STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676279	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crown Point Health Suites	6640 Iola Avenue Lubbock, TX 79424

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 - Some	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. Based on observation, interview, and record review, the facility failed to provide information to residents and their representatives on their rights related to filing grievances for 10 of 10 confidential residents. The facility failed to ensure 10 of 10 confidential residents were provided, through postings in prominent locations, the Grievance Procedure. The facility failed to provide information in regards to who the facility Grievance Officer was and their contact information. The facility failed to educate residents on how to file an anonymous grievance, and their right to obtain a written decision related to their grievance. This failure could place the residents at risk of unresolved grievances and decreased quality of life. Findings include: In interviews and record review during an undisclosed date and time, 10 of 10 confidential residents stated they did not know they could file a Grievance anonymously, the Grievance procedure had never been discussed in Resident Council, and they had not observed a posting of the Grievance procedure in prominent locations. Residents stated they did not know where to acquire a grievance form, who to turn the form into, and what happens once a grievance was filed. The residents did not know they had the right to receive a written decision once their grievance was resolved. Observation on 04/09/2026 at 12:45pm of prominent postings revealed the facility did not include instructions regarding the Grievance procedure. Interview with the ADM on 04/10/2026 at 9:35am; the ADM stated she was the Grievance Officer for the facility. The ADM stated she reviews Grievances and assigns them to department heads. The ADM stated the Grievance form was available from herself and the DON. The ADM stated the Activities Director completes Grievance forms during monthly meetings when concerns are vocalized by residents. The ADM stated staff also complete Grievance forms for some complaints that are discussed with them face to face with residents. The ADM stated Grievance forms for residents can be submitted to any staff member. The ADM stated there was no protocol for submitting a Grievance form anonymously. The ADM stated the facility's goal was to address and resolve grievances immediately. The ADM stated if grievances cannot be resolved immediately, 72 hours was the goal for full resolution for all grievances. The ADM stated she assigns the Grievance to the appropriate department, that department addresses the grievance with the complainant, resolves the grievance, and explains the resolution to the complainant. The resolution was documented on the Grievance form, and the completed form was submitted to the ADM for review. The ADM stated completed Grievance forms are kept in a notebook for 3 plus years. The ADM stated she monitored the Grievance process for success by following up with the staff member assigned to resolve the Grievance. The ADM stated she will also meet with the complainant to ensure they were satisfied with the resolution. The ADM stated she was responsible for ensuring staff were trained on the Grievance process. The ADM stated she was not aware the Grievance procedure was not being discussed in Resident Council; the ADM agreed the availability of the Grievance forms, the Grievance procedure, and procedure for submitting a Grievance form anonymously should be explained to Residents at admission and education of the Grievance process should continue in monthly Resident Council meetings. Record Review of the undated Grievance policy on 04/10/2026 at 10:22am; reflected a copy of the Grievance/complaint procedure should be posted on the resident bulletin board. Record Review of the Grievance Policy last updated in 2017 (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 - Some	reflected: Policy Statement:All grievances and complaints filed with the facility will be investigated and corrective actions will be taken to resolve the grievances. Policy Interpretation and Implementation: The ADM has assigned the responsibility of grievance investigation to the grievance officer. Upon receiving a grievance, the grievance officer will investigate the allegations. The department director will be notified pf the nature of the complaint. The grievance officer will record and maintain all grievances on the Resident Grievance Log. The Grievance form will be filed with the administrator. The resident or person filing the grievance on behalf of the resident will be informed of the findings of the investigation. The grievance officer will coordinate actions with the appropriate state and federal agencies, depending on the nature of the allegations.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 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 facility 1 of 1 kitchen reviewed for food safety. 1) The facility failed to ensure food items in the refrigerator (x1), and freezer (x1), were labeled and stored in accordance with the professional standards for food service. 2) The facility failed to ensure the iced tea machine's outer surface was free from dirt and stains. 3) The facility failed to ensure the refrigerator and freezer outer handle surface were free from greasy stains. 