

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>675900                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY<br>COMPLETED<br><br>06/16/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>River Pointe of Trinity Healthcare and Rehabilitat                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>808 South Robb Street<br>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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                         |                                                 |
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| F 0637<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Assess the resident when there is a significant change in condition</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to conduct a comprehensive assessment of a resident within 14 days after the facility determines or should have determined that there had been a significant change in the resident's physical or mental condition for 1 of 6 residents (Resident #58) reviewed for comprehensive assessments and timing. The facility failed to ensure an MDS significant change assessment for Resident #58 was completed within 14 days after hospice admission. This failure could place residents at risk for improper or incorrect care and services necessary for their physical, mental, and psychosocial well-being. Findings include: Record review of Resident 58's facility face sheet, dated 6/15/2026, indicated Resident #58 was a [AGE] year-old female, admitted [DATE], with a diagnosis of vascular dementia (type of dementia caused by reduced or blocked blood flow to the brain). Record review of Resident #58's quarterly MDS assessment, dated 3/13/2026, revealed a BIMS score of 00 that indicated Resident #58 had severely impaired cognition. Record review of Resident #58's comprehensive care plan, revision date 5/18/2026, indicated Resident #58 had a terminal prognosis and was admitted to hospice. Record review of Resident #58's order summary report, dated 6/15/2026, indicated Resident #58 had an order to admit to hospice dated 5/15/2026. Record review of Resident #58's electronic record revealed there was no significant change in condition MDS assessment completed within 14 days of hospice admission. During an interview on 6/15/2026 at 1:06 pm, the MDS Resource Nurse said that she and other corporate MDS nurses were completing the MDS assessments and oversight for the facility. She said the facility was without an in-house MDS nurse, and was currently training someone for the position. She said she and the other resource nurses used the census report and facility communication to ensure the MDS assessments were initiated and completed. She said Resident #58 should have had a Significant Change MDS assessment completed within 14 days of her admission to hospice on 5/16/2026. She said she did not see a risk to the resident since the care plan was correct. During an interview on 6/16/2026 at 10:40 am the DON said that she was responsible for communication to the MDS Resource Nurse when a resident had a change in condition or orders changed requiring a new MDS assessment. She said the team met weekly to discuss MDS assessments due and review orders but somehow Resident #58's significant change MDS was missed with her hospice admission. She said she planned to start a new process for reviewing and communicating with the MDS Resource Nurse until the new in-house MDS nurse was completely trained. She said incomplete assessments could lead to care failures. During an interview on 6/16/2026 at 10:47 am, the Administrator said the Resource MDS Nurses had been responsible for MDS completion from April to present. She said the DON was responsible for communicating with the resource nurse changes in condition, admissions, and readmissions. She said the team met on Tuesdays to discuss the MDS schedule, and somehow the hospice admission for Resident #58 was not communicated. She said that she expected the MDS assessments were completed following the timelines to prevent residents from having care issues. Record review of a facility policy titled Resident Assessment and Associated Processes, dated 4/2025, indicated, . It is the policy of this facility that resident will be assessed and the findings documented in their clinical health record., 3. Comprehensive assessments will be conducted within (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F 0637<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | 14 days of admission, when there is a significant change in the resident's status and not less than once every 12 months b. Significant Change in Status Assessment: is a comprehensive assessment that must be completed when the Interdisciplinary Team (IDT) has determined that a resident meets the significant change guidelines for either major improvement or decline. The assessment will be completed within 14 days of identification and the clinical health record will contain information related to when the determination was made. |                                                                                         |                                                 |

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| <p>F 0641</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure that each resident received an accurate assessment, reflective of the resident's status at the time of the assessment for 1 of 6 residents (Resident #1) reviewed for accuracy of assessments. The facility failed to accurately assess Resident #1 by inaccurately recording hospice services on a significant change MDS assessment dated [DATE]. This failure could place residents at risk of not receiving needed care and services. Findings include: Record review of Resident 1's facility face sheet, dated 6/15/2026, indicated Resident #1 was a [AGE] year-old male, readmitted [DATE], with diagnosis of Huntington's disease (a hereditary disease marked by degeneration of the brain cells). Record review of Resident #1's significant change in status MDS assessment, dated 4/17/2026, revealed a BIMS score of 00 that indicated Resident #1 had severely impaired cognition and was coded for