STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676334	A. Building B. Wing	06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chelsea Gardens	4422 Riverstone Blvd Missouri City, TX 77459

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to provide a safe, functional, sanitary and comfortable environment for residents, staff and the public for 2 of 6 (Resident # 1 and Resident #2) rooms reviewed for environment. The facility failed to ensure Resident # 1 and Resident # 2 rooms were free of odor. The facility failed to ensure the hallway to the conference room and the conference room were free of musty odor This failure could place residents, staff and visitors at risk of infection and illness. Findings included: Observation of the facility hallway leading to the conference room and the conference room on 06/10/2026 at 07: 48 a.m., smelled musty and moldlike. In an interview on 06/10/2026 at 09:04 a.m., with CNA A, she said there was a room that had an odor, room [ROOM NUMBER]. She said the resident who was in room [ROOM NUMBER] was moved to room [ROOM NUMBER] by maintenance staff and the resident's family member. CNA A said Resident # 2 and his family did not like the musty odor of the carpet. In an interview on 06/10/2026 at 09:20 a.m., with Resident # 1, she said she did not request a room change from 115 to room [ROOM NUMBER]. She said she was happy the facility moved her to a new room because the carpet smelled like urine and feces. Resident # 1 said the smell from the carpet made her feel she was not welcomed. She said the odor was disgusting. She said with the odor she felt like an animal. In an interview with Resident # 2's family member at bedside on 06/10/2026 at 1;13 p.m., she said they requested a room change because the carpet did not smell good. She said Resident # 2 told her he did not like the odor of the carpet. Resident # 2's family member said, she was concerned about the effect the carpet odor could have on Resident # 2's health. In an interview with Housekeeper A on 06/10/2026 at 2:56 p.m., he said it was the responsibility of the housekeeping staff to make sure the rooms were cleaned and free of awful odor. He said if there was a spot on the floor, housekeeping staff would clean it. He said if there were no spots, housekeeping staff would vacuum the carpet. He said sometimes there were spills on the carpet or water from the bathroom drains. He said the last room he noticed smelled like urine was room [ROOM NUMBER]. He said room [ROOM NUMBER] was cleaned and disinfected but since the last resident was removed there had being no new resident in that room. In an interview with RN A on 06/10/2026 at 3:08 p.m., he said it was the responsibility of the housekeepers to care for the carpets. He said if a room with a carpet had an odor it would affect the residents' health negatively. He said it could affect residents with respiratory issues negatively because their breathing and lungs might be affected. In an interview with RN B on 06/10/2026 at 3:10 p.m., she said the musty odor rooms with carpets could affect Resident#1 and Resident # 2 ?s health and the staff would not know what the residents had inhaled. She said some residents residing at the facility had respiratory issues and that might affect their breathing. She said if she noticed a room with carpet had an odor, she would have notified her supervisor so the resident would be moved to another room. RN B said she noticed Resident # 2 was moved to another room because he complained of the odor on the carpet. In an interview with the Housekeeping Supervisor on 06/10/2026nat 3:20 p.m., he said it was the responsibility of the Housekeepers to make sure the rooms were cleaned. He said if the residents or staff notified him of any problems with the carpets, he would address it. He said if the carpet smelled (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676334	A. Building B. Wing	06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chelsea Gardens	4422 Riverstone Blvd Missouri City, TX 77459

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	like urine or feces, he would use cleaning chemicals designed for carpets, such as -Premium carpet shampoo to clean the carpet. The Housekeeping Manger said before a new resident was admitted into a room, he went into the room and made sure the carpet smelled fresh. He said he was not aware some rooms had an odor from the carpet because he was not notified. In an interview with the DON on 06/10/2026 at 3:36 p.m., he said when he realized a room floor covered with carpet did not smell good, he would notify the ADM, who would reach out to maintenance to clean the carpet. He said staff told him Resident # 2 was moved to another room because the family requested a room change because the carpet in his previous room did not smell good. The DON said a room with a carpet that had an odor could affect the health of a resident negatively because if they had respiratory illnesses, it would affect their breathing. In an interview with the ADM on 06/10/2026 at 3:50 p.m., he stated room [ROOM NUMBER] had an odor. He said the Housekeeping Supervisor cleaned the carpet. He said the carpet with an odor could affect residents' breathing. The ADM said the facility had started changing the room floors from carpet to wood and waterproof floors. He said the first hallway had been changed with the exception of room [ROOM NUMBER]. Record review of facility's document titled: Environment Services Cleaning Procedure for Common Items, dated 2025, referenced from: Centers for Disease Control and Prevention Guidelines for Environmental Infection Control in Healthcare Facilities (2003): Recommendations of the Healthcare Infection Control Practices Advisory Committee revealed: Floor. Cleaned on a regular basis when soiled, between residents and after discharge. Carpet. Vacuum and shampoo according to cleaning schedule and as necessary. Carpet should be vacuumed on a regular basis. Carpeting that remained damp should be removed ideally with 72 hours. Record review of the facility's policy titled: Safe and Homelike Environment, dated 2025, stated: Housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly and comfortable environment.