

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675595	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/08/2025
NAME OF PROVIDER OR SUPPLIER Harmony Care at Beaumont		STREET ADDRESS, CITY, STATE, ZIP CODE 2660 Brickyard Rd Beaumont, TX 77703	

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675595	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/08/2025
NAME OF PROVIDER OR SUPPLIER Harmony Care at Beaumont		STREET ADDRESS, CITY, STATE, ZIP CODE 2660 Brickyard Rd Beaumont, TX 77703	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to provide a safe, functional, sanitary, and comfortable environment for the residents in rooms 217 through 224 (8 rooms for this hallway) and 1 resident of 8 residents (Resident #1) that were observed for physical environment. The facility failed to ensure the hallway and the attached rooms 217 through 224 were free of odors. The facility failed to ensure a dresser in Resident #1's room was in good repair. These failures could place the residents at risk for diminished quality of life. Findings included: 1. An observation on 07/08/25 from 8:20 AM to 9:26 AM revealed a foul odor starting from the beginning of the hallway extending to the end of the hallway. As the State Surveyor walked through the hallway it was strongest of the odor in front of room [ROOM NUMBER]. The odor smelled of urine, feces, and body odor all combined making it hard to breath as the State Surveyor walked the length of the hallway (rooms 217 - 224). An observation on 07/08/25 at 11:27 AM revealed the odor was almost completely gone in the hallway for rooms 217 through 224 but the odor was still in front of room [ROOM NUMBER]. There were three housekeeping staff working on this hallway. An observation on 07/08/25 at 03:04 PM revealed there was a slight odor in the hallway for rooms 217 through 224, but the odor was still in front of room [ROOM NUMBER]. In an interview on 07/08/25 at 8:33 AM with Resident #1 revealed her roommate was gross and gets poop everywhere. She stated one housekeeper quit because of her roommate and they deep clean her room because of the behaviors her roommate has related to feces and urine. She stated it grossed her out. During this interview, a strong odor of feces came from the restroom. There were two brown spots on the bathroom floor as well as one brown spot on the toilet seat. There was a puddle of unknown liquid at the base of the sink. In an interview on 07/08/25 at 10:29 AM LVN A stated as far as she knew they cleaned all rooms daily. She stated the odor was due to some residents refusing hygiene care. She stated she knew of at least two rooms that had a stronger smell in their rooms. LVN A stated she did not always work that hall, but she had noticed the odor. LVN A stated the residents could feel disgusted and feel like the room was unclean. In an interview on 07/08/25 at 11:09 AM the Housekeeping Supervisor stated every room was cleaned daily. She stated rooms like 220 and 221 were cleaned three times a day. Regarding the hallway odor, she stated most people on that hall would not take a shower. She stated, we (housekeeping) come in and use certain chemicals to try to fight the odor. She stated she had not had any complaints about the odor, but she was sure it affected them some way. She stated that was why they deep cleaned to stay on top of it and disinfect everything. 2. An observation on 07/08/25 at 8:33 AM, revealed in Resident #1's room a dresser in need of repair. The top drawer had a loose handle and the drawer was crooked, the second drawer had a broken handle, the fourth drawer was sticking out and would not close, and the sixth drawer was missing a knob. During an interview on 07/08/25 at 12:19 PM, Resident #1 stated the broken drawers make me so mad. She stated it had been like that since at least the beginning of the year. She stated she thought they were working on getting a new one for her. During an interview on 07/08/25 at 2:26 PM, the Maintenance Director stated he was the one that repaired items if he could or ordered new ones. There was a clipboard at the nurses' station for maintenance activities. He stated he looked at the maintenance log every morning. He stated no one had reported the broken dresser to him. He stated staff or anyone that saw issues could report it. He stated it could affect the resident's quality of life and it could irritate them. He stated he tried to get on maintenance issues as quickly as he could. During an interview on 07/08/25 at 2:41 PM the Administrator stated they were going to replace the dresser, but they could not remove it until they received a new one. Otherwise- there was nowhere to put the resident's clothes. She stated she put in an order for a dresser in June 2025, but they still have not received it. She stated it could affect residents due to it not being a homelike environment. The administrator stated in regard to the odor in the hallway, there were at least five residents that refused to bathe. She stated no matter what they tried; they could not get them to bathe regularly. She stated housekeeping would go in twice a day to clean those rooms and the hallway. The Administrator stated housekeeping was responsible to stay on top of cleaning to prevent the odor. She stated, if the staff could get the residents to bathe to decrease the odor, the residents would like that. Review of the Policy and Procedure Quality of Life - Homelike Environment, no date, reflected Residents are provided with a safe, clean, comfortable, and homelike environment. cleanliness and order. inviting colors and decor. pleasant, natural scents.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675595	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/08/2025