hospice services. Record review of Resident #1's comprehensive care plan, revision date 4/6/2026, indicated Resident #1 did not have hospice. Record review of Resident #1's discontinued order summary report, dated 6/15/2026, indicated Resident #1 had an order to discontinue hospice dated 3/31/2026. Record review of Resident #1's electronic health record census report revealed Resident #1 was discharged to the hospital and off hospice services on 3/30/2026. He returned to the facility on 4/06/2026 and a significant change MDS assessment was completed and captured hospice services. He was not admitted to hospice on readmission from the hospital. During an interview on 6/15/2026 at 1:06 pm, the MDS Resource Nurse said that she and other corporate MDS nurses were completing the MDS assessments and oversight for the facility. She said the facility was without an in-house MDS nurse, and was currently training someone for the position. She said she and the other resource nurses used the census report and facility communication to ensure the MDS assessments were initiated and completed accurately. She said, for Resident #1, the significant change MDS assessment that was completed on 4/17/2026, should not have included hospice because he was discharged from hospice. She said she did not see a risk to the resident for inaccurate MDS assessments. During an interview on 6/16/2026 at 10:40 am, the DON said that she was responsible for communication to the MDS Resource Nurse when a resident had a change in condition or orders changed requiring a new MDS assessment. She said the team met weekly to discuss MDS assessments due and review orders, but somehow Resident #1's MDS was coded incorrect. She said she planned to start a new process for reviewing and communicating with the MDS Resource Nurse until the new inhouse MDS nurse was completely trained. She said inaccurate assessments could lead to care failures. During an interview on 6/16/2026 at 10:47 am, the Administrator said the Resource MDS Nurses had been responsible for MDS completion from April to present. She said the DON was responsible for communicating with the resource nurses any changes in condition, admissions, and readmissions. She said the team met on Tuesdays to discuss the MDS schedule, and somehow the hospice discharge for Resident #1 was not communicated. She said that she expected the MDS assessments to be completed accurately and per the timelines to prevent residents from having care issues. Record review of a facility policy titled Resident Assessment and Associated Processes, dated April 2025, indicated, . It is the policy of this facility that resident will be assessed, and the findings documented in their clinical health record., An accurate Comprehensive Assessment will be made of the resident's needs, strengths, goals, life history and preferences, using the RAI (Resident Assessment Instrument).</p> |                                                                                         |                                                 |

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| F 0690<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.<br><br><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure that a resident who is incontinent of bladder receives appropriate treatment and services to prevent infections and to restore continence to the extent possible for 1 of 3 (Resident #13) residents reviewed for quality of care. The facility failed to ensure the urinary drainage bag was kept off the floor for Resident #13 on 6/15/26. This failure could place residents at risk for bacterial infections from improper catheter care. Findings include: Record review of a facility face sheet dated 6/15/26 for Resident #13 indicated he was an [AGE] year-old male admitted to the facility on [DATE] with diagnoses of benign prostatic hyperplasia (enlarged prostate). Record review of a 5-day Medicare MDS assessment dated [DATE] for Resident #13 indicated a BIMS score of 2, indicating he had severe cognitive impairment. He had an in-dwelling urinary catheter. Record review of a physician's order summary report dated 6/15/26 for Resident #13 indicated he had the following order dated 6/8/26: .Catheter type: FR (French) #18 ml 10 to closed urinary drainage system . Record review of a comprehensive care plan dated 2/26/26 for Resident #13 indicated he had a foley catheter (indwelling tube to drain urine from the bladder) and had an intervention to monitor/record/report to physician for any signs and symptoms of urinary tract infection. During an observation on 06/15/2026 at 9:55 am, a urinary drainage bag was observed hanging on side of Resident #13's bed while staff (wound care nurse & ADON) were observed performing wound care. His bed was observed in the lowest position before wound care was performed, with the bottom of foley bag observed touching the floor. After wound care was completed, his bed was lowered back again to lowest position by staff, and the drainage bag was allowed again to touch the floor. During an interview on 6/15/26 at 10:15 am, the ADON said that it was an infection control issue, and she would inquire about a resolution for keeping the bag off the floor. She said it could introduce new bacteria and cause infections. During an interview on 06/15/2026 at 1:00 pm, the DON said the facility did not have a specific policy for catheter management. During an interview on 6/16/26 at 10:00 am, the DON said all nursing staff were responsible for keeping the drainage bag properly positioned. She said if catheter drainage bags were allowed to touch the floor, it could lead to infections. She said she would ensure nurses were educated to keep catheter drainage bags off the floor. During an interview on 6/16/26 at 10:10 am, the Administrator said allowing the catheter drainage bag to rest on the floor could possibly lead to infections. She said she would ensure the nurses were educated to keep the drainage bag off the floor. Record review of a facility policy titled Infection Prevention and Control Program dated April 2025 read: .Process Surveillance is the review of practices by staff directly related to