STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675700	A. Building B. Wing	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harmony Care at Brookshire	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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents who were incontinent of bladder received appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible for 1 of 2 residents (Resident #2) reviewed for incontinent care. The facility failed to ensure CNA B properly cleaned Resident #2 during incontinent care on 06/17/2026.This failure could place residents at risk for pain, infection, injury, and hospitalization. Findings included:Record review of Resident #2's face sheet, dated 6/17/26, reflected a [AGE] year-old male, admitted [DATE], with the following diagnoses: cerebral infarction (ischemic stroke), cognitive communication deficit, essential primary hypertension (high blood pressure), hyperlipidemia (high fat in the blood), major depression disorder (causes ongoing sadness, hopelessness and loss of interest that lasts at least two weeks, it can affect sleep, energy and relationships) and anxiety (a feeling of fear, dread and uneasiness), type 2 diabetes mellitus with other diabetic kidney complication (excess glucose in the blood) and AKA (above knee amputation). Record review of Resident #2's quarterly MDS assessment, dated 05/27/2026, reflected Resident #2's BIMS score was 12, indicating moderate impaired cognition. Resident #2 was assessed to require dependent assistance for all ADLs. Resident #2 was further assessed to have functional limitations in range of motion due to left AKA to lower extremities. Further review revealed Resident #2 required substantial assistance with ADL care with one staff assist.Record review of Resident #2's care plan, dated 04/10/26, revealed Resident #2 had incontinent bowel and bladder. Interventions: perform routine checking to include incontinence care and brief changes. Observation on 6/17/26 at 12:49 PM, CNA B went in Resident #2's room with clean gloves and a clean brief. CNA B said she was going to change Resident #2. She stated, he was soiled. CNA B donned(put on) clean gloves, without washing her hands, unfastened Resident #2's soiled brief and used the wet wipes cleaning the perineal area (the perineum, which is the area of skin at based of the scrotum to the anus in male) retracted the foreskin to the penis and cleaned, then repositioned Resident #2 on the left side and wiped between the buttocks but did not clean around the buttocks and CNA B picked the clean brief from the bag and placed it under the resident.During an interview on 6/17/26 at 1:02 PM, CNA B said she had in-service with 2 CNAs before starting to work for the facility and she was very nervous and forgot to change her gloves. CNA B said not cleaning the buttocks could cause skin breakdown and odors.During an interview on 6/18/26 at 8:05 PM, the ADM said CNA B was supposed to perform incontinent care procedures and wash her hands according to the procedures.During an interview on 6/18/26 at 8:13 PM, the DON said CNA B was supposed to follow incontinent care procedures and wash her hands. The DON said there was a possibility that nothing would happen if CNA B did not clean around the bottom. Record review of the facility's policies and procedures, revised September 2025, titled, Perineal Care, indicated, Purpose:The purposes of this procedure are to provide cleanliness and comfort to the resident, to prevent infections and skin irritation, and to observe the resident's skin condition.Preparation1.Review the resident's care plan to assess for any special needs of the resident.2.Assemble the equipment and supplies as needed.Equipment and SuppliesThe following (continued on next page)

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

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	equipment and supplies will be necessary when performing this procedure:Wash basin;Towels;For a male resident:1.Use wipesCleanse perineal area starting with urethra and working outward.2.Retract foreskin of the uncircumcised male.3.Wash and rinse urethral area using a circular motion.4.Continue to wash the perineal area including the penis, scrotum and inner thighs.5.Thoroughly rinse perineal area in same order, using fresh water and wipes.6.Gently dry perineum following same sequence.7.Reposition foreskin of uncircumcised male.8.Ask the resident to turn on his side with his upper leg slightly bent, if able.9.Rinse washcloth and apply soap or skin cleansing agent.10.Wash and rinse the rectal area thoroughly, including the area under the scrotum, the anus, and the buttocks.11.Dry area thoroughly.

