

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675769	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2025
NAME OF PROVIDER OR SUPPLIER Harmony Care at Stamford		STREET ADDRESS, CITY, STATE, ZIP CODE 1003 Columbia Stamford, TX 79553	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>46641</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents for 1 of 1 facility reviewed for environmental concerns.</p> <p>The facility failed to repair damaged walls in hot water closets located outside2, 3, 4, and 5 halls has damaged drywall with holes at the bottom and signs of rodent droppings.</p> <p>This deficient practice could place resident, staff, and the public at risk of an unsafe and unsanitary environment.</p> <p>The findings include:</p> <p>Observation on 04/17/2025 beginning at 2:15pm revealed the following:</p> <p>Hot water closets for halls 1, 2, 3, 4 and 5 had outside entry doors, all water heater closets had damaged drywalls at the bottom allowing access for rodents into inside walls of facility. Rodent droppings were observed in 5 of 6 closets around damaged drywall holes in water heater closet.</p> <p>Interview on 4/17/25 at 9:50am, the Administrator stated they were having issues with mice in facility, mice have been seen in halls and resident's rooms. The admin stated that their pest control vendor was working on the problem. The admin stated that with the facility being located next to fields and an abandoned building next door is causing the mouse situation.</p> <p>Interview on 4/17/25 at 10:50am, Resident #1 stated she had rodent dropping in her room and had seen mice run along her wall several times in the past week. Resident #1 stated she reported incident to Administrator.</p> <p>Observation on 4/17/25 at 10:50am investigator observed 2 rodent droppings in the floor next to wall in Resident #1's room. Resident #1's room was next to the hot water closet for hall 4 that had drywall damage and signs of rodent activity leading into the holes in the drywall.</p> <p>Interview on 4/17/25 at 11:20am, Resident #3 stated she had seen a mouse running down the hallway of Hall 4. Resident #3 stated she had not seen a mouse in her room.</p> <p>(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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675769	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2025
NAME OF PROVIDER OR SUPPLIER Harmony Care at Stamford		STREET ADDRESS, CITY, STATE, ZIP CODE 1003 Columbia Stamford, TX 79553	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview on 4/17/25 at 11:30am, Resident #4 stated she had seen mice from time to time in the hall but had not seen one in the last week. Resident #4 stated she did tell staff about the sighting.</p> <p>Interview on 4/17/25 at 2:00pm, LVN J stated she had not seen any mice but had been told by residents they had seen a mouse running in the hall. LVN J stated she did report the sighting to Maintenance.</p> <p>Interview on 4/17/25 at 2:20pm, CNA G stated she had seen a mouse a few days ago in Hall 4 earlier this week. CNA G stated she reported the sighting to Maintenance.</p> <p>Observation on 4/17/25 at 2:34pm, investigator observed a mouse eating bird feed in the bird cage located on Hall 4. The mouse jumped out of cage and ran under the wall.</p> <p>Interview on 4/17/25 at 2:38pm, Maintenance stated he had only worked for the facility for one month and was aware of rodent problem but did not know how long the facility had problem. Maintenance stated the pest control vendor visits once per month and has set out traps all around the outside of facility and at door entrance. Maintenance stated he was unaware of how the rodents are entering the facility. Maintenance stated he was unaware that the water heater closets drywall was damaged and that rodents can be entering through holes in the drywall.</p> <p>Interview on 4/18/25 at 10:00am, Pest Control Vendor stated they visit facility once per month since 2022. Vendor stated that facility has had a rodent problem for the past 3 months. Vendor stated that he has placed traps around the outside of facility, checked entry doors to ensure that are tight and leaves no gaps for entry. Vendor stated that he has informed Maintenance that the drywalls in the water heater rooms need to be repaired and that the damaged drywall was an entry way for rodents to enter facility. Vendor stated that not repairing damage has made it difficult to control rodent problem.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675769	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2025
