STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675595	A. Building B. Wing	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harmony Care at Beaumont	2660 Brickyard Rd Beaumont, TX 77703

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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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review the facility failed to ensure residents received adequate supervision, to the extent possible for 1 of 3 residents that smoke on the secure unit (Resident #33), 3 of 3 residents (Residents #6, #9 & #14) of the general population that smoke and for 1 of 1 unoccupied resident room reviewed for safety. 1. The facility failed to ensure Resident #6, and Resident #14 did not smoke unsupervised within 25 feet of the flammable gas water heater. 2. The facility failed to ensure Resident #33's environment was free of hazards, on 4/13/26 Resident #33 was observed smoking outside on the secure unit patio area, there was no designated signage, no fire extinguisher, no fire blanket, no ash tray and no fire-safety can. 3. On 4/13/26 the facility failed to supervise Resident #9 while smoking. 4. The facility failed to ensure an unoccupied room was free of unsecured chemicals in spray bottles. These failures could place residents at risk for injury and burns. Findings included: Resident #14 Record review of a face sheet dated 04/13/2026 indicated Resident #14 was a [AGE] year-old female that was initially admitted to the facility on [DATE] and was readmitted on [DATE]. Resident #14 had diagnoses of aphasia (is a language disorder commonly caused by cerebral infarction, affecting speech, comprehension, reading, and writing, with recovery influenced by lesion location and therapy.), dysarthria (is a speech disorder caused by muscle weakness that affects the ability to control the muscles used for speech, leading to slurred or slow speech that can be difficult to understand.), dysphagia (difficulty swallowing.), muscle wasting and atrophy (is the loss of muscle mass and strength.), right shoulder and right hand contracture (is a permanent shortening and tightening of muscle fibers that reduces flexibility and makes movement difficult.). Record review of Resident #14's quarterly MDS dated [DATE] indicated she used a wheelchair for mobility, and she had a BIMS of a 15 indicated she was cognitively intact. In section GG - Functional Abilities (GG0130. Self-Care) indicated that Resident #14 was dependent on staff for toileting, shower/bath, lower dressing, and maximal assistance for personal hygiene. Record review of Resident #14's care plan indicated: revision dated: 12/03/2025- Focus: Resident #14 is a smoker and is at risk for Injury. Resident #14 also uses a vape from time to time. Vape must also only be used per (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	same smoking policy at specified times and under supervision. Goal: Resident will Adhere to the Tobacco/Smoking Policies of the Facility. Inventions: Conduct Smoking Safety Evaluation on admission and PRN. Revision dated: 08/26/2022. Educate Resident / Responsible Party on the facility's tobacco / smoking policy(s). Revision dated: 08/26/2022. Utilize cigarette holder. Revision dated: 07/19/2022. Focus: Resident #14 required assistance with ADLs related to aging and disease processes, weakness, contractures to right shoulder and hand. - revision dated- 01/07/2026. Goal: Resident #14 would be will be assisted with ADLs thru the next review date. – target date- 04/07/2026. Interventions: May apply resting hand splint to right hand. Date Initiated: 10/27/2025. During an observation and interview on 04/13/2026 at 01:32 p.m. indicated Resident #14 was seen in her motorized wheelchair smoking a cigarette, unsupervised, outside in an undesignated area that was located within 10 feet of the door that enclosed the water heater. A metal sign was posted on the door that reflected, No smoking within 25 feet of building entrance please do not throw butts on ground. Resident #14 had her cigarette close to her pants. Once she was finished with her cigarette, she flicked the un-extinguished cigarette onto the grass. Resident #14 said she kept her cigarettes with her and she was unable to say who lit her cigarette. She said she knew where she was smoking was not a designated smoking spot. She said sometimes she smoked by the door that enclosed the water heater when staff was not outside when she smoked. She said there was no staff outside with her when she was smoking on 04/13/2026 at 1:32 p.m. She said she forgot she could not smoke in undesignated smoking areas. During an observation and Interview on 04/14/2026 at 3:20 p.m., indicated CNA A showed the surveyor the box that held the residents cigarettes. Resident #14's cigarettes were not in the box. CNA A said Resident #14's cigarettes were not in the box, and she did not know where she had gotten her cigarettes from. She said staff was responsible for supervising the residents during smoke break till the last person is done. Resident #6 Record review of the admission record dated 04/15/2026 