STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675106	A. Building B. Wing	12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grace Pointe Wellness Center	2301 N Oregon St El Paso, TX 79902

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. (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

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to ensure efforts were made to resolve resident grievances, for one (Resident #1) of four resident reviewed for grievance resolution. The facility did not issue a written decision to Resident #2 who filed a grievance on 09/05/25 and 09/09/25. This failure could place residents at risk of feeling that their voices were not being heard or taken seriously and could cause feelings of worthlessness. Findings included:Review of the admission Record dated 09/24/25, revealed Resident #2 was admitted on [DATE] from home. Review of History & Physical dated 08/08/25 revealed Resident #2 was a [AGE] year-old female GAD (severe, ongoing anxiety that interferes with daily activities), bipolar disorder (a mental health condition characterized by extreme shifts in mood, energy, and behavior), DM2 (a chronic metabolic disorder characterized by high blood sugar levels due to insulin deficiency), HTN (is a condition where the force of blood flowing through the arteries is consistently too high), CHF (a condition where the heart muscle weakens and cannot pump blood effectively), and lupus (a chronic autoimmune disease where the body's immune system mistakenly attacks its own healthy tissues and organs). Alert and oriented to person and place. Review of admission Minimum Date Set (MDS) dated [DATE] for Resident #2, revealed the resident was admitted from home, BIMS Summary Score 15 (cognitively intact). Active Diagnoses - Diabetes Mellitus, Anxiety Disorder, Lupus, Heart Failure, Hypertension; Medications - insulin injections, antipsychotic, antianxiety, opioid, anticonvulsant; oxygen. The resident participated in the assessment. The resident's overall goal during the assessment process - remain in the facility. Is active discharge planning already occurring for the resident to return to the community? No. Review of Care Plan initiated 08/29/25 revealed: The resident had a history of making false accusations. Interventions: Social Services/Administrator to interview resident after each accusation. Date Initiated: 09/22/2025.The resident has potential to demonstrate verbally abusive behaviors Ineffective coping skills, Mental /Emotional illness Date Initiated: 09/22/2025 Interventions: Notify the charge nurse of any abusive behaviors. Psychiatric/Psychogeriatric consult as indicated.Record review of the facility's Grievance Binder revealed, July 2025, 7 of 16 Grievances/Concerns reported by residents did not have documentation of resolutions; August 2025, 5 of 9 Grievances/Concerns reported by residents did not have documentation of resolutions. September 2025, 5 of 9 Grievances/Concerns reported by residents did not have documentation of resolutions. Review of an undated Grievance/Complaint Report revealed, This form shall be utilized to provide written documentation of a grievance or concern expressed by a resident and/or resident representative and to record the facility follow-up action taken and resolution. Receipt of Grievance/Complaint. Concern From: [Resident #2] Date received: Was left blank. The Form initiated by [LVN B] Charge Nurse. Documentation of Grievance/Complaint related to: Maintenance. Description: Waiting since 09/05/25, Friday, for TV to be reprogrammed/fixed. Can only watch Spanish channels, she is upset, due to maintenance giving his word would be done by time Football game is on. Person (s)/Departments Contacted: Maintenance 09/05/25 and ADON 09/09/25. Summary/Findings was left blank. Recommendations/Actions Taken: TV is not compatible to any remotes. Pt. had talked to Admin about getting a new TV and need to call cable service. Pt. says TV is not the issue. Identify the method (s) used to notify the resident and/or resident representative of the resolution: The resolution was left blank. The Grievance/Concern form was signed by the Maintenance Director on 09/10/25. Review of an undated Grievance/Complaint Report for Resident #2 written by LVN ADON C revealed, Documentation of Grievance/Complaint related to: Activities Department. Description: Resident would like to participate in activities. However, they only speak Spanish language. Person (s)/Departments Contacted: Activities Director 09/09/25. Summary/Findings was left blank. Recommendations/Actions Taken: Was left blank. Resolution of Grievance/Complaint: Was left blank. Identify the method (s) used to notify the resident and/or resident representative of the resolution: Was left blank. Date of notification: 09/09/25. The Activities Director signed the form on 09/10/25. During an interview and record review on 09/25/25 at 9:56 AM, with Activities Director revealed she wrote a Grievance Report for Resident #2, regarding the resident's concern that activities were done in Spanish. She said she had a communication barrier, because she could only speak little English and the resident did not speak Spanish. She said she had explained to the resident, there were three other residents at the facility who only spoke English, and they attended activities. She said the resident wanted to know why all activities were done in Spanish. She said the nurse on the fourth floor had

