #3 had diagnoses which included: chronic obstructive pulmonary disease (congested lungs), heart failure (weak heart), and congestive heart failure (heart and lungs are weak). Resident #3 was alert and oriented and able to make decisions. He required assistance of one staff for activities of daily living. Record Review of Resident #4's quarterly MDS assessment, dated 03/06/2026, revealed an [AGE] year-old-female who was admitted to the facility on [DATE]. Resident #4 had diagnoses which included: cerebral infarction (stroke), hypertension (high blood pressure), and muscle weakness (weakness). Resident #4 was alert and oriented and able to make decisions. She required assistance of one staff for activities of daily living. During an observation and interview on 03/24/2026 at 8:45 a.m., revealed on Hall 200 the residents were eating breakfast. Resident #1 was assisted to eat her breakfast in her room, while in bed. Resident #1 stated she knew the oatmeal was cold and lumpy but she was hungry and was eating it anyway. The oatmeal did appear to be sticky and when the bowl was touched it was cold. During an observation and interview on 03/24/2026 at 9:00 a.m., revealed Resident #2 in the room with Resident #1. He was eating his breakfast and the oatmeal was left in his bowl. Resident #2 had completed the rest of his breakfast. Resident #2 stated he would not touch the oatmeal, it was sticky, cold and lumpy and looked disgusting. Resident #2 stated the oatmeal was always that way. Resident #2 pulled the oatmeal out of the bowl with his spoon as one whole piece. In an interview on 03/24/2026 at 03/24/2026 at 9:00 a.m., with CNA A at 9:00 a.m., revealed, CNA A stated the oatmeal was always served lumpy, it was always cold and she had a lot of residents that complained. CNA stated she told the kitchen about the oatmeal, but it had not changed. CNA A stated Resident #1 always eats all her breakfast, including oatmeal, the CNA stated she tries to mix it with the eggs that are warm, so she (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 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>will eat it. CNA stated she offers fresh oatmeal, but the residents say it will just be the same. CNA A stated that breakfast is the only served meal when all the residents are on the hallway, but by lunch time there are very few residents, they all eat in the dining room, except for maybe two or three residents. During an observation and interview on 03/24/2026 at 9:10 a.m., revealed Resident #3 had completed his breakfast. He had eaten his eggs and his toast, but the oatmeal bowl had not been touched. Resident #3 stated he could not eat the oatmeal, it was terrible. He stated it was always thick and cold. Resident #3 took his spoon, placed it in the bowl of oatmeal attempting to stir it and the entire bowl of oatmeal came out for the bowl in one piece. Resident #3 stated he had told the staff about it, but nothing had changed. During an interview on 03/24/2026 at 9:15 a.m., Resident #1 stated she did not mind cold food, and she will try and eat anything, but Resident #2 likes his food warm. Resident #1 stated she did know that the oatmeal would taste better if it were warm. During an observation and interview on 03/24/2026 at 9:35 a.m., Resident #4 was eating her breakfast. The resident stated she did not want to get anyone in trouble, but she sure would like her oatmeal to be warm and edible Resident #4 stated she likes oatmeal, but not cold and sticky and one big lump. Resident #4 stated the oatmeal was always served the same, so she asked for extra toast. Resident #2 stated she had told the CNAs, but she did not like to make a fuss, and the rest of the meals are warm and good. During an interview on 03/24/2026 at 1:37 p.m., with the Dietary Manager revealed the oatmeal left the kitchen warm, and she did not know what happened after that. The Dietary Manager stated she did not recall any grievances concerning cold inedible oatmeal. During an interview on 03/24/2026 at 3:00 p.m. with the Administrator and the DON revealed they were unaware of any problems with the oatmeal that was served at breakfast. The Administrator stated they would be looking into the problem. The DON stated if that was all the residents would eat it could lead to weight loss. Record Review of the facility Dietary Services Meal and Food policy dated June 2022 reflected It is the policy to ensure dietary services are provided to our residents. 9. Food prepared for consumption by our residents is prepared according to all applicable food services regulations.</p>		