indicated Resident #6 was admitted on [DATE] and he was [AGE] years old. His diagnoses included end stage renal disease (kidney failure), heart disease, depression and anxiety. Record review of Resident #6's annual MDS assessment dated [DATE] indicated Resident #6 did not use tobacco. Resident #6 had a BIMS of 15 which indicated his cognition was intake. Record review of Resident #6's care plan dated 04/21/2025 indicated Resident #6 was a tobacco smoker and was at risk for injury. The approaches included to explain/show where designated smoking areas are and smoking times – repeat as needed. Keep smoking material at nurses' (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The facility may impose smoking restrictions on a resident at any time if it is determined that the resident cannot smoke safely with the available levels of support and supervision. Any resident with smoking privileges requiring monitoring shall have the direct supervision of a staff member, family member, visitor or volunteer worker always while smoking. All smoking materials to include cigarettes/cigars/e-cigarettes/vapes, lighters, and matches, are to be maintained by the nursing department and are prohibited to be maintained in a resident's room or person. Residents are not permitted to give smoking items to other residents. Residents will follow the facility smoking schedule and facility staff will ensure that resident smoke schedule is adhered to unless there are special circumstances preventing the schedule to be followed (special circumstances include but are not limited to weather conditions, and any other condition determined to be a health issue to the residents). 2. Resident #33 Record review of Resident #33's face sheet dated 04/13/2026 indicated he was a [AGE] year-old-male admitted [DATE] with diagnoses of bipolar disorder (mental health condition characterized by extreme mood swings emotional highs and lows) and seizures (convulsions). Record review of Resident #33's Smoking assessment dated [DATE] indicated he required supervision during designed smoking times. Record review of Resident #33's most recent Annual MDS assessment dated [DATE] indicated he had a BIMS score of 00 which indicated cognition severely impaired, had unclear speech, usually understood and had clear comprehension. Record review of Resident #33's care plan with a target date of 06/23/26 indicated he was a smoker at risk for injury with interventions including explain/show where designated smoking areas are and smoking times and resident will be supervised during smoking times. During an initial tour observation 04/13/26 at 9:35 a.m, of the secure unit patio area revealed 25-50 cigarette butts approximately 1-2 feet away from a large pile of dry leaves and the patio doors entrance. There were no ash trays, no fire cans, no signs indicating a designated smoking area, no fire extinguisher and no fire blanket. During an interview on 04/13/26 at 11:35 a.m., LVN O said she was the licensed nurse working on the secure unit. LVN O said residents smoked in the patio area and the residents are always supervised during smoking. LVN O said if there was a fire in the secure smoking area she would have to use the fire extinguisher inside on the hall because there was not one in the secure unit smoking area. LVN O said there were no ash trays or signage in the secure unit smoking area. LVN O said there would be a delay in putting out a fire in the secure unit smoking area because a fire extinguisher was not readily available there on the patio. LVN O said residents put out their cigarettes by stepping on them on the ground. LVN O said putting out cigarettes on the ground increased the risk of residents on the secure unit picking them up. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of Resident #9's most recent Annual MDS assessment dated [DATE] indicated he had a BIMS score of 13 which indicated intact cognition, current use of tobacco and diagnoses of cerebral infarction, hemiplegia and hemiparesis. Record review of Resident #9's care plan with a target date of 06/17/2026 indicated he was a smoker at risk for injury with interventions including keeping smoking materials at the nurse station and observe prn when smoking to assure resident's safety. During an observation and interview on 04/13/2026 at 2:15 p.m. indicated Resident #9 was outside smoking a cigarette in the designated smoking area under the car port with no staff present. He said it was his choice to keep his cigarettes in his own possession He said he did not keep a lighter in his possession. Resident #9 declined telling who lit his cigarette. During an interview on 04/14/2026 at 1:45 p.m. the DON said she was not aware that Resident #14 was outside smoking in an undesignated spot, nor was she aware residents were flicking their lit cigarettes onto the grass with 25- feet of the water heater. She said smoking was an ongoing issue that administration had addressed. She said residents and staff were in-serviced on where to smoke, time, and supervision. She said residents were made aware that staff must keep