STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675579	A. Building B. Wing	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beacon Harbor Healthcare and Rehabilitation	6700 Heritage Parkway Rockwall, TX 75087

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(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 - Many	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 food in accordance with professional standards for food service safety in the facility's only kitchen, reviewed for food safety.1. The facility failed to correctly discard food by the use by date for 1 storage bag of cheese.2. The facility failed to discard a dented can of soup.3. The facility failed to use or discard a tray with four containers of sliced/chopped vegetables by the discard dateThese failures could place residents at risk for food-borne illness and cross contamination.Findings included:Observation of the kitchen on 09/23/2025 at 9:40 a.m., revealed in the walk in refrigerator a storage bag containing sliced cheese was observed with a use by date of 09/21/2025. Observation of the walk refrigerator on 09/23/2025 at 9:45 a.m. revealed a tray with 4 containers, one with sliced onions, one with sliced pickles, one with lettuce, and another with sliced tomatoes. This tray had plastic wrap covering it with a use by date of 09/21/2025. Observation of the dry storage room on 09/23/2025 at 10:00 a.m. reveal a dented can of soup on the bottom row of a storage rack. In an interview with the DM on 09/23/2025 at 10:15 a.m., she revealed that she received orders every week and she usually made sure items were labeled with received and use by dates. She stated that someone must have re-used the plastic wrap on the sliced vegetables. She stated because the burger condiments were just put in there. She stated that she doesn't know what happened with the cheese and the date on the package. She stated that the dented can just got past her eyes. She stated they usually don't have dented cans and she will just discard them. During an interview with the Administrator on 09/23/2025 at 2:10 p.m. He stated that that Dietary Manager has done a tremendous job getting the kitchen in order. He stated that he was surprised we found anything because she has done a very good job in the kitchen. Record review of Facility Policy, undated. Policy:The facility adheres to a date marking system to ensure the safety of ready-to-eat, time/temperature control for safety food.Definitions: Time/temperature control for safety food (formerly potentially hazardous food) includes an animal food that is raw or heat-treated; a plant food that is heat-treated or consists of raw seed sprouts, cut melons, cut leafy greens, cut tomatoes or mixtures of cut tomatoes that are not modified in a way so that they are unable to support pathogenic microorganism growth or toxin formation; or garlic-in-oil mixtures that are not modified in a way so that they are unable to support pathogenic microorganism growth or toxin formation.Policy Explanation and Compliance Guidelines for Staffing:1. Refrigerated, ready-to-eat, time/temperature control for safety food (i.e. perishable food) shall be held at a temperature of 41 F or less for a maximum of 7 days.2. The food shall be clearly marked to indicate the date or day by which the food shall be consumed or discarded.3. The individual opening or preparing a food shall be responsible for date marking the food at the time the food is opened or prepared.4. The marking system shall consist of a color-coded label, the day/date of opening, and the day/date the item must be consumed or discarded.5. The discard day or date may not exceed the manufacturer's use-by date, or four days, whichever is earliest. The date of opening or preparation counts as day 1. (For example, food prepared on Tuesday shall be discarded on or by Friday.)6. The Head Cook, or designee, shall be responsible for checking the refrigerator daily for food items that are expiring, and shall discard accordingly.7. The Dietary Manager, or designee, shall spot check refrigerators weekly for (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 - Many	compliance, and document accordingly. Corrective action shall be taken as needed.8. Note: prepared foods that are delivered to the nursing units shall be discarded within two hours, if not consumed. These items shall not be refrigerated as the time/temperature controls cannot be verified. Review of the U.S. FDA Food Code 2022 reflected: Chapter 2 . section 2-301 Hands and Arms. 2-301.11 Clean Condition. Food Employees shall keep their hand and exposed portions of their arms clean. 