

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676357	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2025
NAME OF PROVIDER OR SUPPLIER The Broadmoor at Creekside Park		STREET ADDRESS, CITY, STATE, ZIP CODE 5665 Creekside Forest Drive The Woodlands, TX 77389	
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	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**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, and comfortable environment for residents, staff, and the public for 2 (CR #1, Resident #1) of 5 residents and 2 (vacant room A, vacant room B) of 5 vacant rooms reviewed for sanitary conditions. 1. CR#1 was admitted on [DATE] into a room that had urine-stained sheets, brown fecal matter on the toilet seat and toilet bowl, and inside closet was wheelchair equipment left over from a previous resident. 2. Resident #1 had small black bugs crawling on the counter of the kitchenette inside her room on 12/12/25. 3. Vacant Room A had spider webs along the based boards, a urine stain on the fitted sheet, and dried fecal matter splatter inside of the toilet bowl on 12/12/25. 4. Vacant Room B had over 30 short black hairs found on the fitted sheet and hairballs and food particles along the baseboards on 12/12/25. These failures could pose a concern for infection control, sanitation, affect resident's quality of life. Findings included: Record review of CR#1's facesheet reviewed on 12/12/25 revealed a [AGE] year-old woman who was admitted to the facility on [DATE]. Her admitting diagnoses were spinal stenosis of the lumbar region with neurogenic claudication (the space in your lower spine (lumbar region) narrowed) and fusion of the spine in the lumbar sacral region (a surgical procedure that permanently joins two or more vertebrae in the lower back (lumbar) and the triangular bone at the base of the spine (sacrum) into a single, solid bone). CR#1's facesheet revealed that she was discharged on 11/8/25 at 11:24 a.m. A record review was attempted on 12/12/25 to review CR#1's care plan. CR#1 resided in the facility for 17 hours. There was not a care plan available to review. Record review of CR#1's progress note dated 11/7/25 at 5:07 p.m. revealed that CR#1 was AO (alert and oriented) x4 (alert to person, place, time, and event). and was admitted from the hospital with a diagnosis of spinal stenosis. Note stated that during the admission process, CR#1 decided to leave AMA (against medical advice). Record review of the facility's grievance log revealed a grievance was made by CR#1 on 11/7/25. CR#1 reported that her room was not clean, and the action taken was staff immediately changed linens, offered different comforters, and eventually moved CR#1 to another room. HKM also met with CR#1 on 11/8/25 to ensure that she was satisfied but she still decided to discharge AMA. In an observation of vacant room A on 12/12/25 at 11:10 a.m., the room was empty of personal belongings and appeared to be vacant but there was a resident's name on the door. An aide walked past and stated that the resident had gone to the hospital sometime last week and the facility held the room based off their insurance. Inside of the room, there were spider webs in a corner to the left side of the bed. Inside of the spider web was a dead centipede curled up into the web. With the covers on the bed pulled back, a faint urine stain could be seen on the fitted sheet. Inside of the bathroom, there were fecal splatters inside the back of the toilet bowl. In an observation of vacant room B on 12/12/25 at 11:20 a.m., hairballs and residue from food could be seen along the floor baseboards. With the bed sheets pulled back, over 30 strands of short black hair were observed on the fitted sheets.</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
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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 12/12/25 at 1:07 p.m. with CR#1 she stated that she found the facility to be unsanitary upon admittance. She stated that the room was so gross that her family had to clean it up for her. Her family member informed her that the bed was dirty, and she saw urine stains on the sheets. The nurse on shift helped her change the sheets and eventually moved her into another room. She was admitted to the facility around 4/5 p.m. and after several mishaps, she decided that she wanted to return home. CR#1 informed the surveyor that she took pictures of the room, and they were sent to the surveyor for evidence. In an observation of the photographs taken by CR#1 on 11/7/25, the following could be seen: Photo 1: brown fecal matter located on the bottom of the toilet set inside the bathroom Photo 2: brown fecal matter on toilet, directly underneath the toilet seat inside the bathroom Photo 3: short black hair in the soap dish inside of the bathroom Photo 4: inside the closet, leg rest for a wheelchair were left on the floor Record review of Resident #1's facesheet reviewed on 12/12/25 revealed a [AGE] year-old woman who was admitted on [DATE]. Her admitting diagnoses were noninfective gastroenteritis and colitis (inflammation in the digestive tract) and perforation of the intestine (a hole or tear formed in the wall of the gastrointestinal (GI) tract (esophagus, stomach, small or large intestine), allowing its contents (food, digestive fluids, bacteria, stool) to leak into the sterile