their smoking supplies unless stated otherwise. She said the residents were informed verbally that they could not keep smoking supplies on them. During an observation and interview on 04/13/2026 at 4:00 p.m., indicated there was a sign which indicated No Smoking Within 25 Feet (on the outside of the door containing the water heater) and the Maintenance Director said he had placed the sign there because the gas hot water heater was behind the door. He said if the pilot light went out and if someone was smoking too close to the hot water heater that could cause a fire. He said all the residents and staff were informed within the last 2 years about not smoking there. During an interview on 04/13/2026 at 4:45 p.m., the DM said the dietary department was responsible for the 1:30 p.m. smoking time daily and the dietary staff sometimes helped smoke the residents at 8:30 a.m. smoking time. She said [NAME] B was responsible for smoking the residents during the 1:30 p.m. smoking time on 04/13/2026. She said the dietary staff were educated to gather the smoking residents' smoking supplies from the nurse station and monitor the residents during the whole smoking time. The DM said [NAME] B smoked so she stayed the whole smoking time and smoked with the smoking residents. The DM said the smoking residents were smoked under the carport by the end of the secured unit, the designated smoking area. She said the facility had recently had a meeting with the smokers about not smoking alone but was unsure of the date. The DM said she had never seen residents smoking by themselves without supervision. During an interview on 04/13/2026 at 4:58 p.m., [NAME] B said she smoked the residents on 04/13/2026 during the 1:30 p.m., smoking time. She said she started the residents smoking about 1:30 p.m., including Residents #6, #9 and #14. [NAME] B said no residents were smoking before she arrived at the smoking area with the cigarette box. She said all residents had cigarettes in the box except Resident #9. [NAME] B said she had been educated on smoking the residents and monitoring the complete smoking time. She said she had not seen residents smoking without supervision. [NAME] B said the residents were only smoked under the car port behind the secured unit in the designated smoking area. 4. During an observation on 04/13/2026 at 9:30 a.m., revealed unoccupied room [ROOM NUMBER] had (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	a closed for repairs sign on the door, however the door was unlocked. Inside the room was a maintenance cart and hanging on the attached trash receptacle were 2 spray bottles, 1 marked as 10 % bleach and the other had no markings. There were no staff or residents within sight of the door. During an observation and interview on 04/13/2026 at 9:35 a.m., LVN C said the chemicals should be locked and secured to prevent residents from having access. She notified the Maintenance Director. She said there were residents on this hall that have dementia and were confused. During an observation and interview on 04/13/2026 at 9:38 a.m., the Maintenance Director walked into room [ROOM NUMBER] and said the room was closed for repairs. He said the one unmarked bottle was diluted oven cleaner. He said all chemicals should be secured and locked when not in use or within sight of staff to prevent injuries. He immediately marked the bottle and locked the chemicals in the cart.

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on interview and record review the facility failed to ensure they had an RN for 8 consecutive hours 7 days a week for 1 of 3 months reviewed for RN coverage. The facility did not have 8 hours of RN coverage on 12/13/2025, 12/14/2025, 12/20/2025, 12/21/2025, 12/27/2025, and 12/28/2025.This failure could place residents at risk by leaving staff without supervisory coverage for RN specific nursing activities and for coordination of events such as emergency care and disasters.Findings included: During an interview on 04/15/2026 at 11:15 a.m., the HR said the corporate submitted to the PBJ, however she would pull the sign in sheets and time sheets for the dates 12/13/2025, 12/14/2025, 12/20/2025, 12/21/2025, 12/27/2025, and 12/28/2025. She said those dates were the weekend coverage for the month of December 2025. During an interview on 04/15/2026 at 12:01 p.m., the HR said there were only 2 RNs during that period, and they were not covering the weekends. Record review of the RN time sheets for December 2025 indicated:* no RN coverage for the dates of 12/13/2025, 12/14/2025, 12/20/2025, 12/21/2025, 12/27/2025, and 12/28/2025.During an interview on 04/15/2026 at 12:15 p.m. the DON said she came to work at the facility in January 2026, so she was unaware if they had RN coverage for 7 days a week in December 2025. The weekend RNs would supervise patient care and ensure residents would receive nursing services. During an interview on 04/15/2026 at 02:52 p.m. the Administrator said he was new however his expectation was for an RN on duty 8 hours a day every day. He said the RN on the weekends would supervise nursing department.

