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	04/30/2026

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on interview and record review, the facility failed to implement written policies that prohibit and prevent abuse, neglect and of exploitation of residents and misappropriation of resident property for five (RN A, CNA B, MA C, CNA D, and LVN E) of six employee personnel files reviewed for pre-employment screening The facility failed to search the Employee Misconduct Registry (EMR) for RN A, CNA B, MA C, CNA D and Nurse Aide Registry (NAR) for RN A, CNA B, MA C, CNA D, and LVN E prior to date of hire. These failures could affect all 47 residents by placing them at risk for abuse, neglect, exploitation and misappropriation of property.Findings included: Review of Employee Summary dated 04/28/2026 revealed the following dates of hire:-RN A date of hire 03/18/2026-CNA B date of hire 02/27/2026-MA C date of hire 02/18/2026-CNA D date of rehire 04/21/2026-LVN E date of hire 03/13/2026 Review of RN A's employee file dated 03/18/2026 revealed RN A was hired on 03/18/2026. RN A attended New Employee Orientation on 03/18/2026. A search of the EMR and NAR was conducted on 03/19/2026 for RN A. Review of CNA B's employee file dated 02/27/2026 revealed CNA B was hired on 02/27/2026. CNA B attended New Employee Orientation on 02/27/2026. A search of the EMR and NAR was conducted on 03/08/2026 for CNA B. Review of MA C's employee file dated 02/18/2026 revealed MA C was hired on 02/18/2026. MA C attended New Employee Orientation on 02/18/2026. A search of the EMR and NAR was conducted on 02/19/2026. Review of CNA D's employee file dated 01/22/2025 revealed CNA D was rehired on 04/21/2026. CNA D attended New Employee Orientation on 04/28/2026. A search of the EMR and NAR was conducted on 04/29/2026. Review of LVN E's employee file dated 03/13/2026 revealed LVN E was hired on 03/13/2026. LVN E attended New Employee Orientation on 03/22/2026. There was no evidence to indicate a NAR search was conducted for LVN E. Interview with the Human Resources Director on 04/30/2026 at 10:47 AM revealed after interviews were conducted with potential new hires the Administrator conducted a criminal history search. Then the Human Resources Director set up the new employees' dates of hire and set up New Employee Orientation. The Human Resources Director stated that when New Employee Orientation occurred the newly hired employee was considered an employee of the facility. The Human Resources Director stated EMR and NAR searches were conducted up to 24 hours after the employee's date of hire. The Human Resources Director stated the criminal background search was completed prior to an offer of employment. The Human Resources Director stated that she did not realize that the EMR and NAR searches should be done prior to date of hire or start of employment. Interview with the Administrator on 04/30/2026 at 11:14 AM revealed after interviews were conducted, she ran the criminal history background before going on to the next step. The Administrator stated she did not know there was a timeframe on completing the EMR and NAR searches. The Administrator stated the new employees EMR and NAR searches were done prior to the employee working on the floor with residents but that they did attend New Employee Orientation prior to the EMR and NAR searches. The Administrator stated that failing to run the EMR and NAR searches prior to date of hire could result in hiring someone who was not qualified or had stipulations that would not allow them to work with residents. Review of Abuse, Neglect and Exploitation and Misappropriation of Resident Property dated 02/12/2020 revealed .PurposeThe purpose of this policy is to ensure that all healthcare facilities comply with federal and state regulations regarding (i) (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	protecting facility patients and residents from abuse, neglect, exploitation and misappropriation of resident property, and (ii) timely investigation of and reporting to state and local agencies all allegations of abuse, neglect, exploitation and misappropriation of resident property. All managed healthcare facilities and all management company staff members or third parties providing services to such facilities and/or their residents.4. Screening Potential Facility Employees. The facility will not employ or otherwise engage individuals who: a) have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law; b) have had a finding entered the state nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or c) have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property. To avoid hiring such individuals, all employment offers to facility staff members will be conditioned on satisfactory completion of background checks required by state law and company policy, including screening potential employees for a history of abuse, neglect, or mistreatment of residents or other individuals. Such background screening shall include, but not be limited to, the following:a. attempting to obtain a minimum of two professional reference checks on all candidates prior to employment;b. conducting a criminal background check in accordance with state regulations;c. verifying the licensure and/or certification and good standing of the candidate with the applicable state licensing and certification;d. verifying with the Nurse Aid Registry, Misconduct Registry or similar agency for all non-licensed staff, including certified nurse aides (CNA) and certified medication aides (CMA), that the potential employee is not listed on either registry as ineligible for employment; ande. post-offer, pre-employment drug test screening.