2-301.12 Cleaning Procedure. (C). To avoid recontaminating their hands or surrogate prosthetic devices, food employees may use disposable paper towels or similar clean barriers when touching surfaces such as manually operated faucet handles on a Handwashing Sink or the handle of a restroom door. 2-201.14 When to Wash. Food Employees shall clean their hands and exposed portions of their arms as specified under section 2-301.12 immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single service and single-use articles. and: (A) After touching bare human body parts other than clean hands and clean, exposed portions of arms; (B) After using the toilet room; (C) After caring for or handling service animals or aquatic animals as specified in 2-403.11(B); (D) Except as specified in 2-401.11(B), after coughing, sneezing, using a handkerchief or disposable tissue, using tobacco products, eating, or drinking; (E) After handling soiled equipment or utensils; (F) During food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; (G) When switching between working with raw food and working with ready-to-eat food; (H) Before donning gloves to initiate a task that involves working with food; and (I) After engaging in other activities that contaminate the hands. Section 2-301.15 Where to Wash. Food Employees shall clean their hands in a Handwashing Sink or approved automatic handwashing facility and may not clean their hands in a sink used for food preparation or warewashing, or in a service sink or a curbed cleaning facility used for the disposal of mop water and similar liquid waste. Chapter 3 . section 3-201.11 Compliance and Food Law: . C. Packaged Food shall be labeled as specified in LAW, including 21 CFR 101 Food Labeling [*.(b) A food which is subject to the requirements of section 403(k) of the act shall bear labeling, even though such food is not in package form. (c) A statement of artificial flavoring, artificial coloring, or chemical preservative shall be placed on the food or on its container or wrapper, or on any two or all three of these, as may be necessary to render such statement likely to be read by the ordinary person under customary conditions of purchase and use of such food. The specific artificial color used in a food shall be identified on the labeling when so required by regulation in part 74 of this chapter to assure safe conditions of use for the color additive.], 9 CFR 317 Labeling, [*(a) When, in an official establishment, any inspected and passed product is placed in any receptacle or covering constituting an immediate container, there shall be affixed to such container a label .Marking Devices, and Containers, and 9 CFR 381 Subpart N Labeling and Containers, and as specified under S 3-202.18. Section 3-302.12 Food Storage Containers, Identified with Common Name of Food: Except for containers holding FOOD that can be readily and unmistakably recognized such as dry pasta, working containers holding food or food ingredients that are removed from their original packages for use in the food establishment, such as cooking oils, flour, herbs, potato flakes, salt, spices, and sugar shall be identified with the common name of the food. Section 3-501.13 Thawing. Except as specified in (D) of this section, Time/Temperature Control for Safety Food (TCS) shall be thawed: (A) Under refrigeration that maintains the FOOD temperature at 5oC (41oF) or less; or (B) Completely submerged under running water: (1) At a water temperature of 21oC (70oF) or below, (2) With sufficient water velocity to agitate and float off loose particles in an overflow, and (3) For a period of time that does not allow thawed portions of READY-TO-EAT FOOD to rise above 5oC (41oF) , or (4) For a period of time that does not allow thawed portions of a raw animal FOOD requiring cooking as specified under 3-401.11(A) or (B) to be above 5oC (41oF), for more than 4 hours including: (a) The time the FOOD is exposed to the running water and the time needed for preparation for cooking, or (b) The time it takes under refrigeration to lower the FOOD temperature to 5oC (41oF). Section 3-501.17. Commercial processed food: Open and hold cold . B. 1. The day the original container is opened in the (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	food establishment shall be counted as Day 1. 2. The day or date marked by the food establishment may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on food safety. C. 2. Marking the date or day of preparation, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded as specified under (A) of this section. 3. Marking the date or day the original container is opened in a food establishment, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded as specified under (B) of this section. Definitions 3. Food Receiving and Storage - When food, food products or beverages are delivered to the nursing home, facility staff must inspect these items for safe transport and quality upon receipt and ensure their proper storage, keeping track of when to discard perishable foods and covering, labeling, and dating all PHF/TCS foods stored in the refrigerator or freezer as indicated. Chapter 5 . Section 5-205.11 Using a Handwashing Sink (A) A Handwashing Sink shall be maintained so that it is accessible at all times for Employee use. Section 5-501.16 Storage Areas, Rooms, and Receptacles, Capacity and Availability . (B) A receptacle shall be provided in each area of the Food establishment or premises where refuse is generated or commonly discarded, or where recyclables or returnables are placed. (C) If disposable towels are used at handwashing lavatories, a waste receptacle shall be located at each lavatory or group of adjacent lavatories. Section 5-501.113 Covering Receptacles. Receptacles and waste handling units for refuse, recyclables, and returnables shall be kept covered: . www.fda.gov eCFR- Code of Federal Regulations are indicating within the text by an *- www.ecfr.gov