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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 ensure food was stored, prepared, and served under sanitary conditions for 1 of 1 kitchen reviewed for food served under sanitary conditions. The facility failed to ensure the ham (approximately 10-inch by 4-inches) was stored in the refrigerator, covered and on a clean surface. The facility failed to ensure the deep fryer did not have dark cooking oil and was free of thick black buildup of grease and burnt food particles around to top of the deep fryer. The facility failed to ensure the kitchen hallway were free of a trash can with trash piled 3 feet above the can and on the floor approximately 3 feet around the trash can. These failures could place residents at risk for food contamination, food borne illness and a diminished quality of life. The findings included:During observations and interviews on 04/13/2026 at 8:30 a.m., revealed an uncovered piece of ham approximately 10-inch by 4-inches, half of it touching a prep table with food particles and pieces of the paper that had covered the ham. The DM said the ham should not have been left out of the refrigerator and uncovered, to prevent food born illness. The deep fryer contained cooking oil that was brownish black and had thick black buildup of burnt grease and food particles around the top of the deep fryer. She said the cooking oil was changed out weekly and as needed. She said sometimes thick burnt on food particles did not always come off. Further observation revealed there was a hallway in the kitchen by the dry storage room. In the hallway was a 64-gallon rolling trash can. There were bags of garbage and empty boxes on top of the rolling trash can that extended approximately 3 feet above the open trash can. Around the garbage can was garbage and empty boxes on the floor. The DM said the garbage should have been taken out before running over in the hallway. The DM said the kitchen should be kept clean and free of garbage to prevent food born illnesses and prevent pest issues. Record review of the FDA code dated April 2022 indicated .Proper storage and disposal of garbage and refuse are necessary to minimize the development of odors, prevent such waste from becoming an attractant and harborage or breeding place for insects and rodents, and prevent the soiling of food preparation and food service areas. Improperly handled garbage creates nuisance conditions, makes housekeeping difficult, and may be a possible source of contamination of food, equipment, and utensils. Storage areas for garbage and refuse containers must be constructed so that they can be thoroughly cleaned in order to avoid creating an attractant or harborage for insects or rodents. In addition, such storage areas must be large enough to accommodate all the containers necessitated by the operation in order to prevent scattering of the garbage and refuse. All containers must be maintained in good repair and cleaned as necessary in order to store garbage and refuse under sanitary conditions as well as to prevent the breeding of flies. Garbage containers should be available wherever garbage is generated to aid in the proper disposal of refuse.Foodborne illness may result from ready-to-eat food being held at unsafe temperatures for long periods of time due to the outgrowth of bacteria.Assessing Contaminated Equipment and Potential for Cross- Contamination This risk factor involves the proper storage and use of food products and equipment to prevent cross-contamination. The cleaning, sanitization, and storage of food-contact surfaces of equipment and utensils in a manner to prevent transmission of foodborne pathogens or contamination is also included in this risk factor.(6) The cleaning schedule is APPROVED based on consideration of: (a) Characteristics of the equipment and its use, (b) The type of food involved, (c) The amount of food residue accumulation, and (d) The temperature at which the food is maintained during the operation and the potential for the rapid and progressive multiplication of pathogenic or toxigenic microorganisms that are capable of causing foodborne disease;.

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F 0926 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have policies on smoking. Based on observations, interviews, and record reviews, the facility failed to ensure it formulated, adopted, and enforced policies regarding smoking, smoking areas, and smoking safety that also consider non-smoking residents for 1 of 2 smoking areas (main smoking area under the car port) reviewed for smoking safety. The facility failed to ensure paper and plastic trash were not discarded into the fire safety cans on 04/13/26. This failure could place residents at risk of injury, burns, and an unsafe smoking environment. Findings included: During an observation and interview on 04/13/26 at 12:20 p.m. revealed the two red fire cans in the main designated smoking area, under the car port, contained cigarette butts, empty cigarette paper boxes, empty soda cans, chip bags, plastic and paper trash. The Maintenance Director emptied the trash out of both fire cans and said everyone was responsible for the smoking area and was unsure who would have put the trash in the fire cans, but if he had to guess, he said the trash was probably placed by other staff and residents. The Maintenance Director said he was responsible for maintaining the smoking areas which included emptying the red fire cans. He said he had done it this morning but would schedule rounding more frequently. The Maintenance Director said the red fire cans should only have cigarette butts because otherwise, it could be a fire hazard. During an interview on 04/13/2025 at 4:00 pm the DON said that the designated smoking areas were to be maintained by the Maintenance Director but all staff that assisted the residents to smoke should be mindful of the ashtrays and fire cans and ensure there was no trash in the red fire can. She said she would see to it that the staff was re-trained on the smoking policy and maintenance of the smoking areas. She said that by not maintaining the smoking area fires could happen. Record review of facility policy titled, Smoking Policy-Resident dated 2001 indicated, . This facility has established and maintains safe resident smoking practices. 5.Metal containers, with self-closing cover devices, are available in smoking areas. 6.Ashtrays are emptied only into designated receptacles.