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F 0729 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining. Based on interview and record review, the facility failed to receive registry verification that an individual had met competency evaluation requirements prior to the individual working in the facility as a nurse aide for two of two CNAs (CNA A, and CNA D) and one of one medication aide (MA C) reviewed for training and competency. The facility failed to search the Nurse Aide Registry (NAR) for CNA B, MA C, and CNA D prior to date of hire. This failure could place residents at risk for injury or receiving improper care given by uncertified personnel.Findings included: Record review of Employee Summary, dated 04/28/2026, revealed the following dates of hire:-CNA B date of hire 02/27/2026-MA C date of hire 02/18/2026-CNA D date of rehire 04/21/2026 Record review of CNA B's employee file, dated 02/27/2026, revealed CNA B was hired on 02/27/2026 and attended New Employee Orientation on 02/27/2026. Record review revealed a search of the NAR was conducted on 03/08/2026 for CNA B. Record review of MA C's employee file dated 02/18/2026 revealed MA C was hired on 02/18/2026 and attended New Employee Orientation on 02/18/2026. Record review revealed a search of the NAR was conducted on 02/19/2026. Record review of CNA D's employee file, dated 01/22/2025, revealed CNA D was rehired on 04/21/2026 and attended New Employee Orientation on 04/28/2026. Record review revealed a search of the NAR was conducted on 04/29/2026. Interview with the Human Resources Director on 04/30/2026 at 10:47 AM revealed after interviews were conducted with potential new hires the Administrator conducted a criminal history search. Then the Human Resources Director set up the new employees' dates of hire and set up New Employee Orientation. The Human Resources Director stated that when New Employee Orientation occurred the newly hired employee was considered an employee of the facility. The Human Resources Director stated NAR searches were conducted up to 24 hours after the employee's date of hire. The Human Resources Director stated the criminal background search was completed prior to an offer of employment. The Human Resources Director stated that she did not realize that the NAR searches should be done prior to date of hire or start of employment. During an interview with the Administrator on 04/30/2026 at 11:14 AM revealed after interviews were conducted, she ran the criminal history background before going on to the next step. The Administrator stated she did not know there was a timeframe on completing the NAR searches. The Administrator stated the new employees NAR searches were done prior to the employee working on the floor with residents but that they did attend New Employee Orientation prior to the NAR searches. The Administrator stated that failing to run the NAR searches prior to date of hire could result in hiring someone who was not qualified or had stipulations that would not allow them to work with residents. Record review of the facility policy titled, Abuse, Neglect and Exploitation and Misappropriation of Resident Property, dated 02/12/2020, revealed .PurposeThe purpose of this policy is to ensure that all healthcare facilities comply with federal and state regulations regarding (i) protecting facility patients and residents from abuse, neglect, exploitation and misappropriation of resident property, and (ii) timely investigation of and reporting to state and local agencies all allegations of abuse, neglect, exploitation and misappropriation of resident property. All managed healthcare facilities and all management company staff members or third parties providing services to such facilities and/or their residents.4. Screening Potential Facility Employees. The facility will not employ or otherwise engage individuals who: a) have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law; b) have had a finding entered the state nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or c) have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property. To avoid hiring such individuals, all employment offers to facility staff members will be conditioned on satisfactory completion of background checks required by state law and company policy, including screening (continued on next page)

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F 0729 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	potential employees for a history of abuse, neglect, or mistreatment of residents or other individuals. Such background screening shall include, but not be limited to, the following:a. attempting to obtain a minimum of two professional reference checks on all candidates prior to employment;b. conducting a criminal background check in accordance with state regulations;c. verifying the licensure and/or certification and good standing of the candidate with the applicable state licensing and certification;d. verifying with the Nurse Aid Registry, Misconduct Registry or similar agency for all non-licensed staff, including certified nurse aides (CNA) and certified medication aides (CMA), that the potential employee is not listed on either registry as ineligible for employment; ande. post-offer, pre-employment drug test screening.

