

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675900	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2025
NAME OF PROVIDER OR SUPPLIER River Pointe of Trinity Healthcare and Rehabilitat		STREET ADDRESS, CITY, STATE, ZIP CODE 808 S Robb Trinity, TX 75862	

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 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50071</p> <p>Based on observation, interview, and record review, the facility failed to ensure each resident received and the facility provided food prepared in a form designed to meet individual needs for 1 of 2 (Residents #29) residents reviewed for puree diets.</p> <p>The facility failed to prepare the pureed diet to the consistency required for Resident #29.</p> <p>This failure could place residents who received puree diets at risk of not having nutritional needs met by consuming foods that could be difficult to swallow, decreased meal intake, possibly resulting in choking or aspiration (the accidental inhalation of foreign material, such as food, liquid, or saliva, into the lower airways (trachea and lungs)</p> <p>Findings included:</p> <p>Record review of the face sheet dated 3/30/2025 for Resident #29 indicated she admitted to the facility on [DATE] and was a [AGE] year-old female with Dx. of ataxia (a neurological sign characterized by lack of coordination and balance, resulting in clumsy or awkward movements, especially when walking or performing fine motor task)., dementia unspecified, cognitive communication defect, protein calorie malnutrition, anorexia, muscle wasting and atrophy.</p> <p>Record review of the quarterly MDS dated [DATE] indicated Resident #29 had severe cognitive impairment. Section GG indicated she was dependent for ADL's including feeding.</p> <p>Record review of the physician's order summary dated 4/30/2025 indicated an order for pureed diet thin liquids consistency dated 7/10/2024 for Resident #29.</p> <p>Record review of the care plan revised on 2/19/2025 for Resident #29 indicated potential nutritional problem with history of cardiovascular accident, therapeutic diet, history of aspiration, risk for malnutrition.</p> <p>During an observation of dining on 04/28/2025 at 12:35pm, revealed Resident #29 was served a pureed diet, as indicated on diet marker on the meal tray. The pureed soft beef tacos had a course texture with chunks and the brownies had a thick texture, not smooth or pudding like consistency.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675900	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2025
NAME OF PROVIDER OR SUPPLIER River Pointe of Trinity Healthcare and Rehabilitat		STREET ADDRESS, CITY, STATE, ZIP CODE 808 S Robb Trinity, TX 75862	
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 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/29/25 at 10:00 a.m., the surveyor requested from the DM to sample the pureed foods being served for lunch.</p> <p>During an observation and interview on 04/29/2025 at 12:50pm, the DM provided the puree tray. The survey team and Administrator sampled the tray. The test tray of steak fingers and mixed vegetables was chunky and not a smooth or pudding like consistency. A dministrator said the texture did not meet requirements for puree.</p> <p>During an interview on 04/29/205 at 3:00pm, the Administrator said she expected the puree food to be of appropriate consistency. She said not pureeing to a smooth or pudding like consistency could cause the resident to choke.</p> <p>During an interview on 04/29/205 at 02:15pm, the [NAME] said puree should be a pudding like or a creamy texture. She said she visualized the smoothness of the pureed food and did not physically test it before serving. She said they should check for consistency and always follow the recipe.</p> <p>During an interview and observation on 04/29/25 02:29 pm the DM said the kitchen staff followed menus and recipes when cooking and pureeing . She said pureed foods should be a creamy pudding like texture. Per observation the menus were not followed for appropriate puree consistency.</p> <p>During an interview on 04/29/25 3:40pm the DON said if the resident was not served pureed food at the appropriate texture, it could cause choking and put them at risk for aspiration. She said food should be pureed to a smooth or pudding like consistency.</p> <p>During an interview on 04/28/25 1:00pm the ADON observed puree tray for a resident during lunch that was not of a smooth or pudding like consistency. She said the resident could choke and have complications due to the meat having chunks and the dessert being too thick. She said all trays should be checked prior to being served to residents to prevent the resident from receiving inappropriate food.