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	675595	A. Building B. Wing	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harmony Care at Beaumont	2660 Brickyard Rd Beaumont, TX 77703

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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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure the nurse call system was accessible for 1 of 6 (Resident #30) reviewed for resident call system. The facility failed to ensure Resident #30'a call light was within reach after her incontinent care was finished on 04/13/2026. This failure could place the residents at risk of not being able to directly contact the staff to obtain assistance for activities of daily living or help in an event of an emergency.Findings included: Record review of Resident #30's face sheet dated 04/14/2026 revealed a [AGE] year-old female with admission date of 03/20/2026. Diagnoses included metabolic encephalopathy (a brain dysfunction caused by systemic metabolic disturbances, leading to confusion, memory loss.) type 2 diabetes (high levels of sugar in the blood), essential primary hypertension (high blood pressure), immunodeficiency (condition in which the immune system is weakened or absent, reducing the body's ability to fight infections and abnormal cells).Record review of Resident #30's admission MDS assessment dated [DATE] indicated a BIMS score of 10 which indicated moderate cognitive impairment. Section GG-Functional Abilities indicated she was dependent and required 2 or more staff members was for mobility and self-care needs.Record review of Resident #30's baseline care plan dated 03/20/2026 indicated she was dependent on staff members for mobility and self- care needs.During an observation and interview on 04/13/2026 at 9:45 a.m., indicated CNA Z was changing Resident #30's brief with the assistance of LVN C. After Resident #30 was changed, CNA Z and LVN C did not place her call light within reach. Resident #30's call light was behind her roommate's dresser approximately 10 ft from her. During an interview with Resident #30, she said she knew what the purpose of a call light was. She said she had used the call light before but could not say how long she had been without it. She said to get staffs attention she yelled if the call light was not in her reach. She said she wanted the call light in her hand so she could call for help. During an interview on 04/13/2026 at 10:05 a.m., CNA Z said she forgot to give Resident #30 the call light before she left out the room. She said she was unaware how long Resident #30 was without her call light in reach. She said it was the responsibility of every staff member that entered the room to ensure she had her call light within reach. She said the potential risk was Resident #30 not having access to staff if she needed help.During an interview with LVN C on 04/13/2026 at 10:15 a.m., she said she had not placed Resident #30's call light within her reach before leaving her room. She said she had forgotten to place it in Resident #30's hand before leaving her room. She said it was the responsibility of every staff member that entered the room to ensure she had her call light within reach. She said the potential risk was Resident #30 not having access to staff if she needed help.During an interview with the DON on 04/13/2026 at 1:00 p.m., she said she expected all staff members to ensure the residents had their call lights within reach to ensure they had access to staff. She said it was the responsibility of every staff member that entered the room to ensure residents had their call lights within reach. She said the potential risk was Resident #30 not having access to staff if she needed help. Record review of the facility's policy titled Call System, Residents undated, indicated: Policy StatementResidents are provided with a means to call staff for assistance through a communication system that directly calls a staff member or a centralized workstation.Policy Interpretation and Implementation1. Each resident is provided with a means to call staff directly for assistance from his/her bed, from toileting/bathing facilities and from the floor.8. The call system will be in reach of each resident at the resident's preference.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure assessments accurately reflected the resident status for 1 of 20 residents (Resident #6) reviewed for MDS assessment accuracy.The facility incorrectly coded Resident #6's annual MDS assessment dated [DATE] as not using tobacco when he did use tobacco.This failure could place residents at risk for not receiving care and services to meet their needs. Findings include:Record review of Resident #6's admission record dated 04/15/2026 indicated Resident #6 was admitted on [DATE] and he was [AGE] years old. His diagnoses included end stage renal disease (kidney failure), heart disease, depression and anxiety.Record review of Resident #6's smoking assessment dated [DATE] indicated Resident #6 used tobacco and required supervision.Record review of the annual MDS assessment dated [DATE] indicated Resident #6 did not use tobacco.Record review of Resident #6's care plan dated 04/21/2025 indicated Resident #6 was a tobacco smoker and was at risk for injury. The approaches included to explain/show where designated smoking areas are and smoking times - repeat as needed. Keep smoking material at nurses' station. Perform smoking assessment according to facility policy.During an observation on 04/14/2026 at 1:30 p.m., revealed Resident #6 was in the smoking area and was being supervised while smoking.During an interview on 04/15/2026 at 11:02 a.m., the MDS Nurse said she must have miscoded Resident #6's annual MDS assessment. She said the facility used the RAI manual for the instructions and their policy. She said if MDS was not correct the residents could not get care and services needed.During an interview on 04/15/2026 at 11:30 a.m., the DON said her expectation was for the MDS assessment to be accurate and they used the RAI manual for the instructions and their policy.Record review of the Centers for Medicare & Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual Version 1.19.1 October 2024 indicated . Section J1300: Current Tobacco Use Item Rationale Health-related Quality of Life. The negative effects of smoking can shorten life expectancy and create health problems that interfere with daily activities and adversely affect quality of life. Planning for Care This item opens the door to negotiation of a plan of care with the resident that includes support for smoking cessation. If cessation is declined, a care plan that allows safe and environmental accommodation of resident preferences is needed.Steps for Assessment 1. Ask the resident if they used tobacco in any form during the 7-day look-back period.2. If the resident states that they used tobacco in some form during the 7-day look-back period, code 1, yes.DEFINITION TOBACCO USE: Includes tobacco used in any form.