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to implement written policies and procedures to prohibit and prevent abuse, neglect, and exploitation for 1 of 10 employees (LVN A) reviewed for annual employee misconduct registry and nurse aide registry screenings, in that: The facility had failed to complete the annual employee misconduct registry and annual nurse aide registry screenings for LVN A. This failure could place residents at risk for abuse, neglect, exploitation, and misappropriation of property. The findings included:Record review of facility's policy undated on Abuse/Neglect revealed the resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. Procedure A. Screening: Criminal History and Background Checks All potential employees will be screened for history of abuse, neglect or mistreating of elderly/individuals as defined the applicable requirement of 483. 13 (c) (1) (ii) (A) and (B). Employees will be screened for abuse, neglect, and exploitation of the elderly by accessing the Employee Misconduct Registry by calling the Texas Department of Aging and Disability at [PHONE NUMBER]. The hiring authority will follow the automated response prompts to screen the employee for abuse, neglect, exploitation of a resident or misappropriation of a resident's or consumer's property. The hiring authority is responsible for training an individual to complete misconduct registry checks on every employee. The facility is required to provide a written statement to the employee upon hire about the Employee Misconduct Registry including a statement indicating that a person may not be employed if listed on the registry. During an interview and record review 09/25/25 at 5:15 PM with the HR Coordinator revealed the annual last EMR and NAR screening on LVN A was completed on 08/12/24. She said, This one was over-looked and was not completed until 9/10/2025. We will be changing the process of completing the annual EMR and NAR on each employee's anniversary date to ensure the annual EMR and NAR screenings are completed annually according to company policy and state requirements.

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. (continued on next page)