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to provide each resident with a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility for 1 of 5 residents (Resident #13) reviewed for resident rights.1. The facility failed to remove Resident #13 from contact isolation as ordered. Failure could place residents at risk for diminished quality of life, loss of dignity and self-worth. findings included: Record review of Resident #13's face sheet, dated 09/25/2025, reflected a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #13 had diagnoses which included chronic obstructive pulmonary disease (a group of lung diseases that cause ongoing inflammation and narrowing of the airways, making it difficult to breath), dysarthria following other cerebrovascular disease (slurred, slow, or unclear speech resulting from brain damage caused by stroke or other blood vessel problem in the brain), muscle weakness, cognitive communication deficit (difficulty in communication caused by impairment in brain function like memory, attention and problem-solving, rather than a primary language or speech problem) and major depressive disorder.Record review of Resident #13's Quarterly MDS assessment, dated 09/01/2025, reflected Resident #13 had a BIMS score of 15 indicating he was cognitively intact. The MDS assessment reflected Resident #13 was dependent on staff for eating, oral hygiene, toileting hygiene, shower/bathing, upper body dressing, lower body dressing, putting off footwear and personal hygiene. Record review of Resident #13's comprehensive care plan, revised on 07/31/2024, reflected Resident #13 was dependent on staff to assist him to and with activities. The care plan goal included resident will attend/participate in activities of choice and will choose and participate in his preferred leisure activities daily. The interventions included the following: All staff to converse with resident while providing care; Assistance with ADLs as required during activity; it is very important to do his favorite activities, bible study, social events, and BINGO; Needs assistance to activity functions; provide who activities calendar and notify of any change to the calendar of activities. Record review physician order for Resident #13 revealed contact isolation start date of 2//21/2025 through the duration of 3/3/2025. Record review of nurse's progress note revealed Resident #13 showed no sign of diarrhea on 2/26/2025, 2/27/2025 and 2/28/2025. During an interview on 09/23/2025 at 10:09 AM, Resident #13 he stated that back in February he had contracted C-DIFF and was placed on contact isolation. Resident #13 stated that per CDC guidelines he was only supposed to be on contact isolation for three days after the last symptom. Resident #13 had his last symptom on 2/28/2025 but remained on contact isolation until 3/10/2025. Resident #13 stated that when he was on contact isolation he missed group activities such as church, BINGO, blackjack and eating with the other residents. Resident # 13 stated the facility provided one-on-one activities, but it was not the same. During an interview on 9/24/2025 at 3:00 PM, with the physician she revealed that residents are kept in contact isolation according to the symptoms and the type of bacteria they are treating. The physician stated Resident #13 needed to be in contact isolation for a longer period of time (no specific dates or times were provided) due to his inconsistent diarrhea and facility would have to contact her to take any resident out of contact isolation. The physician did not recall the order for discontinuing isolation but did state that the staff should have contacted her if the resident had been asymptomatic for greater than 72 hours, so they could discuss the resident's course of treatment. During an interview on 9/23/2025 at 12:32 PM, with the DON stated residents were placed on contact isolation by a physician's orders. The DON stated that the facility's' goal was to remove the contact isolation once they were no longer contagious and that the facility did not have to wait until the treatment/antibiotic were completed. The DON stated that residents are no longer contagious after no signs of diarrhea for 72 hours, but their policy was to refer to the physicians for final decision.During interview with the DON he said it was his expectation for the facility staff to (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	follow the physician orders. Record review of Infection Prevention and Control Measure for Common Infections in LTC Facilities dated 10/07/22 stated duration of precaution is the duration of illness. Record review IPCP Standard and Transmission-Based Precautions dated 6/2021 revied 3/2024 stated under e. Termination of Contact Precautions: may be discontinued when the resident becomes asymptomatic: i. It is not necessary to wait until the completion of the antibiotic.ii. Assess the resident for clinical improvement which is evident be resolution of symptoms.