</p> <p>Review of the Recipe: P Soft Beef Taco dated 3/10/2025 revealed to add liquid if needed (ex: reserved liquid broth, milk, gravy, or sauce), to assist with pureeing. Puree with a blender or food processor until smooth.</p> <p>Review of the Recipe: P Mixed Vegetables dated 3/10/2025 revealed to add liquid, if needed (ex: reserved liquid broth, milk, gravy, or sauce), to assist with pureeing. Puree with a blender or food processor until smooth.</p> <p>Review of Recipe: P Beef Steak Fingers revealed to add liquid, if needed (ex: reserved liquid broth, milk, gravy, or sauce), to assist with pureeing. Puree with a blender or food processor until smooth.</p> <p>Review of the Therapeutic Diets Policy revised November 2015, page 1 revealed, 6. Routine menus are planned by the Food Service Manager and approved by a Registered Dietitian for nutritional adequacy. The Food Services Manager will establish and use a tray identification system to ensure that each resident receives his or her diet as ordered.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675900	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2025
NAME OF PROVIDER OR SUPPLIER River Pointe of Trinity Healthcare and Rehabilitat		STREET ADDRESS, CITY, STATE, ZIP CODE 808 S Robb Trinity, TX 75862	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50071</p> <p>Based on observation, interview, and record review the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety in the facility's only kitchen reviewed for food safety requirements and kitchen sanitation.</p> <ol style="list-style-type: none"> The facility failed to ensure items were stored at appropriate temperatures in 1 walk-in freezer. The facility failed to ensure the Cook, DA and DM effectively wore hair nets to cover all hair on 4/28/2025 and on 4/29/2025. Hair was uncovered on the back and sides of their heads. <p>These failures could place residents at risk of foodborne illness and food contamination.</p> <p>Findings Include:</p> <p>During an observation on 4/28/2025 at 8:50am, revealed DM, [NAME] and DA had hair from under hair covering on the sides and back of their heads.</p> <p>During an observation on 4/28/2025 at 8:45am, revealed the freezer was 40 degrees Fahrenheit and not freezing.</p> <p>During an observation on 4/28/2025 at 8:46am, revealed the following thawed items were identified by the DM in the freezer:</p> <ul style="list-style-type: none"> *3-Chocolate Pies *1-Sweet Potato Pie *6-Pork Chops *1 box Cannoli Filling *2 boxes of biscuits *1 bag of squash *1 bags of spinach *15 count bags of fish squares *2 bags of fajita blend vegetables *11 cans of limeade <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675900	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2025
NAME OF PROVIDER OR SUPPLIER River Pointe of Trinity Healthcare and Rehabilitat		STREET ADDRESS, CITY, STATE, ZIP CODE 808 S Robb Trinity, TX 75862	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*2 boxes of vegetable soup</p> <p>*1 box of [NAME]</p> <p>*1 box of fajita blend vegetables</p> <p>*1 box of cherry ice cream</p> <p>*1 box of magic cups</p> <p>*1 box churros</p> <p>*1 box of Brussel sprouts</p> <p>*1 pan of cornbread dressing</p> <p>*3 bags of broccoli</p> <p>*1 box of orange fat free sherbert cups</p> <p>*1 box of chicken breast</p> <p>*1 box of chicken thighs</p> <p>During an interview on 4/29/2025 at 2:29pm, the DM said she was not aware the freezer was not working properly. She verified the freezer was at 40 degrees Fahrenheit during survey. She said the freezer went out about a month ago and was fixed by maintenance. She said kitchen staff were aware of prior issue with the freezer. She said food could spoil, cause bacteria to grow, and could cause the residents to become sick. She said all hair was to be tucked under a net or hair covering. She said hair could get in the food and cause germs to spread putting residents at risk of getting ill.</p> <p>During an interview on 04/29/2025 at 01:49pm, the DA she said she normally checked the freezer right after breakfast but didn't on 4/28/2025 and did not notice the freezer was not at appropriate temperature.</p> <p>During an interview on 04/29/2025 at 02:1pm, the [NAME] said she was not aware the freezer was not freezing but did remember about a month ago the freezer failed to freeze properly. She said the freezer should be checked on every shift (at least 3 times per day). She said food could spoil and call residents to be sick. She said all hair should be under a net or covering. She said if hair was not covered hair could get in the food and other areas of the kitchen that could cause cross contamination or spread germs that could make residents sick.</p> <p>During an interview on 4/29/2025 at 08:57am, Maintenance said during heavy rains and wind the pressure switch for the freezer would trigger and the freezer would automatically turn off. He said this was the 3rd time the freezer was off due to the same issue. He said he made the kitchen staff aware of the issue and asked them to let him know immediately if the freezer was not at appropriate temperature. He said the food could spoil and cause the residents to be sick if not kept at proper temperatures.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675900	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2025