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to provide to send a copy of notice to the Office of the State Long-Term Care Ombudsman at least 30 days prior to the discharge or as soon as possible for 1 (Resident #2) of two residents reviewed for facility-initiated discharges, in that: The facility failed to send a copy of the Discharge Notice at the same time notice was provided to Resident #2 on 09/03/25 to the Local Office of the State-Long Term Care Ombudsman. This failure could place residents at risk of not providing added protection to residents from being inappropriately transferred or discharged and provide residents with access to an advocate who can inform them of their options and rights. Findings included:Review of the admission Record dated 09/24/25, revealed Resident #2 was admitted on [DATE] from home. Review of History & Physical dated 08/08/25 revealed Resident #2 was a [AGE] year-old female GAD (Severe, ongoing anxiety that interferes with daily activities), bipolar disorder (a mental health condition characterized by extreme shifts in mood, energy, and behavior), DM2 (a chronic metabolic disorder characterized by high blood sugar levels due to insulin deficiency), HTN (is a condition where the force of blood flowing through the arteries is consistently too high), CHF (a condition where the heart muscle weakens and cannot pump blood effectively), and lupus (a chronic autoimmune disease where the body's immune system mistakenly attacks its own healthy tissues and organs). Alert and oriented x 1-2. Review of admission Minimum Date Set (MDS) dated [DATE] for Resident #2 revealed the resident admitted from home, BIMS Summary Score 15 (cognitively intact). Active Diagnoses - Diabetes Mellitus, Anxiety Disorder, Lupus, Heart Failure, Hypertension; Medications - insulin injections, antipsychotic, antianxiety, opioid, anticonvulsant; oxygen. The resident participated in the assessment. The resident's overall goal during the assessment process - remain in the facility. Is active discharge planning already occurring for the resident to return to the community? No. Review of Care Plan initiated 08/29/25 revealed: Resident had a history of making false accusations. Interventions: Social Services/Administrator to interview the resident after each accusation. Date Initiated: 09/22/2025.The resident has potential to demonstrate verbally abusive behaviors Ineffective coping skills, Mental /Emotional illness Date Initiated: 09/22/2025 Interventions: Notify the charge nurse of any abusive behaviors. Psychiatric/Psychogeriatric consult as indicated.Resident to remain in facility long term as he/she requires 24-hour licensed nursing care Date Initiated: 09/22/2025. Review of a Notification of discharge date d 09/03/25 for Resident #2 revealed, This letter is written notification that the above resident, [Resident #2], will be discharged from the nursing facility effective thirty-one days from the receipt of this letter. This discharge is based on your failure, after reasonable and appropriate notice, to pay for services provided and your stay at the facility. The facility staff will work with you to make preparations needed to ensure a safe and orderly transition. An orientation for discharge planning will be held on 09/09/25. [Resident #2] will be discharged to the following address. The choosing of resident with assistance from discharge team. You have the right to appeal this decision as outlined in the Health and Human Services Commission's Fair Hearings, Fraud and Civil Rights Handbook. You may also contact the regional representative of the Office of the State Long Term Care Ombudsman, HHSC. A copy of this letter has been sent to the local Ombudsman. You may also contact the Texas Long Term Care Ombudsman toll-free at (800) [PHONE NUMBER]. Resident #2 and the facility's Administrator signed the document on 09/03/25. During a telephone interview on 09/24/25 at 10:38 PM, the Local Ombudsman revealed he had visited Resident #2 09/23/25 and she had not mentioned anything about being given discharge notice. He said she had called him two weeks ago to discuss room rates. He said that as far as he knew the resident had not been given 30-day notice. He said the resident did not want to be discharged . During an interview on 09/24/25 at 11:42 AM with the Administrator, he said he had issued Resident #2 a Discharge Notice on 09/03/25, because she had not qualified financially for Medicaid and did not have sufficient resources to pay the rate for a private room. He said that he had informed the resident that if she chose to have a private room, she had to pay the monthly rate for a private room or she would be given a discharge notice, according to facility's policy on discharges for non-payment.During an interview on 09/24/25 at 1:59 PM, the Administrator revealed he had explained to Resident #2 why she had not qualified financially for Medicaid. He said the resident paid for a semi-private room and did not want to have a roommate because she had PTSD. He said he had explained to the resident, she would have to pay the monthly rate for a private room, since she did not want to have a roommate. He said the resident could not afford to pay the monthly rate for a private room. He said he had

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F 0850 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Hire a qualified full-time social worker in a facility with more than 120 beds. Based on interview and record review the facility failed to ensure that it employed a qualified social worker on a full-time basis for one of one social worker positions reviewed for social services, in that: The facility, which was licensed for 154 beds, failed to employ a qualified social worker on a full-time basis since 08/14/2025. This failure put facility residents at risk of not having their psychosocial or discharge planning needs met. Findings included:Record review of the facility census dated 09/24/2025 revealed that the facility had a capacity of 154 beds and had a census of fifty-four. During an interview and record review on 09/25/25 at 12:49 PM with the Administrator revealed, the Social Worker had resigned a month ago. He said they hired a social worker on 08/29/25, and she only worked for about a week and resigned for personal reasons. He said they just hired a social worker to start on 10/07/25. He said their company had multiple facilities in town and he had not reached out for help with social services at his facility. He said the potential risk of not having a social worker could result in resident's psychosocial needs, grievances and coordination of resident discharges not being addressed. Record review of the facility's undated policy Social Services revealed, the following is a non-exhaustive criterion that related to the job of a Social Worker, and it is consistent with the business needs of the facility. Knowledge Base: A bachelor's degree in social work or secondary education in social services and certification as a social worker may be substituted as appropriate. Social Worker Responsibilities: Purpose: To outline the role of the social worker in discharge planning to ensure safe transitions of care, regulatory compliance, and adequate coordination with residents, families, and the interdisciplinary team. Scope: This procedure applies to social workers managing the psychosocial and coordination aspects of resident discharges. Other duties as assigned.