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain an infection and prevention control program that included, at a minimum, a system for preventing and controlling infections for 1 of 2 residents (Resident #2) and 1 of 2 staff (CNA B) reviewed for infection control. The facility failed to ensure CNA B washed or sanitized her hands and performed glove changes appropriately while providing incontinence care to Resident #2 on 06/17/26. This failure could place residents at risk for cross contamination and the spread of infection. Finding included:Review of Resident #2's face sheet dated 6/17/26 reflected an [AGE] year-old male admitted to the facility on [DATE] with the following diagnoses: cerebral infarction(ischemic stroke), cognitive communication deficit, essential primary hypertension, (high blood pressure), hyperlipidemia (high fat in the blood), major depression disorder (causes ongoing sadness, hopelessness and loss of interest that lasts at least two weeks, it can affect sleep, energy and relationships) and anxiety(a feeling of fear, dread and uneasiness), type 2 diabetes mellitus with other diabetic kidney complication(excess glucose in the blood) and AKA (above knee amputation). Review of Resident #2's quarterly MDS assessment dated [DATE] reflected Resident #2's BIMS score was 12 indicating moderate impaired cognition. Resident #2 was assessed to require dependent assistance for all ADLs. Resident #2 was further assessed to have functional limitations in range of motion due to left AKA to lower extremities. Further review revealed Resident #2 required substantiation assistance with ADL care with one staff assist.Record review of Resident #2's care plan dated 04/10/26 revealed Resident #2 had incontinent bowel and bladder. Interventions: perform routine rounding to include incontinence care and brief changes. Observation on 6/17/26 at12:49 PM during incontinent care with Resident #2 lying in bed. C NA B went in Resident #2's room with cleaned gloves and a clean brief, C NA B said she was going to change Resident #2 stated he was soiled. C NA B done clean gloves, without washing hands, she unfastened brief Wipe in-between the buttocks resident had moderate pasty stool and the BM got on the gloves, C NA B did not change gloves, she picked the wet wipes and wipe the BM on the soiled gloves 3 times and while wiping in-between the buttocks. C NA did not clean around the bottom then picked up a cleaned brief using the same gloves, pick up ointment and applied around the buttocks and fastened the brief, then covered the resident with the bed linen.During an interview on 6/17/26 at 1:02 PM, C NA B said she was very nervous. CNA B stated if she did not wash or sanitize her hands when going from a dirty to clean surface, it could cause cross contamination and a risk of transferring infection.In an interview on 6/18/26 at 8:05 PM, the DON stated it was the facility's policy for staff to wash or sanitize their hands when going from a dirty to clean surface. She stated staff were in-serviced on infection control and hand hygiene. Record review of the facility policy, revised December 2025, titled, Hand Hygiene revealed the following: Handwashing/Hand HygienePolicy StatementThis facility considers hand hygiene as the primary means to prevent the spread of healthcare-associatedinfections.Policy Interpretation and ImplementationAdministrative Practices to Promote Hand Hygiene1. All personnel are trained and regularly in-serviced on the importance of hand hygiene in preventing thetransmission of healthcare-associated infections.2. All personnel are expected to adhere to hand-hygiene policies and practices to help prevent the spreadof infections to other personnel, residents, and visitors.3. Hand hygiene products and supplies (sinks, soap, towels, alcohol-based hand-rub, etc.) are readilyaccessible and convenient for staff to use to encourage compliance with hand hygiene policies. Alcohol basedhand-rub (ABHR) dispensers are placed in areas of high visibility and consistent with workflowthroughout the facility.Indications for Hand Hygiene1. Hand hygiene is indicated:a. immediately before touching a resident;b. before performing an aseptic task (for example, placing an indwelling device or handling an invasivemedical device);c. after contact with blood, body fluids, or contaminated surfaces;d. after touching a resident;e. after touching the resident's environment;f. before moving from work on a soiled body site to a clean body site on the same resident; andg. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	immediately after glove removal.Reviewed/Revised [DATE]. Use an alcohol-based hand rub containing at least 60% alcohol for most clinical situations.3. Wash hands with soap and water:a. when hands are visibly soiled; andb. after contact with a resident with infectious diarrhea including, but not limited to infections causedby norovirus, salmonella, shigella and C. difficile.4. Single-use disposable gloves should be used:a. before aseptic procedures;b. when anticipating contact with blood or body fluids; andc. When in contact with a resident, or the equipment or environment of a resident, who is on ContactPrecautions.5. The use of gloves does not replace hand washing/hand hygiene.Promoting Healthy Hand Skin and Fingernails1. Personnel with direct-care resident responsibilities should maintain short, natural fingernails.a. Fingernails should not extend past the fingertips.b. Wearing artificial fingernails is strongly discouraged among staff members with direct resident-careresponsibilities and is prohibited among those caring for severely ill or immunocompromisedresidents.c. The infection preventionist may request the removal of artificial fingernails and/or nail polish at anytime if it is determined that they present an infection control risk.2. Measures for primary and secondary prevention of dermatitis include:a. avoiding hot water;b. patting instead of rubbing hands to dry;c. applying facility-approved hand moisturizers; andd. taking periodic breaks from gloves to allow hands to dry.