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to establish and 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 diseases and infections for 1 of 2 (MA A) staff members and 3 of 4 residents (Residents #21, #91, and #42) reviewed for infection control procedures. MA A failed to disinfect the blood pressure cuff in between blood pressure checks for Residents #21, #91, and #42. These failures could place residents at risk for cross contamination and infections.Findings included: Record review of Resident #91's annual MDS assessment, dated 08/06/2025, revealed a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #91 had diagnoses which included: Cardiovascular accident (stroke), and hypertension (high blood pressure). Resident #91 was moderately cognitively impaired and unable to make decisions. He required assistance from one staff for activities of daily living. Record review of Resident #91's physician orders dated 08/16/25 (open ended) reflected, Amlodipine tablet (high blood pressure) 2.5 mg give one tablet by mouth one time a day, and losartan potassium-HCTZ (high blood pressure) 100-12.5 mg one tablet by mouth one time a day. Obtain blood pressure one time a day on each shift. Record review of Resident #42's quarterly MDS Assessment, dated 09/08/2025, revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #42 had diagnoses which included: hypertension (increased blood pressure), and cerebrovascular accident (stroke). Resident #42 was cognitively intact and able to make all decisions for herself and required one staff for assistance with activities of daily living. Record review of Resident #42's physician orders dated 08/16/2025 (open ended) reflected, Lisinopril (high blood pressure) 10 mg give one tablet by mouth one time a day. Obtain blood pressure one time a day on each shift. Record review of Resident #21's quarterly MDS Assessment, dated 07/14/2025, revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #21 had diagnoses which included: hypertension (increased blood pressure), and cerebrovascular accident (stroke), and hemiplegia (one arm does not work) Resident #21 was cognitively intact and able to make all decisions for herself and required one staff for assistance with activities of daily living. Record review of Resident #21's physician orders dated 08/16/2025 (open ended) reflected, Amlodipine tablet (high blood pressure) 2.5 mg give one tablet by mouth one time a day, and losartan potassium-HCTZ (high blood pressure) 100-12.5 mg one tablet by mouth one time a day. Obtain blood pressure one time a day on each shift. Observation on 09/23/2025 at 9:30 a.m., revealed MA A performing morning medication pass, during which time she checked the blood pressure on Resident #91. MA A failed to sanitize the blood pressure cuff before or after using it on Resident #91. Observation on 09/23/2025 at 9:39 a.m., revealed MA A performing morning medication pass, during which time she checked the blood pressure, on Resident #42, using the same blood pressure cuff used on Resident #91. MA B failed to sanitize the blood pressure cuff before or after using it on Resident #42. Observation on 09/23/2025 at 9:55 a.m., revealed MA A performing morning medication pass, during which time she checked the blood pressure, on Resident #21, using the same blood pressure cuff used on Resident #42. MA B failed to sanitize the blood pressure cuff before or after using it on Resident #21. In an interview on 09/23/2025 at 12:30 p.m., MA B stated she did not think about cleaning the blood pressure cuff between usage, and she had been in-serviced on that. MA B stated if the cuff was on the residents and then not cleaned it could spread germs to others. In an interview with the DON, who was the infection control preventionist on 09/25/2025 at 1:39 p.m., the DON stated that all direct care staff must clean equipment, including blood pressure cuffs after having contact with each resident. The DON stated, the staff has available the disinfectant wipes that will kill all germs. The DON stated he had just had an in-service on 08/25/2025, presenting step by step the cleaning of equipment and infection control. The DON stated during the in-service the staff did not ask any questions and appeared to understand and indicated they knew everything. The (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	DON stated MA A had been trained multiple times about cleaning the blood pressure cuff between each usage, in fact he just had spoken to her today about it, that is how he found out she had forgotten to clean the cuff. The DON stated if they do not clean the blood pressure cuffs appropriately and clean the shower rooms after each use when they should, they could spread germs to themselves and the residents. Record review of an in-service log dated 08/25/2025 revealed entire direct care staff and MA A, had received in-service on cleaning and properly storing equipment after each use and how to prevent the spread of infection. Record review of the Facility's Policy titled Cleaning and Disinfection of Resident-Care Items and Equipment undated, reflected: Policy Statement Resident-care equipment, including reusable items and durable medical equipment will be cleaned and disinfected . (c). non-critical items are those that come in contact with intact skin but not mucus membranes. (1) Non-critical resident-care items include . blood pressure cuffs. (2) Most non-critical reusable items can be decontaminated where they are used . 4. Reusable resident equipment will be decontaminated and/or sterilized between residents