resident care. Some considerations for this process may include, but are not limited to: .e. Infection control practices during the provision of resident care and treatment . |                                                                                         |                                                 |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure that respiratory care was provided consistent with professional standards of practice for 1 (Resident #39) of 3 residents reviewed for quality of care. The facility failed to ensure Resident #39's CPAP mask was clean on 6/14/26 and 6/15/26. This failure could place residents at risk of respiratory complications or respiratory infection. Findings included: Record review of a facility face sheet dated 6/15/26 for Resident #39 indicated he was an [AGE] year-old male admitted to the facility on [DATE] with a diagnosis of Parkinson's disease (a movement disorder of the nervous system that worsens over time). Record review of a 5-day Medicare admission MDS assessment dated [DATE] for Resident #39 indicated a BIMS score of 10, indicating a moderate cognitive impairment. He used a CPAP on admission and while a resident in the facility. Record review of a physician's order summary report dated 6/15/26 for Resident #39 indicated he had an order for a CPAP to be worn at bedtime and as needed. Record review of a comprehensive care plan dated 4/13/26 for Resident #39 indicated he used a CPAP and had an intervention to clean tubing and mask each Sunday. During an observation on 6/14/26 at 10:48 am, a CPAP mask was observed on the bedside table of Resident #39. The mask was not bagged, labeled, or dated. The mask was dirty in appearance, with thick, brown particles and hair fibers covering the mask inside and outside. During an observation and interview on 6/15/26 at 10:45 am, the CPAP mask was observed in a bag in the drawer. The mask was still dirty in appearance. Resident #39 was observed lying in his bed and said he wore it at night, but then proceeded to speak incomprehensively, and was unable to answer further questions. During an interview on 6/16/26 at 10:00 am, the DON said charge nurses were responsible for ensuring the CPAP masks were cleaned at least once a week. She said it could possibly lead to infections if residents used masks that were not clean. She said she would continue to educate staff to ensure the masks were cleaned appropriately. During an interview on 6/16/26 at 10:10 am, the Administrator said if masks were not cleaned appropriately, they might not work correctly. She said going forward, she would in-service staff to ensure they cleaned the masks. Record review of a facility policy titled Infection Prevention and Control Program dated 4/2025 read: .Process Surveillance is the review of practices by staff directly related to resident care. Some considerations for this process may include, but are not limited to: .e. Infection control practices during the provision of resident care and treatment .</p> |                                                                                         |                                                 |

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>675900                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                | (X3) DATE SURVEY<br>COMPLETED<br><br>06/16/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>River Pointe of Trinity Healthcare and Rehabilitat                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>808 South Robb Street<br>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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                 |
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| <p>F 0761</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation, interview, and record review, the facility failed to store all drugs and biologicals in locked compartments under proper temperature controls and permit only authorized personnel to have access to the keys for 1 of 3 (medication aide cart) carts reviewed for pharmacy services. The facility failed to ensure the medication cart was locked and secured by MA A on 6/15/2026. This deficient practice could place residents at risk for adverse reactions to medications and misappropriation of medications. Findings included: During an observation on 6/15/26 at 8:27 am, MA A was observed in a resident's room obtaining vital signs. The medication cart was observed in the hallway outside the resident's room unlocked and unattended. Residents were observed walking past the unlocked cart to go to the therapy room at the end of the hallway. During an interview on 6/15/26 at 9:00 am, MA A said she did not realize she had left the cart unlocked and unattended. She said the cart should always be locked when it was unattended. She said the medications could be taken by anyone walking by. During an interview on 06/16/2026 at 10:00 am, the DON said she expected her staff to always lock the medication carts if they were to be left unattended. She said the carts should always be locked if they were unattended, so that residents or anyone else would not have access to medications. She said MA A had been in-service and she would continue to educate all other nurses and medication aides to make sure they knew to leave carts locked when unattended. During an interview on 6/16/26 at 10:10 am, the Administrator said residents and visitors could have unauthorized access to carts if they were left unlocked and unattended. She said they would continue providing education and in-services to staff to ensure they locked the carts. Record review of a facility policy titled Medication Access and Storage, E kit access dated 6/2025 read: .Medication rooms, carts, and medication supplies are locked or attended by persons with authorized access .It is the policy of this facility to store all drugs and biological in locked compartments under proper temperature controls. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications .</p> |                                                                                         |                                                 |