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care for 1 of 3 residents (Resident #30) reviewed for baseline care plan. The facility failed to revise Resident 30's baseline care plan included her g-tube This deficient practice could place residents at risk of not receiving appropriate interventions to meet their current needs. The findings included: Record review of Resident #30's face sheet dated 04/14/2026 revealed a [AGE] year-old female with admission date of 03/20/2026. Diagnoses included metabolic encephalopathy (a brain dysfunction caused by systemic metabolic disturbances, leading to confusion, memory loss), dysphagia (difficulty swallowing), immunodeficiency (condition in which the immune system is weakened or absent, reducing the body's ability to fight infections and abnormal cells). Record review of Resident #30's admission MDS assessment dated [DATE] indicated a BIMS score of 10 which indicated moderate cognitive impairment. In Section K - Swallowing/Nutritional Status indicated she had a feeding tube. Record review of Resident #30's baseline care plan dated 03/20/2026 indicated she did not have feeding tube (g-tube: a medical device inserted through the abdomen to deliver nutrition, fluids, and medications directly into the stomach when oral intake is insufficient.) Record review of Resident #30's Care Plan history on 03/31/2026 revealed Resident #30's next review date for her care plan was 03/27/2026 indicating it was 18 days overdue. During an interview with the MDS Nurse on 04/14/2026 at 12:45 p.m., the MDS Nurse said she overlooked adding the g- tube to Resident #30's care plan and that it should have been listed. She said the interdisciplinary team provided input into the care plan but ultimately it was her responsibility to complete the baseline care plan once the assessment was completed. The MDS Nurse said a delay in completing a baseline care plan could lead to nurses not being up to date on how to properly care for a resident. During an interview with the DON on 04/14/2026 at 1:00 p.m., she said the baseline care plan contained everything a nurse needed to know to care for a resident such as ADL's, medications, diet, treatments, goals, and interventions. The DON said it was important for the baseline care plan to be completed on time so all nurses would have the pertinent information needed to care for a resident. The DON said the care plan was insufficient due to the g-tube (not being included. Record review of the facility policy Care Plans, Acute and Comprehensive Person-Centered undated indicated: Policy Statement A acute/comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.Policy Interpretation and ImplementationThe interdisciplinary team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident.The comprehensive, person-centered care plan is developed within seven (7) days of the completion of the required MDS assessment (Admission, Annual or Significant Change in Status), and no more than 21 days after admission.Acute care plans are developed with the interdisciplinary team (IDT) for changes of condition, risk management and are reviewed as needed for updates or resolution.The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment.Each resident's comprehensive person-centered care plan is consistent with the resident's rights to participate in the development and implementation of his or her plan of care, including the right to:participate in the planning process.identify individuals or roles to be included.request meetings.request revisions to the care plan.participate in establishing the expected goals and outcomes of care.participate in determining the type, amount, frequency and duration of care.receive the services and/or items included in the plan of care; andsee the care plan and sign it after significant changes are made.The comprehensive, person-centered care plan:includes (continued on next page)

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	measurable objectives and timeframes.describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, including:services that would otherwise be provided for the above, but are not provided due to the resident exercising his or her rights, including the right to refuse treatment.any specialized services to be provided as a result of PASARR recommendations; andwhich professional services are responsible for each element of care.includes the resident's stated goals upon admission and desired outcomes.builds on the residents' strengths; andreflects currently recognized standards of practice for problem areas and conditions.