NAME OF PROVIDER OR SUPPLIER Harmony Care at Beaumont		STREET ADDRESS, CITY, STATE, ZIP CODE 2660 Brickyard Rd Beaumont, TX 77703	
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 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 review, the facility failed to maintain an effective pest control program, so the facility was free of pests and rodents for five (Residents #1, # 2, #3, #4, and #5) of fifty-five residents reviewed for effective pest control. The facility failed to ensure Resident #1, # 2, #3, #4, and #5's rooms were free of pests. These failures could place residents at risk of exposure to bugs and bug bites. Findings included: An observation and interview on 07/08/25 at 8:33 AM revealed two cockroaches scattered from the center of the room to the wall, as the State Surveyor entered Resident #1's room. Resident #1 stated her roommate was gross and gets poop everywhere. She has food and soda that attracts the roaches. An observation on 07/08/25 at 8:48 AM revealed five dead cockroaches and one live cockroach in Resident #2 and Resident #3's room. The residents were not in the room at the time. An observation and interview on 07/08/25 at 9:27 AM revealed a small cockroach ran across the dresser in Resident #4's room. There were two live spiders seen, one behind the head of the bed and one at the bottom of one of her dressers. Behind the head of the bed were three dead spiders and two dead cockroaches. Resident #4 stated this morning roaches were running on my breakfast tray. An observation on 07/08/25 at 3:02 PM revealed a cockroach running across the sink in Resident #5's restroom. During an interview on 07/08/25 at 12:19 PM, Resident #1 stated it makes her feel terrible to have cockroaches in her room. During an interview on 07/08/25 at 10:29 AM LVN A stated if staff saw any pests, they noted it in the pest control log that was kept at the nurses' station. The facility has a company come and spray everywhere and more in specific areas mentioned in the pest control log. LVN A stated they were in-serviced recently about keeping a separate book for reporting areas where pests have been seen. LVN A stated she saw pests, but not very often. She stated she saw flies and cockroaches a couple times a month. She stated it could make the residents feel disgusted and hesitant to eat facility made food. During an interview on 07/08/25 at 2:26 PM the Maintenance Director stated he maintained the monthly pest control records. He stated the contract stated they sprayed once a month and as needed. He stated they have a white binder at the nurses' station where staff can report pest control issues. He stated he has not had recent reports of roaches in the facility. He stated the issues were usually contained to one or two rooms due to food being kept in those rooms. They have provided plastic containers to those residents to help limit pest issues. The pest control company came out once last month and twice the month before that. He stated he also got spray and sprayed some rooms himself. The Maintenance Director stated the residents probably got irritated and did not like to have pests in their rooms. He stated pest control came and sprayed yesterday, so there was probably higher activity because they were trying to get away from the spray. During an interview on 07/08/25 at 2:41 PM the Administrator stated maintenance was in charge of pest control concerns. She stated her expectations were for the policy to be followed and pests to be eliminated. She stated, I feel they have been eliminated lately. She stated there anywhere no recent complaints from residents. She stated staff or residents could report pest control issues to maintenance. She stated pest control issues could affect the residents because it could be an unhomelike environment. Record review of the facility's Maintenance log requests revealed roaches in room [ROOM NUMBER] on 06/08/25 and roaches everywhere in room [ROOM NUMBER] on 05/28/25. Record review of the facility's Pest Control log revealed pest control had treated for cockroaches, spiders, and ants every month and twice in April 2025. The last visit was on 7/07/25. Review of the facility's policy Pest Control, no date, reflected: Our facility shall maintain an effective pest control program.to ensure that the building is kept free of insects and rodents.</p>		