NAME OF PROVIDER OR SUPPLIER River Pointe of Trinity Healthcare and Rehabilitat		STREET ADDRESS, CITY, STATE, ZIP CODE 808 S Robb Trinity, TX 75862	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/29/2025 at 02:50pm, Clinical Support said staff should actively check the freezer temperature on each shift to assure the equipment is working properly. She said hair nets should be worn properly to cover hair. If hair got in the food, it's a physical contaminant and could expose the residents to bacteria and they could become sick.</p> <p>During an interview on 04/29/25 3:40 pm, the DON said all equipment should work according to appropriate standards and policy. She said if food was not kept at the right temperature spoilage happens within a few hours and could expose the residents to bacteria that could cause illness. She said staff should have all hair covered while in the kitchen to prevent hair from getting in the food as its being prepared or served. She said if hair gets in the food, it will contaminate the food.</p> <p>During an interview on 04/29/25 4:15 pm, the Administrator said food not kept at the proper temperature could spoil and cause residents to become ill. She said all staff in the kitchen must wear a hair covering that covers all hair. She said if hair gets into food, it was no longer appropriate to serve. She said if hair gets in the food, the food is then contaminated and unsanitary.</p> <p>Record review of a facility policy titled Infection Control Policy/Procedure revised on 07/2007 revealed Storage of Food: 5. Store fruits, vegetables, dairy products, meat and poultry at temperatures between 32-degree F and 45-degree F. Ice cream and frozen foods should be kept below 0-degree F.</p> <p>Record Review of a facility policy titled Policy & Procedure Manual Food Storage revealed Policy: Sufficient storage facilities will be provided to keep foods safe, wholesome, and appetizing. Food will be stored in an area that is clean, dry and free from contaminants. Food will be stored, at appropriate temperatures and by methods designed to prevent contamination or cross contamination.</p> <p>Record Review of a facility policy titled Policy & Procedure Manual Food Storage revealed Procedure: 10. Perishable food such as meat, poultry, fish, dairy products, fruits, vegetables and frozen products must be frozen or stored in the refrigerator or freezer immediately after receipt to assure nutritive value and quality. Refrigeration temperatures should be thermostatically controlled to maintain food temperatures at or below 41 degrees F and freezer temperatures to keep food frozen solid.</p> <p>Record Review of the Food and Drug Administration revealed: 2022 Food Code U.S. Food and Drug Administration 3-302.11 Packaged and Unpackaged Food - Protection Separation, Packaging, and Segregation.</p> <p>It is important to separate foods in a ready-to-eat form from raw animal foods during storage, preparation, holding and display to prevent them from becoming contaminated by pathogens that may be present in or on the raw animal foods. An exception is permitting the storage and display of frozen, commercially packaged raw animal food adjacent to or above frozen, commercially packaged ready-to-eat food or combining raw animal foods with ready-to-eat food as ingredients intended for future preparation/cooking. The freezer equipment should be designed and maintained to keep foods in the frozen state. Corrective action should be taken if the storage or display unit loses power or otherwise fails. Raw or ready-to-eat foods or commercially processed bulk-pack food that is packaged on-site presents a greater risk of cross contamination. Additional product handling, drippage during the freezing process, partial thawing or incomplete seals on the package increase the risk of cross-contamination from these products packaged in-house.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675900	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2025