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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 food in accordance with professional standards for the facility's one of one kitchen (only kitchen) observed for food service safety.Facility failed to ensure:Two bags of burger buns stored in the bread crate, outside the walk-in refrigerator was dated and put back in the refrigerator on 04/28/2026.The expired scrambled egg in a plastic bag inside the walking refrigerator was labelled and discarded on 04/28/2026.Three bags of shredded cheese stored inside the walk-in refrigerator were dated 04/28/2026.The dessert cart kept in the walk-in refrigerator was covered on 04/29/2026.These failures could place residents at risk for food borne illnesses and food contamination.Observation on 04/28/2026 at 09:38 AM, in the facility's only kitchen, revealed two bags of burger buns stored in the bread crate outside the walk-in refrigerator, were undated and not put back in the refrigerator.Observation on 04/28/2026 at 09:41 AM, in the facility's only kitchen, revealed scrambled egg in a plastic bag did not have a label and had a use by date of 04/27/2026.During an observation on 04/28/2026 at 09:42 AM, in the facility's only kitchen, revealed three bags of shredded cheese stored inside the walk-in refrigerator, did not have a date it was received, and a use by date.During an observation on 04/29/2026 at 11:57 AM, in the facility's only kitchen, revealed the dessert cart in the walk-in refrigerator was not covered.During an observation and interview on 04/28/2026 at 09:57 AM, the Dietary Aide looked at two bags of burger buns and stated it was missing the date it was received and a use by date. The Dietary Aide stated it was supposed to be put back in the refrigerator. She looked at the plastic bag and stated it was the leftover scrambled egg. She stated the plastic bag had to be labeled and discarded since the use by date was 04/27/2026. The Dietary Aide looked at the three bags of shredded cheese and stated it only had the packed-on date of 03/30/2026, and it was missing the date it was received and a use by date. The Dietary aide stated all the dietary staff were responsible for dating, labeling, putting the leftover food items in the refrigerator and discarding the expired food items. She stated without a label and date, she could not tell exactly what that food item was, when that food item was received or taken out of the main box and when it expired. She stated that not labeling, dating, and discarding expired food items could put residents at risk for food borne illnesses. She stated she received in-service training within the last month about the kitchen and safe food handling.During an interview on 04/28/2026 at 10:16 a.m. the Dietary Manager stated she expected all the food items in the kitchen and refrigerator to be dated and labelled, expired food items to be discarded. She stated the burger buns were taken out of the refrigerator, and the staff were expected to date it and put back the remaining burger bun bags in the refrigerator. She stated all staff were responsible for discarding any food item after the use by date. She stated she put the scrambled egg in the refrigerator, and she was responsible for labelling and discarding it after the use by date. The Dietary Manager stated the kitchen staff were responsible for putting the received and use by date on the three bags of shredded cheese. She stated the cheese bags were taken out of a big box and that was the reason it did not have a use by date. She stated milk products such as unopened cheese would not last more than two weeks in the refrigerator. She stated that not labeling, dating, and discarding expired food items could put residents at risk for food borne illnesses. She stated all kitchen staff received in-services monthly on food handling and infection prevention.During an interview and observation on 04/29/2026 at 11:59 AM, the Dietary Manager looked at the dessert cart in the walk-in refrigerator and stated she expected the dessert cart to be covered with a bun rack cover and that they ran out of the covers. She stated she was responsible for ordering the bun rack covers in a timely manner. She stated not covering the dessert in the cart would put residents at risk for food contamination and food borne illnesses. She stated she discarded all the not dated, expired food items and she would provide in-service to all the kitchen employees on safe handling of food.Record review of facility policy and procedure titled, Food Storage, revision date 02/06/2024, reflected, Policy: Food is stored prepared (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	and transported at an appropriate temperature and by methods designed to prevent contamination. Procedure: Refrigerator . All perishable food is refrigerated immediately to ensure nutritive value and quality. All foods are covered, labelled, and dated.Record review of the Food and Drug Administration Food Code, dated 2022, reflected, 3-305.11 Food Storage. (A) Except as specified in (B) and (C) of this section, FOOD shall be protected from contamination by storing the FOOD: (1) In a clean, dry location; (2) Where it is not exposed to splash, dust, or other contamination. (B) .refrigerated, ready-to eat time/temperature control for safety food prepared and packaged by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: (1) The day the original container is opened in the food establishment shall be counted as Day 1; and (2) The day or date marked by the food establishment may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on food safety