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure residents were given the appropriate treatment and services to maintain or improve his or her ability to carry out activities of daily living (ADLs) to maintain good personal hygiene, for 1 of 3 residents (Resident #30) reviewed for ADLs. The facility failed to ensure Resident #30 was provided with a shower on 04/08/2026, 04/10/2026, and 04/13/2026. This failure could place residents at risk of not receiving care and services needed to maintain quality of life and prevent decline in their mental and psychological well-being. Findings included: Record review of Resident #30's face sheet dated 04/14/2026 revealed a [AGE] year-old female with admission date of 03/20/2026. Diagnoses included metabolic encephalopathy (a brain dysfunction caused by systemic metabolic disturbances, leading to confusion, memory loss.) type 2 diabetes (high levels of sugar in the blood), essential primary hypertension (high blood pressure), immunodeficiency (condition in which the immune system is weakened or absent, reducing the body's ability to fight infections and abnormal cells).Record review of Resident #30's admission MDS assessment dated [DATE] indicated a BIMS score of 10 which indicated moderate cognitive impairment Section E- Behavior indicated she did not exhibit any behaviors of rejecting ADL assistance. Section GG- Functional Abilities indicated she was dependent and needed 2 or more staff members for showering/ bathing. Record review of Resident #30's Shower/ADLs log dated 04/06/2026 indicated her last bed bath was 04/06/2026. Resident #30 had no documentation of a shower between 04/08/2026 through 04/13/2026. During an observation on 04/13/2026 at 9:45 a.m., indicated CNA Z was changing Resident #30's brief with the assistance of LVN C. A foul odor not related to the wet brief was noted in the room after Resident #30's urine brief was removed. She had white colored skin flakes around her mouth, cheeks, and forehead. Resident #30's hair appeared greasy and uncombed. During an interview on 04/13/2026 at 10:00 a.m., Resident #30 said that the staff did not take her to the shower room instead she received bed baths by her choice. She said she went without a bed bath for multiple days and did not know why. She stated she was not offered an alternative day to have a bed bath. She said she did not report this to nursing; but wanted to be cleaned. She said she noticed the smell in her room. She said she expected to get a bed bath every other day, and it was not provided. During an interview on 04/13/2026 at 10:00 a.m., CNA Z said she smelled the odor coming from Resident #30's body. She said hygiene wipes did not remove Resident #30's odor, instead soap and water had to be used. She said she was not aware when Resident #30 last had a bed bath. She said she would get a bed bath after her lunch meal. She said Resident #30 had not refused and was compliant overall with care. She said it was her responsibility to ensure Resident #30 received a shower/ bed bath, and it was her responsibility to report to the nurse if it was not possible. She said the potential risk was infection if residents were not routinely showered/ bathed. During an interview with the DON on 04/13/2026 at 4:00 p.m., she said it was her expectation for Resident #30 to be offered and given a shower or bed bath if she wanted one on her assigned days and as needed. She said it was CNA Z's responsibility to shower/ give a bed bath to Resident #30 when she smelled the strong odor coming from her body. She said she wanted residents to be offered showers or bed baths to ensure resident rights were honored. The DON said it was her responsibility to oversee that residents received ADL care, but she was not told by CNA Z that she had not given Resident #30 a bed bath on 04/13/2026. She stated she was aware of the issue and would provide in-service to CNA Z on showers/ bed baths for residents. During an interview with the Administrator on 04/15/2026 at 3:05 p.m., he said he expected the CNAs to provide showers/ bed baths and ADL care to residents on their assigned days. He said the CNAs need to coordinate with other staff to ensure the showers/ bed baths are completed. He said it was the DON's responsibility to oversee residents received their ADL care because it was important for resident rights to receive hygiene care. Record review of the facility's policy titles Resident Shower/Baths undated, provided by the VP (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	of clinical compliance and the DON and signed by the DON indicated: Purpose:To ensure safe, dignified, and effective assistance with showering and bathing for residents while promoting resident independence, comfort and infection prevention.Policy: Residents may bathe or shower according to their preferences with appropriate supervision and minimal assistance to ensure safety, comfort, and dignity.Resident shower schedules will be scheduled per the resident preference. The facility bathe/shower schedules are Monday, Wednesday, Friday or Tuesday, Thursday, Saturday. If at any time the resident prefers a different schedule to include time of day the facility will try to accommodate the residents' wishes.The residents' privacy will be honored during bathes/showersInfection control processes will be observedResidents may choose not to shower, and the resident choice will be documented in the resident and reported to the charge nurse. The residents responsible party will be notified of the residents' refusal.

