

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675700	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/18/2025
NAME OF PROVIDER OR SUPPLIER  Harmony Care at Brookshire		STREET ADDRESS, CITY, STATE, ZIP CODE  710 Hwy 359 S Brookshire, TX 77423	

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 - Few	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

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and record reviews the facility failed to ensure residents had the right to a safe, clean, comfortable, and homelike environment including but not limited to receiving treatment and supports for daily living safely for 1 out of 2 residents (Resident #3) reviewed for environment. - The facility failed to ensure Resident #3's room was clean and a homelike environment. There was sheetrock debris and dust on the resident's floor and on her windowsill. - The facility failed to relocate Resident #3 to another room while sheetrock repair work was actively being performed in her room. This deficient practice could place residents at risk of environmental hazards such as airborne dust, construction debris, noise and physical risk which could lead to a decreased quality of life. Findings included: Record review of Resident #3's Electronic Health Record revealed a [AGE] year-old female with diagnoses including Dementia, Protein Calorie Malnutrition and Paralytic Syndrome (loss of muscle function, causing weakness or inability to move). Record review of the Resident #3's Quarterly MDS revealed a BIMS score of 03, which indicates severely impaired. Section GG of the MDS revealed the resident did not use any mobility devices and she required supervision or touching assistance (Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently) with chair/bed-to-chair transfer. On 07/18/25 at 10:45am, surveyor observed Maintenance staff conducting Sheetrock repairs in Resident #3's room. The work included sanding drywall. There were larges pieces of debris observed on the windowsill of the room as well as on the floor beneath the window. The resident was present in the room and sitting in bed, within close proximity (about 4 feet) to the work area. In an interview on 07/18/25 at 10:50am, Resident #3 stated, It's loud and they usually have a fan. Due to the resident's cognition level, she was unable to answer additional questions that was asked by the surveyor. In an observation on 07/18/25 at 1:01pm, Maintenance staff were observed continuing to do repairs in Resident #3's room while the resident was in her room; pieces of debris and dust was located on the floor near the resident's window and on the windowsill. In an interview on 07/18/25 at 2:11pm, the ADON stated she was unaware of the exact work that was being completed in Resident #3's room but stated that work was active on only one side of the room and reported that the roommate that was closer to the repairs was moved to another room. When asked why both residents were not relocated to another room, she reported that they relocated the roommate that was on the side with the repairs and stated the administrator recommended when residents should be removed. The ADON stated they tried to keep residents out of their rooms when repairs were being completed but stated it was sometimes difficult because the residents were on the memory care unit. In an interview on 07/18/25 at 2:31pm, the Maintenance Director stated he was completing repairs in Resident #3's room. He stated the sheetrock was replaced, windowsill was taken out and he went in to start sanding the wall. He stated he began completing work in the room on Wednesday (07/16/25) and anticipated the work being completed by Tuesday (07/22/25) the following week. He stated he still needed to patch the sheetrock, texture the wall and paint. He stated he had not seen the resident that resided closest to the window since repairs had begun. He stated he was unsure of who had been moved out of the room. He stated the resident could have been relocated but he was unsure. He stated they tried to keep the residents out of the room but because they were in memory care, the residents sometimes wandered back into the room. In an interview on 07/18/25 at 2:46pm, the Administrator stated the wall in Resident #3's room was being repaired. She stated Resident #3 was not relocated to another room because they did not have anywhere to move her due to limited space. She stated they kept residents out of their rooms during the day while repairs were being completed. Record review of the facility's policy on Homelike Environment (Revised February 2021) read in part: . The facility staff and management maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: a. Clean, sanitary and orderly environment</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on observations, interviews, and record review, the facility failed to maintain an effective pest control program so that the facility was free of pests for 2 of 5 hallways, (Hall 100 and Hall 400) and the conference room. The facility had live gnats in areas of the facility including Halls 100 and 400, and in the conference room. This failure could place residents at risk for resident health, safety and quality of life. Findings included: In an observation on 07/18/25 at 08:15am approximately 10 gnats were flying around the conference room. In an observation on 07/18/25 at 10:11am, approximately 12 gnats were observed near the dining area in Hall 100. In an observation on 07/18/25 at 12:58pm, approximately 5 gnats were observed flying throughout Hall 400. On 07/18/2025 at 1:11pm, the Pest control log for the last 90 days was requested from the Administrator. The pest control log was not provided. In an interview on 07/18/25 at 2:11pm, the ADON stated they recently had a problem with gnats but reported things had gotten better; it used to be worse. She also reported she educated staff on picking up food trays as soon as residents were done eating to help control the issue. She stated pest control did go to the facility, but she was not sure how often. In an interview on 07/18/25 at 2:31pm, the Maintenance Director stated pest control came out once a month unless they were called out more specifically. He stated he was not aware that there was an issue with gnats because no one had informed him that there were any issues. In an interview on 07/18/25 at 2:46pm, the Administrator confirmed the last pest control visit occurred on Tuesday (July 15, 2025). She stated she was not aware of any current complaints regarding pests or gnats in the building and did not mention any additional follow-up since that date. Record review of the facility's verification of service, receipt of consumer information sheet for pest control reflected the date of service and locations treated was unclear on the form. Record review of the facility's pest control policy (Revised May 2008), reflected Policy Statement: 1. This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents</p>		