

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455895	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/18/2024
NAME OF PROVIDER OR SUPPLIER Five Points at Lake Highlands Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 9009 White Rock Tr Dallas, TX 75238	

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 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide routine and 24-hour emergency dental care for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49415</p> <p>Based on observations, interviews and record reviews, the facility failed to assist residents in obtaining routine and 24-hour emergency dental care for 4 out of 9 residents (Resident #3, Resident #4, Resident #7 and Resident #8) reviewed for dental services.</p> <p>The facility failed to provide timely dental services for Resident #3, Resident #4, Resident #7, and Resident #8 from December 2023 through May 17, 2024.</p> <p>This failure could place residents at risk of oral complications, dental pain, and diminished quality of life.</p> <p>Findings included:</p> <p>1) Record review of Resident #3's face sheet showed a [AGE] year-old woman, who was admitted on [DATE]. Diagnoses included: Chronic Osteomyelitis (a bone infection that occurs when an infection does not clear up after treatment), Paraplegia (leg paralysis), Congestive Heart Failure (chronic condition in which the heart does not pump blood as well as it should), Cerebral Infarction (occurs as a result of disrupted blood flow to the brain due to problems with blood vessels that supply it), Type 2 Diabetes Mellitus (long term condition where body has trouble controlling blood sugar and using it for energy), Muscle Weakness, Lack of Coordination and Osteomyelitis of Vertebra (a rare bone infection that affects the vertebrae, or spinal discs).</p> <p>Record Review of Resident #1's quarterly MDS dated [DATE], revealed a BIMS score of 15 which was cognitively able to make choices and decisions for themselves.</p> <p>Record Review of Resident #1's Care Plan dated 4/15/24, showed resident has an ADL self-care performance deficit and personal hygiene requires setup. Also, the care plan stated the resident had behaviors which include non-compliance with diabetic diet- eats high sugar, high carbohydrate diet often ordering restaurant or fast food up to three meals daily.</p> <p>Interview on 5/17/24 at 11:44 a.m. with Resident #1 stated she told the social worker about a dental issue she had in December 2023. Resident #1 said it would be taken care of next week on 5/25/24. She stated she had let the social worker know about the dental issue and asked persistently to be seen by the dentist. Resident #1 did not tell me what the dental issue was as she stated it was being taken care of next week.</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 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record Review of the mobile dental service, list of residents that were to be seen as of 5/15/2024 for facility with Date of Visit: 5/24/2024 showed, Resident #3 is on the list to be seen and was due for an exam, prophylaxis (treatment that prevents disease) and x-rays. Also, the list showed Resident #4 was due for an initial exam and prophylaxis. Furthermore, the list showed Resident #7 was due for an exam and extraction (s).</p> <p>Record Review of facility policy Dental Services dated 2003, under Policy stated, Routine and emergency dental services are available to meet the resident's oral health services in accordance with the resident's assessment and plan of care.</p> <p>Record Review of facility Resident Rights undated, stated The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this policy.</p> <p>A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source.</p> <p>Also, under Respect and Dignity of Resident Rights stated The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.</p>