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

Printed: 06/05/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676453	A. Building B. Wing	03/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Simpson Place	3922 Simpson Street Dallas, TX 75246

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to develop and implement a comprehensive person-centered care plan for each resident, which includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment for 1 of 8 resident (Resident #1), reviewed for care plan development. The facility failed to ensure Resident #1's comprehensive care plan included a plan of care for ADLs. This failure could place residents at risk of not receiving care and services to meet their needs, diminished function of health, and regressions in their overall health. Record review of a face sheet dated 03/03/26 revealed Resident #1 was a [AGE] year-old male, who was admitted on [DATE]. Diagnoses included: urinary tract infection (an infection in any part of the urinary system (kidneys, ureters, bladder, or urethra) caused by bacteria, most commonly E. coli [is a group of bacteria that can cause infections in your gut, urinary tract and other parts of your body]); anxiety disorder (excessive, persistent, and uncontrollable worry or fear that interferes with daily life, often causing physical symptoms like rapid heartbeat, chest pain, and dizziness); bipolar disorder (a chronic mental health condition causing extreme, often long-lasting shifts in mood, energy, and activity levels, alternating between high-energy manic/hypomanic episodes and low-energy depressive episodes); schizophrenia (a chronic, severe mental brain disorder affecting about 1% of the population, characterized by delusions, hallucinations, disorganized speech, and cognitive difficulties), and depression (mental health condition). Record review of the MDS assessment dated [DATE] indicated Resident #1's cognition was intact with a BIMS score of 15. Resident #1 required supervision or touching assistance with personal hygiene, including combing hair, shaving, washing/drying face and hands (excluded baths, showers, and oral hygiene). Record review of Resident #1's care plan last reviewed 02/11/26 revealed there was no plan of care that identified measurable objectives, goals, interventions and timeframes for ADLs. During an interview on 03/03/26 at 1:35 p.m., the DON stated every resident should have a plan of care that reflected their likes, dislikes, everyday routine, and anything that affected the residents. She stated the absence of ADLs in the care plan diminished staff communication and knowledge of resident preferences. She stated it was the responsibility of the MDS Coordinator to update residents care plan. The DON stated the facility did not have an MDS Coordinator nurse, and the corporate person did the MDS assessments. The DON stated she was responsible for acute resident care plans. The DON further stated she was doing the care plans for new residents. She stated the risks to residents were decline in ADLs, dignity, and whatever go with it.During an interview on 03/03/26 at 3:16 p.m., the Administrator stated the care plan told a story about the resident's care and preferences. The Administrator stated that without ADLs listed in the care plan, the staff would not know what the residents liked. The Administrator stated the charge nurses were responsible for triggering the acute care plan, and MDS coordinator updated the residents' care plan, but the facility did not have an MDS coordinator.Record review of the facility's Care Plan-Process policy last revised on 02/12/20 and reviewed 04/17/23 revealed: Policy: It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676453	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Simpson Place	3922 Simpson Street Dallas, TX 75246

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident, consistent with the resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment.3. The comprehensive care plan will describe, at a minimum, the following: a. The services that are to furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676453	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Simpson Place	3922 Simpson Street Dallas, TX 75246