NAME OF PROVIDER OR SUPPLIER Harmony Care at Stamford		STREET ADDRESS, CITY, STATE, ZIP CODE 1003 Columbia Stamford, TX 79553	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>46641</p> <p>Based on interviews and record reviews, the facility failed to provide a resident environment that was free of pests and rodents for 1 of 1 facility reviewed for effective pest control in that:</p> <p>The facility failed to maintain an affective pest control program.</p> <p>This deficient practice could place residents at risk of remaining in an environment that was not free of pests and rodents.</p> <p>The findings included:</p> <p>Record review of grievance log for January, February and March 2025 revealed 1 grievance about pest control.</p> <p>Record review of pest control log for the past 3 months revealed mice were targeted during visit by pest control vendor. Pest Control Vendor visits once per month.</p> <p>Interview on 4/17/25 at 9:50am, Administrator stated that they were having issues with mice in the facility. The Admin stated that their pest control vendor was working on problem. The admin stated that with the facility being located next to fields and an abandoned building next door is causing the mouse situation.</p> <p>Interview on 4/17/25 at 10:50am, Resident #1 stated she had rodent dropping in her room and had seen mice run along her wall several times in the past week. Resident #1 stated she reported incident to Administrator.</p> <p>Observation on 4/17/25 at 10:50am investigator observed 2 rodent droppings in the floor next to wall in Resident #1's room.</p> <p>Interview on 4/17/25 at 11:20am, Resident #3 stated she had seen a mouse running down the hallway of Hall 4. Resident #3 stated she had not seen a mouse in her room.</p> <p>Interview on 4/17/25 at 11:30am, Resident #4 stated she had seen mice from time to time in the hall but had not seen one in the last week. Resident #4 stated she did tell staff about the sighting.</p> <p>Interview on 4/17/25 at 2:00pm, LVN J stated she had not seen any mice but had been told by residents they had seen a mouse running in the hall. LVN J stated she did report sighting to Maintenance.</p> <p>Interview on 4/17/25 at 2:20pm, CNA G stated she had seen a mouse a few days ago in Hall 4 earlier this week. CNA G stated she reported the sighting to Maintenance.</p> <p>Observation on 4/17/25 at 2:34pm, investigator observed a mouse eating bird feed in the bird cage located on Hall 4. The mouse jumped out of the cage and ran under the wall.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675769	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2025
NAME OF PROVIDER OR SUPPLIER Harmony Care at Stamford		STREET ADDRESS, CITY, STATE, ZIP CODE 1003 Columbia Stamford, TX 79553	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview on 4/17/25 at 2:38pm, Maintenance stated he had only worked for facility for one month and was aware of the rodent problem, Maintenance stated the pest control vendor had set out traps all around the outside of facility and at door entrance. Maintenance stated he is unaware of how the rodents are entering the facility. Maintenance stated he was unaware that the water heater closets drywall was damaged and that rodents can be entering through holes in the drywall.</p> <p>Interview on 4/18/25 at 10:00am, Pest Control Vendor stated the facility has had a rodent problem for the past several months. The Vendor stated that he had placed traps around the outside of facility, checked entry doors to ensure that they are tight and leaves no gaps for entry. The Vendor stated that he has informed Maintenance that the drywalls in the water heater rooms need to be repaired and that the damaged drywall was an entry way for rodents to enter facility. The Vendor stated that not repairing damage has made it difficult to control the rodent problem.</p> <p>Observation on 04/18/2025 at 2:15pm revealed the following:</p> <p>Hot water closets for 5 of 6 halls had outside entry doors, all water heater closets had damaged drywalls at the bottom allowing access for rodents into inside walls of facility. Rodent droppings were observed in 5 of 6 closets around damaged drywall holes in water heater closet.</p> <p>Record review of Facility's Pest Control Policy, undated, states: Our facility shall maintain an effective pest control program.</p> <p>1. This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents.</p>