4) The facility failed to ensure the faucets were free from corrosion. These failures could place residents at risk for food-borne illness and cross contamination. The findings included: During kitchen tour observations on 04/08/2026 that began at 10:01 a.m. and concluded at 10:56 a.m., revealed the following: Iced tea machine, located inside the kitchen's beverage station, had dirt and stains. Faucets, on the dish/pot washing area, had corrosion. Reach-in refrigerator revealed the following: -Both the right and left doors needed to be cleaned, to be free of greasy stains.-What resembled sliced cheese, sliced turkey, sliced harm, tortillas flower, grapes, and beacon in different clear plastic bags, all with no use by date. Reach-in Freezer revealed the following: -Both the right and left doors needed to be cleaned, to be free of greasy stains.-What resembled onion rings, waffles, egg rolls, chicken tender, meat balls, cheese enchiladas, and beef steak in different clear plastic bags, all with no use by date. During an interview on 04/10/2026 at 12:19 p.m., [NAME] A stated, I am responsible for putting the labels and dating (use by date) on all food items, I am not sure why food items were not dated, I think it is like little rush, last minute changes. When asked about the dirty stains on the iced machine, the refrigerator and freezer he stated, the stains were not supposed to be there, I am supposed to wipe it down as much as I can and that I am responsible to clean it. He further stated that the facility had old faucets, and new ones were ordered when asked about the corrosion and that the residents could get sick from all this. During a phone interview on 04/10/2026 at 12:51 p.m., the RD stated, that will be the cook or kitchen staff or whoever puts the truck up, that is responsible for dating (use by date) and labelling the food items, as well keeping the general kitchen clean. When asked if the staff have been trained on such tasks, the RD stated, you have to ask the DM. She further stated that she was not sure why those food items had no use by date on them. The RD stated, I will talk to the DM either on how to clean or replace them, when asked about the corroded faucets. The RD stated that food items not labeled or dated, the dirty freezer, refrigerator, iced tea machine, alongside the corroded faucets could promote unwanted bacteria growth which will pose harm to the residents for potential illness. During an interview on 04/10/2026 at 1:43 p.m., the DM stated, I and my staff were responsible for dating (use by date) and labelling of all food items and I will be honest with you, I just assumed that the dates were there on the food items, and it would cause illness to the resident, because the food could have been expired. The DM further stated that all the kitchen staff were responsible for monitoring the dating of all food items. When asked about the dirty stains on the iced machine, the refrigerator and freezer she stated, because the kitchen staff do not wipe the stains completely, and it will make the residents sick. The DM stated, I do not have any measures now, but will have something, to de-lime the whole areas and in-services, when asked about the corroded faucets, and that the residents could possibly get sick due to the corrosion. She further stated that they have come across kitchen policies and have been trained to label and on how to clean the general kitchen. During an interview on 04/10/2026 at 2:24 p.m., the ADM stated the dietary team were responsible for dating food items in the freezer and refrigerator, and the DM and RD were responsible for monitoring that. The ADM stated, our goal is to ensure that every item that comes in, is dated and labelled appropriately for safe use and consumption and added it would be unsafe food consumption by the residents leading to adverse effects. When asked about the dirty stains on the iced tea machine, the refrigerator and freezer she stated, the process of cleaning those (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	items will be assessed and monitored closely going forward, the dietary team would be responsible for cleaning and sanitation of the kitchen. When asked about the corroded faucets, the ADM stated, the process of de-liming the faucets will be access and monitored immediately, and the potential negative outcomes to the residents was plates or other utensils could be contaminated leading to food borne illness. Record review of the facility's policy and procedure titled, Food Receiving and Storage, revised November 2022, reflected the following: Policy Statement: Foods shall be received and stored in a manner that complies with safe food handling practices. Policy Interpretation and Implementation: Refrigerated/Frozen StorageAll foods stored in the refrigerator or freezer are covered, labeled and dated (use by date). Refrigerated foods are labeled, dated and monitored so they are used by their use-by date, frozen, or discarded. Record review of the facility policy and procedure titled, Sanitation, revised November 2022, reflected the following: Policy Statement: The food service area is maintained in a clean and sanitary manner. Policy Interpretation and Implementation: All utensils, counters, shelves and equipment are kept clean, maintained in good repair and are free from breaks, corrosions, open seams, cracks and chipped areas that may affect their use or proper cleaning. Seals, hinges and fasteners are kept in good repair.All equipment, food contact surfaces and utensils are cleaned and sanitized using heat or chemical sanitizing solutions.10. Ice machines and ice storage containers are drained, cleaned and sanitized per manufacturer's instructions.

