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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>675595                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                             | (X3) DATE SURVEY<br>COMPLETED<br><br>07/24/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Harmony Care at Beaumont                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>2660 Brickyard Rd<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                      |                                                 |
| F 0584<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to provide a safe, clean, comfortable, and homelike environment for 1 of 8 resident rooms (room [ROOM NUMBER]) reviewed for environment. The facility failed to repair a missing closet door and replace torn/worn curtains in a timely manner in room [ROOM NUMBER] as of 07/23/26. The facility failed to ensure one closet was clean and free of spider webs, insect carcasses, and a ball shaped brown unknown substance in room [ROOM NUMBER] as of 07/23/26. These failures could place residents at risk of an uncomfortable environment and a decrease in quality of life and self-worth. Findings included: Observation on 07/23/26 at 9:05 a.m. indicated room [ROOM NUMBER] (on the secure unit) closet was missing a left side door. There was a large spider web visible in the back left corner. There were numerous bug carcasses in the spider web and on the floor. There was a brown ball shaped unknown substance, approximately 1.5 inches in diameter, on the closet floor adjacent to the spider web. There was unidentified clothing items on the floor of the closet. The patio door curtains were not properly hung on the rod (partially hanging off the rod) and 1 of 2 curtains were torn and missing the hem section. During an interview on 07/23/26 at 9:07 a.m., the Maintenance Supervisor said he was not aware of the missing door. He said the staff were supposed to write up maintenance issues on a log located at the nurse station and he would address/fix any issues. During an interview on 07/23/26 at 12:58 p.m., CNA A said the closet door in room [ROOM NUMBER] had been missing for quite a while. She said she did not know if any staff had documented the missing door. She said housekeeping issues were brought to the attention of the Housekeeping Supervisor. During an interview on 07/23/26 at 2:10 p.m., the Housekeeping Supervisor said the staff were supposed to clean the rooms, as necessary. She said she conducted look behind inspections and cleaned rooms and just missed that the closet was not cleaned. She said 3 rooms per day were supposed to be deep cleaned. She said room room [ROOM NUMBER] had not been deep cleaned in the current room clean rotation. She said cleaning rooms included sweeping. She said the cleaning list did not include the closets. She said all maintenance issues were documented on a log at the nurse station. She said she did not know if the missing closet door in room [ROOM NUMBER] was documented. During an interview on 07/24/26 at 9:53 a.m., the Administrator indicated her expectations were for all the facility areas to be clean and in good repair. She said she had been the Administrator for approximately one month. She said she was in the process of replacing all room curtains and conducting deep cleaning of all resident rooms. She said she was not aware of the missing closet door or the uncleanness of the closet in room [ROOM NUMBER]. Record review of the facility Maintenance log from May 2026 and June 2026 did not include the missing closet door or frayed curtain in room [ROOM NUMBER]. Record review of maintenance log at the nurse station for July 2026 indicated there was no documentation of the (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE                   | (X6) DATE                                                              |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                      | Event ID:<br><br>675595 | Facility ID:<br><br>675595<br><br>If continuation sheet<br>Page 1 of 2 |

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                      |                                                 |
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| F 0584<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | missing closet door for room [ROOM NUMBER].Record review of the facility calendar for deep room clean indicated room [ROOM NUMBER] was deep cleaned on 07/15/26.Record review of an undated Resident Room Deep Cleaning Checklist provided by the Housekeeping Supervisor indicated there was no specific closet designation for check off.Record review of an undated Daily Resident Room Cleaning Checklist provided by the Housekeeping Supervisor indicated there was no specific closet designation for check off.Record review of the facility's undated Environment policy indicated Residents are provided with a safe, clean, and homelike environment and encouraged to use their personal belongings to the extent possible. Policy Interpretation and Implementation 1. Staff provides person-centered care that emphasizes the residents' comfort, independence and personal needs and preferences. 2. The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: a. clean and sanitary environment; .During an interview on 07/24/26 at 9:53 a.m., the administrator was asked to provide a policy related to the maintenance or repairs of the facility. This policy was not provided by the administrator prior to exit. |                                                                                      |                                                 |