NAME OF PROVIDER OR SUPPLIER River Pointe of Trinity Healthcare and Rehabilitat		STREET ADDRESS, CITY, STATE, ZIP CODE 808 S Robb Trinity, TX 75862	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2-402.11 Effectiveness. (Hair Restraints)</p> <p>1. Code of Federal Regulations, Title 21, Sections 110.10 Personnel. (b) (1)</p> <p>Wearing outer garments suitable to the operation (4) Removing all unsecured jewelry (6) Wearing, where appropriate, in an effective manner, hair nets, head bands, caps, beard covers, or other effective hair restraints. (8)</p> <p>Confining .eating food, chewing gum, drinking beverages or using tobacco and (9) Taking other necessary precautions and (9) Taking other necessary precautions</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675900	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2025
NAME OF PROVIDER OR SUPPLIER River Pointe of Trinity Healthcare and Rehabilitat		STREET ADDRESS, CITY, STATE, ZIP CODE 808 S Robb Trinity, TX 75862	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46273</p> <p>Based on observations, interviews, and record review the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 1 of 6 residents (Resident #3) and 1 of 2 staff (CNA A) reviewed for infection control.</p> <p>The facility failed to ensure CNA A appropriately sanitized or washed her hands between glove changes while providing supra-pubic catheter (a device that's inserted into your bladder to drain urine if you can't urinate on your own. It is inserted through a small hole in your lower abdomen and into your bladder) care to Resident #3 on 4/29/25.</p> <p>The failure could place residents at risk of exposure to infectious diseases due to improper infection control practices.</p> <p>Findings included:</p> <p>Record review of a facility face sheet dated 4/29/25 for Resident #3 indicated that he was an [AGE] year-old male who was originally admitted to the facility on [DATE] with his latest readmission occurring on 1/16/25. His diagnoses included: chronic respiratory failure with hypoxia (occurs when the lungs cannot adequately oxygenate the blood or remove carbon dioxide, leading to low oxygen levels in the body), chronic kidney disease, and type 2 diabetes.</p> <p>Record review of a Quarterly MDS assessment dated [DATE] for Resident #3 indicated that he had a BIMS score of 12, which indicated that he had moderately impaired cognition. He was dependent with toileting hygiene and personal hygiene. He had a supra-pubic urinary catheter.</p> <p>Record review of a comprehensive care plan dated 2/28/25 for Resident #3 indicated that he had a supra-pubic catheter with a goal to remain free of signs and symptoms of urinary tract infection.</p> <p>During an observation on 4/28/25 at 2:30 pm revealed CNA A and CNA B were observed performing incontinent care and Foley care to Resident #3. While performing incontinent care, after wiping rectum CNA A was observed to remove her gloves and without applying hand sanitizer or washing her hands, she donned (put on) a new pair of gloves and continued to provide Foley care.</p> <p>During an interview on 4/28/25 at 2:50 pm CNA A said she just forgot to sanitize her hands between glove changes while she was providing care. She said it could put residents at risk for infections.</p> <p>During an interview on 4/30/25 at 11:15 am DON said she expected her staff to sanitize or wash hands between glove changes. She said she would be providing in-services and doing random checks on staff to ensure compliance. She said residents could be at risk for infection if staff do not properly wash hands or use sanitizer.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675900	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2025
NAME OF PROVIDER OR SUPPLIER River Pointe of Trinity Healthcare and Rehabilitat		STREET ADDRESS, CITY, STATE, ZIP CODE 808 S Robb Trinity, TX 75862	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/30/25 at 11:25 am Administrator said she expected staff to follow the facility policy and procedures and wash/sanitize hands appropriately. She said they will be doing in-services and education with the staff. She said residents could be at risk of infections spreading or cross contamination if staff do not properly sanitize or wash hands.</p> <p>Record review of a Skills Checklist - Certified Nursing Assistant dated 12/12/24 for CNA A indicated that she was checked off and proficient in hand washing.</p> <p>Record review of a facility policy titled Hand Hygiene dated 5/2007 and revised 10/2022 read: .Use an alcohol-based hand rub containing at least 62% alcohol; or, alternately, soap (antimicrobial or non-antimicrobial) and water for the following situations: .m. after removing gloves .</p>		