abdominal cavity). Record review of Resident #1's care plan dated 12/8/25 revealed that she had an ADL self-care performance deficit related to activity intolerance and impaired balance due to declined health. In an interview on 12/12/25 at 11:37 a.m. with Resident #1's family member, she stated that her mother moved into the facility two weeks ago and the move in process went fine, however, there were a lot of bugs by the kitchenette sink and counter. By the kitchenette, several small black bugs (type unknown) could be seen crawling all over the counter and inside of plastic bag with a cookie inside. When asked how long the bugs had been seen inside the room, the family member stated that the bugs had been seen inside of the room for a while (length of time undisclosed). In an interview on 12/12/25 at 11:48 a.m. with HK C, she stated that she had worked at the facility for 1 year. Some of her duties in housekeeping were to dust, wipe, disinfect, mop, clean beds, showers, make sure nothing was on the walls, and vacuum. These tasks were done in the rooms of current residents as well as inside the vacant room for future guests. She stated she had gotten complaints about bugs inside the facility, but she had not seen any bug while cleaning up on her assigned halls. HKM oversaw all housekeeping practices, but he was currently out of the facility at a doctor's appointment. In an interview on 12/12/25 at 11:56 a.m. with CNA D, she stated that she had been working at the facility since August 2025. She stated that the laundry aides brought the linens to the resident rooms and CNA's made them up on the residents' beds. She stated that some of the sheets she received had been stained really bad, but she would throw them back into dirty linen because the residents would not want them. She explained that the facility used white sheets, and it was hard to keep them clean and some of the sheets were stained with BM (bowel movement). She had received complaints from residents regarding bugs and the types of bugs she had seen were roaches. In an interview on 12/12/25 at 12:03 p.m. with CNA E, she stated that she had worked at the facility for over a year. She explained she received the linens from the laundry aides, and she made up the residents' beds. When asked to describe the cleanliness of the linens, she stated that she could not rate how clean the linen was, but she personally would not want to sleep on them and described the stains to be from urine. She stated that she had gotten complaints from residents about the linen being dirty and she had not received any complaints regarding there being bugs found inside of the residents' rooms, but she had found a roach in the hallway. In an interview on 12/12/25 at 12:11 p.m. with LA F, she stated that she had worked at the facility for over 5 years and typically worked the morning shift. She stated</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>that before she brought the soiled linen into the laundry room, she separated them out in the linen rooms on the hall. If she saw items that looked runny (loose or watery substance) or had #2 (bowel movement) on them, she would place them in the infection control pile and wash them separately. She stated that if she saw the sheets were dirty after they were washed or still had an odor to it, she would toss it back into the washing machine and double wash those linens. She felt that some of the laundry staff did not do this, however, she had washed items up to 3 times to make sure they were clean and fresh for residents. If she could not get a stain out after 3 washes, she would inform the HKM. She stated that she had received complaints from staff that the linen had stains on them but felt they were referencing other laundry staff and not herself. In an interview with the DON on 12/12/25 at 3:01 p.m., she stated that she had been working at the facility since July. She explained that when there was a new admit of when a resident was discharged, housekeeping was supposed to clean the room. If a resident was sent out of the facility but not discharged, housekeeping would do a deep clean to the room, their items would be boxed up and put away, and maintenance would be notified through a secure text to prepare the room for a new admit. DON stated that she remembered CR#1 and said that she was very dissatisfied with different cosmetic things about her room. She explained that CR#1 thought a few things about her room were dirty but they were wear and tear. DON stated that her expectation of the rooms for a new admit would be a deep clean and the harm in someone admitting into an environment that was not clean would be infection control. Record review of the facility policy titled Homelike Environment revised February 2021 revealed the policy statement was: Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible. Interpretation and implementation: 1. The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: 1. clean, sanitary and orderly environment; 2. comfortable (minimum glare) yet adequate (suitable to the task) lighting; 3. inviting colors and decor; 4. personalized furniture and room arrangements; 5. clean bed and bath linens that are in good condition; 6. pleasant, neutral scents; 7. plants and flowers, where appropriate; 8. comfortable and safe temperatures (71 F - 81 F); and 9. comfortable sound levels.</p>		