

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  09/19/2025
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 0627</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</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 0627</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews and record reviews, the facility failed to provide and document sufficient preparation and orientation of resident to ensure safe and orderly transfer or discharge from the facility and ensure the orientation was provided in a form and manner that the resident could understand for one (Resident #1) of five residents reviewed for discharge. The facility failed on 8/21/2025 to ensure Resident #1's post-discharge destination and continued care provider could meet Resident #1's needs in that Resident #1 did not go to the Resident Representative's (RP) home, Resident #1 was taken to another family members residence because Resident #1 RP couldn't care for her due to work schedule and on or about 25 or 26 August 2025 Resident #1's RP obtained an order of protective custody for Resident #1 and Resident #1 was arrested and taken to a psychiatric hospital. This failure could place residents at risk of being discharged without preparation, causing a disruption in their care and place the residents at risk for their needs not being met. This failure resulted in an Immediate Jeopardy situation on 9/16/2025. While the IJ was removed on 9/18/25, the facility remained out of compliance at a severity level of no actual harm with potential for more than minimal harm due to staff needing more time to monitor the effectiveness for the plan of removal for inappropriate discharge. Findings included: Record review of Resident #1's Discharge summary, dated [DATE], revealed a [AGE] year-old female originally admitted on [DATE], re-admitted on [DATE], and discharged on 08/21/2025. Resident #1 had diagnoses which included: Cellulitis of left lower limb (bacterial infection of the skin and underlying tissues), acute respiratory failure with hypercapnia (inability of the lungs to effectively remove carbon dioxide), morbid (severe) obesity with alveolar hypoventilation (breathing disorder), diabetes mellitus (high blood sugar) without complications, unsteadiness on feet, lack of coordination, generalized anxiety disorder (mental health conditions), dementia in other diseases classified elsewhere (a type of dementia that occurs as a secondary symptoms of another underlying medical condition), severe with mood disturbance, pain unspecified, reduced mobility, difficulty in walking, deficiency of other vitamins, unspecified intellectual disabilities, schizoaffective disorder (mental condition that combines symptoms of schizophrenia and a mood disorder), bipolar (manic depression), fluid overload, unspecified pyuria (high levels of white blood cells in urine), lymphedema (swelling in the body), iron deficiency anemia, pulmonary hypertension (blood pressure in the arteries of the lungs is abnormally high), acute on chronic diastolic (congestive) heart failure, acute embolism and thrombosis of deep veins of unspecified lower extremity (blood clot in the deep veins of the lower leg), acute embolism and thrombosis of superficial veins of left upper extremity (new blood clot forming in a superficial vein in the left arm, or shoulder, which may involve a clot traveling through the bloodstream), muscle weakness, need for assistance with personal care, cognitive communication deficit person's ability to communicate effectively due to underlying impairments), acute cystitis without hematuria (inflammation of the bladder (cystitis) that does not involve blood in the urine (hematuria)). The reason for the discharge reflected an incident with another resident causing bodily harm. The discharge effective date was 8/21/2025. Brief history for Resident #1 reflected an increase in unsafe behaviors towards residents. The course of treatment for Resident #1 reflected interventions of increased activities and time in a calming environment. The condition Resident #1 discharged reflected was good. Rehabilitative Potential for Resident #1 reflected fair. The follow-up and discharge medications (instructions to resident) revealed the following medications were sent home for Resident #1: Depakote ER Oral Tablet, Seroquel Calcium Carbonate Tablet Chewable 500 MG, Maalox Regular Strength Suspension Potassium Chloride ER Lasix Oral Tablet 20 MG, Multivitamin-Minerals Oral Tablet, Tylenol Extra Strength Oral Tablet 500 MG, Vitamin B12, Ergocalciferol Capsule 50000 UNIT, Zolofl Oral Tablet, Anoro Ellipta Inhalation Aerosol Powder Breath Eucerin, External Lotion Metformin Gentamicin Sulfate External Ointment 0.1 % Albuterol Sulfate HFA Inhalation Aerosol Solution. Resident #1 was discharged home with no home health. The list of reconciled medications sent with the representative reflected yes. How was the list of reconciled medication sent reflected verbal. Digitally signed by the physician. Record review of Resident #1's quarterly MDS assessment, dated 06/04/2025, revealed Resident #1 did not perform an interview for mental status due to the resident rarely/never understood. Resident #1's behavior revealed no exhibited physical behavioral symptoms directed toward others, no exhibited verbal behavioral symptoms directed toward others and no exhibited other behavioral symptoms directed toward others. Record review of Resident #1's Care Plan, dated 02/21/2025, revealed Resident #1 would remain in</p>		