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a resident, who was unable to carry out activities of daily living ,received the necessary services to maintain good nutrition, grooming, and personal and oral hygiene for 1 of 8 residents (Residents #1) reviewed for quality of life. The facility failed to ensure staff provided consistent grooming/shaving for Resident #1. This failure could place residents at risk of not receiving needed hygiene care which could cause skin breakdown, a loss of dignity, and self-worth. Findings include: Record review of a face sheet dated 03/03/26 revealed Resident #1 was a [AGE] year-old male, who was admitted on [DATE]. Diagnoses included: urinary tract infection (an infection in any part of the urinary system (kidneys, ureters, bladder, or urethra) caused by bacteria, most commonly E. coli [is a group of bacteria that can cause infections in your gut, urinary tract and other parts of your body]); anxiety disorder (excessive, persistent, and uncontrollable worry or fear that interferes with daily life, often causing physical symptoms like rapid heartbeat, chest pain, and dizziness); bipolar disorder (a chronic mental health condition causing extreme, often long-lasting shifts in mood, energy, and activity levels, alternating between high-energy manic/hypomanic episodes and low-energy depressive episodes); schizophrenia (a chronic, severe mental brain disorder affecting about 1% of the population, characterized by delusions, hallucinations, disorganized speech, and cognitive difficulties); and depression (mental health condition). Review of Resident #1's picture on the face sheet revealed he had a trimmed mustache and clean shaved face. Record review of the MDS assessment dated [DATE] revealed Resident #1's cognition was intact with a BIMS score of 15. Resident #1 required supervision or touching assistance with personal hygiene, including combing hair, shaving, washing/drying face and hands (excluded baths, showers, and oral hygiene). Record review of Resident #1's care plan last reviewed on 02/11/26 revealed there was no plan of care that identified measurable objectives, goals, interventions and timeframes for ADLs. In an observation and interview with Resident #1 on 03/03/26 at 11:15 a.m., the Resident was observed sitting up in his bed, cleaned, and groomed. Resident #1 was observed with a full mustache that was growing over his lip and a chin beard. Resident #1's chin beard was approximately 2 inches long. Resident#1 stated he received shower regularly three times a week, but he wanted his mustache trimmed, and his beard clean shaved. He stated he had been asking to be shaved for weeks, and the staff members were telling him he had to set up an appointment with the beauty salon person in the facility. He stated he could not afford the [NAME] salon services. Resident#1 stated he was not admitted to the facility with a beard, and he used to have a trimmed mustache and clean shaved face. An interview with CNA A on 03/03/26 at 11:17 a.m. revealed she was assigned to Resident #1 that day. She stated she showered Resident #1 on 03/03/26, but had not shaved him, nor had she asked him if he wanted a shave. She stated she was not sure if he wanted to have a beard or if he wanted a shave. She stated she had not asked him or the charge nurse about his grooming preference. She stated it was the responsibility of the CNAs to shave residents on their shower days if the Resident requested to be shaved. She stated this could cause a resident to have a loss of sense of dignity. In an interview with RN B on 03/03/26 at 1:27 p.m., she stated they were responsible for ensuring the residents' showers and ADL care were performed. She stated the CNAs were supposed to let them know if a resident refused ADL care. She stated this week was her first time assigned to Resident #1, and she had not been notified by any of the CNAs that Resident #1 had been asking to be shaved. She stated Resident #1 did not notify her of his desire to be shaved. She stated this could cause a resident to have loss of dignity. In an interview with the DON on 03/03/26 at 1:35 p.m., she stated the CNAs were supposed to perform residents' grooming, such as shaving, nail care, and hair care on shower days. She stated it was the charge nurse for the Hall's responsibility to make sure residents received their care appropriately. She stated she did not know that Resident #1 had been asking to be shaved and that the resident was not (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676453	A. Building B. Wing	03/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Simpson Place	3922 Simpson Street Dallas, TX 75246

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	shaved. She stated the lack of personal hygiene could lead to skin problems and an overall decline in dignity. In an interview with the Administrator on 03/03/26 at 3:16 p.m., she stated the beauty salon was not responsible for shaving residents in the facility. She stated the CNAs were supposed to perform residents' grooming, such as shaving on shower days. She stated it was the charge nurses, the DON, and her responsibility to make sure residents received their care appropriately. She stated she did not know that Resident #1 had been asking to be shaved and that it was not done. She stated the lack of personal hygiene could lead to an overall decline in dignity. Record review of the facility's policy titled, Hair Care-Combing and shaving, dated January 12, 2018, and revised dated April 22, 2024 reflected, Hair care, combing and shaving will be provided for residents in accordance with standard practice guidelines.