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain an effective pest control program for 4 residents of 14 sampled reviewed for the environment. The facility did not maintain an effective pest control program to ensure the Resident #6 and Resident #34's room was free of gnats and flies. The facility did not maintain an effective pest control program to ensure Resident #23 and Resident #45's room was free of roaches. The failures could place residents at risk of potential spread of infection, cross-contamination, food-borne illness, and decreased quality of life. Findings included: 1. Record review of Resident #6 's admission record dated 04/15/2026 indicated Resident #6 was admitted on [DATE] and he was [AGE] years old. His diagnoses included end stage renal disease, heart disease, depression and anxiety. Record review of Resident #6 annual MDS assessment dated [DATE] indicated Resident #6 BIMS score was a 15 which indicated his cognition was intact. Record review of Resident #34's admission record dated 04/15/2026 indicated Resident #34 was admitted on [DATE] and he was [AGE] years old. His diagnoses included epilepsy (chronic neurological disorder with seizures), and bipolar (chronic mental health condition with intense mood swings). Record review of Resident #34's annual MDS assessment dated [DATE] indicated Resident #34 BIMS score was a 09 which indicated moderate cognitive impairment. During an observation on 04/13/2026 at 12:27 p.m., revealed there were gnats and flies in the room for Resident #6 and Resident #34. There were 4 flies landing on Resident #34's bed which was unoccupied and clean. Further observation revealed there was a swarm of gnats (approximately 40 to 50 gnats) coming out of his garbage can. During interviews on 04/13/26 at 1:00 p.m., Resident #6 and Resident #34 both said they wanted the bugs to be gone. During an interview and observation on 04/14/2026 at 930 a.m., LVN C said yes, they had problems with flies and gnats as the surveyor and nurse observed Resident #6 and Resident #34 Room. The room had gnats and 2 flies, and LVN C said they needed to spray this room. She stated, I will put this room on the pest control's list. During an interview and record review on 04/14/2026 at 10:05 a.m., the maintenance director said the staff should have placed the room number on the pest control log and the staff did not. During an interview on 04/15/2026 at 3:00 p.m., the Administrator said he wanted the facility not to have pests. He said they had found the source was a refrigerator and they had started cleaning process. Record review of the pest log dated 11/04/2025 to 04/11/2026 revealed there were 2 reports of flies and gnats in other rooms last year. Residents #23 and #45 (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident #23's face sheet dated 04/13/2026 indicated a [AGE] year-old male admitted on [DATE] with diagnosis of essential hypertension (high blood pressure) and hyperlipidemia (high cholesterol). Record review of Resident #23's quarterly MDS assessment, dated 02/23/26, indicated a BIMS score of 14 indicating Resident #23 was cognitively intact. Record review of Resident #45's face sheet dated 04/13/2026 indicated a [AGE] year-old male admitted on [DATE] with diagnosis of essential hypertension (high blood pressure) and hyperlipidemia (high cholesterol). Record review of Resident #45's quarterly MDS assessment, dated 02/20/26, indicated a BIMS score of 13 indicating Resident #45 was cognitively intact. During an interview and observation on 04/13/2026 at 8:20 a.m., with Residents #23 and #45 in their room, revealed there was a large live cockroach running aimlessly in the room from Resident #23's side of the bed to Resident #45's side of the room and up under the side of his dresser. While interviewing Resident #23 and #45, Surveyor observed 3 other live roaches.(one moving across the floor from Resident #23 bed to the bathroom and two roaches crawling on the wall between both Resident's beds). Resident #23 said the roaches came from the outside and he was tired of the roaches in his room. Resident #45 said he did not have roaches in his bed and that maintenance was aware of roaches in the room. Residents #23 and #45 both said their room was sprayed for roaches about 2-3 weeks ago but they just kept coming back. During an interview on 04/13/26 at 8:30 a.m., LVN N said she saw the roaches and would get the Maintenance Director to spray Resident #23's and #45's room for the roaches. LVN N said the roaches most likely were coming from the outside. LVN N said when the bugs were noticed in the facility staff were to log it in the maintenance book at the nurse's station. LVN N said the facility was sprayed for bugs and flies about 2 weeks ago and had not seen any live bugs until today. LVN N said having bugs in the residents' room could cause them to be depressed. During an interview on 04/13/26 at 8:30 a.m. the DON said her expectations were for the facility to be bug free but that was not realistic because some residents ate in their room and some bugs came from the outside. The DON said staff were to log the rooms needing to be sprayed for bugs in the maintenance log book located at the station. She said Residents #23's and #45's room was just logged on 4/13/26 and the Maintenance Director was to call the pest control back out for service. During an interview and record review on 04/14/2026 at 8:35 a.m., the Maintenance Director said the staff usually logged in the maintenance book when and what room they observed bugs and he checked the book daily. The Maintenance Director said Residents #23 and #45 sometimes ate in their room which could cause roaches. The Maintenance Director said he spot sprayed their room yesterday when he was notified about it and did not see any roaches. The Maintenance Director said he had also called the pest control to come and service the building. Record review of the maintenance book indicated 03/08/26 was the previous log of roaches noticed in the facility.