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to coordinate assessments resident Pre-admission Screening and Resident Review (PASARR) to avoid duplicate test and effort for 1 of 24 residents (Resident #1) reviewed for PASARR screening, in that: Resident #1 did not have an accurate and updated PASRR Level 1 assessment reflecting a diagnosis of mental illness. These failures could place residents at risk of not receiving care and services to meet their needs.The findings included: Record review of Resident #1's face sheet revealed a [AGE] year-old male originally admitted to the facility on [DATE]. Resident #1 had a primary diagnosis of peripheral vascular disease (the narrowing or blockage of blood vessels outside the heart and brain), and a medical history of psychotic disorder with hallucinations due to known physiological condition (a mental state where hallucinations or delusions are directly caused by a physical illness), vascular dementia (a decline in thinking skills caused by conditions that block or reduce blood flow to the brain) and major depressive disorder (a serious mental health condition characterized by at least two weeks of persistent low mood, loss of interest in activities, and low energy). Resident #1 did not have a primary diagnosis of dementia. Record review of Resident #1's quarterly MDS dated [DATE] indicated, Section C-Cognitive Patterns, revealed a BIMS score of 3 which indicated Resident #1 was severely cognitively impaired. Section I-Active Diagnoses of the MDS revealed Resident #1 had Psychotic Disorder, depression and anxiety. Record review of Resident #1's care plan with an initiated date of 2/26/2026, revealed Resident #1 had a focus for psychotic disorder with hallucinations due to known physiological condition. Resident #1 had a goal of be/remain free of drug related complications, including movement disorder, discomfort, hypotension, gait disturbance, constipation/impaction or cognitive/behavioral impairment. Record review of Resident #1's PASARR Level One (PL1) form dated 11/06/2023 revealed under Section C0100 Mental Illness an answer of No, which indicated Resident #1 did not have a mental illness. There were no additional PL1 screenings provided by the facility for Resident #1. During an interview on 4/10/2026 at 11:09 AM, the MDS Coordinator stated Resident #1 did not have any other PASARR than the one he was admitted with. She stated he did have a diagnosis of dementia, but it was not a primary diagnosis. She stated Resident #1 did have a diagnosis of major depressive disorder and psychotic disorder which classified as a mental illness. She stated from her previous trainings the PL1 screenings are done before admissions, but services are only offered to residents who had a positive PL1 or if they had Medicaid. She stated if a resident was admitted with an incorrect PL1, it would need to be corrected and required a new PL1. She stated the nursing staff communicate with her if a new diagnosis of mental illness is given to a resident and she would have to update the PL1. She stated a potential negative outcome of not having an accurate PL1 would be residents missing out on services they may qualify for. During an interview on 4/102/2026 at 11:40 AM, the ADM stated anytime a resident had a new diagnosis of mental illness, it is re-assessed with the intradisciplinary team and the MDS coordinator is responsible for ensuring the PL1 is updated. She stated she was not aware Resident #1 had an inaccurate PL1. She stated major depressive disorder and psychotic disorder both are considered a mental illness. She stated the goal of the facility was to ensure residents were receiving all the services they qualified for and by not having an accurate PL1, they may be missing out on those services. Record review of facility policy titled PASARR Process undated, revealed; All residents admitted to the facility will have an appropriate PASARR screening.Significate change: If a resident exhibits new or worsening mental health or intellectual disability indicators, nursing will notify social services and a PASRR resident review will be initiated.