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain an infection control program designed to prevent the development and transmission of infection for 2 of 24 residents (Resident # 24 and Resident #3) reviewed for infection control.1) The facility failed to ensure Resident #24's privacy curtains were clean and free of feces on 04/28/2026.2) The facility failed to ensure resident's mattress was cleaned from the urine before putting new fitted sheet on the bed for Resident # 3 on 04/28/26. This failure could place residents at risk for infection and cross contamination of pathogens and illnesses. Findings included: Record review of Resident #24's MDS assessment, dated 03/19/2026, reflected a [AGE] year-old male admitted [DATE]. Diagnoses included Hypertension (elevated blood pressure), Asthma, Chronic obstructive pulmonary disease (breathing difficulty), Morbid (severe) obesity due to excess calories. Resident #24 had a BIMS score of 15 indicating intact cognitive functioning and needed moderate assistance with toileting and personal hygiene. Resident #24 was occasionally incontinent for bowel and urine. Record review of Resident #24's care plan, dated 01/24/26, reflected, Problems/Strengths: Depressed mood, . Interventions: encourage to express self and feelings, 03/23/26 reflected: Problems/strengths: Behaviors Anxiety, takes Xanax. Interventions: calm quiet environment, analyze key times, places, circumstances, triggers, and what de-escalates behavior. Residents needs to be lifted manually with two + person support, with Hoyer lift due to dependent on transfers. During an observation and interview on 04/28/2026 at 01:25 PM, Resident #24 was lying in his bed. Resident #24 stated there was feces on the privacy curtain. Observation revealed dried feces on the privacy curtains on both sides of his bed. Resident #24 stated he had reported this to several employees within the past three months, such as the aides and housekeeping staff (could not provide any names) but they did not do anything. Resident #24 stated he felt uncomfortable seeing the feces on the curtain. During an interview on 04/29/2026 at 02:35 PM , the Housekeeping Supervisor stated she was aware the privacy curtain next to Resident #24 had feces on it. She stated she saw it while she was doing rounds after her staff left for the day on 04/28/2026. The Housekeeping Supervisor stated she told the housekeeping staff on 04/29/2026 about the soiled curtain and they would replace it with a clean one that day. She stated the housekeeping staff were responsible for cleaning resident rooms, checking the curtains regularly and replacing the curtains as needed. She stated the resident did not report to her or any housekeeping staff, or any other staff reported to her about the curtain issue. She stated it was important to have clean curtains because soiled or unclean curtains put residents at risk for infections and they could get sick. She stated all the housekeeping employees received an in-service on infection control every month. She stated the housekeeping staff replaced all resident room privacy curtains with clean ones two weeks ago. During n interview on 04/29/2026 at 03:02 PM, Housekeeper G stated he provided services to Resident #24 within the past week. He stated he was responsible for cleaning the resident room and checking the privacy curtain for any stains/feces on it, he did not see any fees on the curtain recently and Resident #24 did not report to him about this issue. He stated unclean privacy curtains put (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	residents at risk for infections. He stated he received training and in-services on how to properly clean resident rooms and on infection control and prevention almost every month. He stated the housekeeping supervisor informed him that day about the soiled curtain in Resident #24's room and he was going to replace it that day. During an interview on 04/29/2026 at 03:15 PM, the ADON stated she was not aware of the soiled privacy curtain in Resident #24's room. She stated the housekeeping department was responsible for replacing soiled curtains with clean ones and they had changed the curtains of all resident rooms two weeks ago. The ADON stated unclean privacy curtains put residents at risk for infections. During an interview on 04/29/2026 at 03:22 PM, the DON stated the housekeeping department was responsible for cleaning resident rooms, checking the privacy curtains regularly and replacing them with clean curtains. She stated not changing soiled curtains will put residents at risk for infections. She stated all the facility employees received in-service on infection control every month and any staff could report soiled linen/curtain to the housekeeping staff/supervisor directly or using the chat option. The DON stated she was not aware of Resident #24 had feces on his privacy curtains. During an interview on 04/30/2026 at 10:26 AM, Housekeeper H stated she was responsible for cleaning resident rooms and cleaned Resident #24's room within a week. She stated she did not see the feces on the privacy curtain in Resident #24's room and Resident #24 did not tell her about this issue. She stated if she saw stains on a resident's privacy curtain, she would notify her supervisor, as per supervisor's instructions she would replace the curtain. She stated the housekeeping department was responsible for checking and replacing curtains as needed, and that they had replaced all resident curtains within a month. She stated unclean privacy curtains put residents at risk for infections. She stated she received in-services and training on how to properly clean resident rooms and infection control every month. Housekeeper H stated she took down the soiled curtains from resident #24's room yesterday and replaced them with clean curtains. During an interview on 04/30/2026 at 10:41 AM, CNA I stated she had provided care to Resident #24, she would notify the housekeeping staff if she saw stains on a resident privacy curtain. She stated she saw the feces on Resident #24's curtain on 04/24/2026, she verbally notified a female housekeeping staff about it the same day, but she could not remember the staff's name. She stated unclean privacy curtains put residents at risk for infections, and she had received in-service on infection control last week. During an interview and observation on 04/30/2026 at 01:39 PM, Resident #24 stated the housekeeping staff took down both privacy curtains and replaced with clean curtains. Observation reflected both curtains were clean and free of stains. Record review of facility policy titled, Resident room cleaning, Department: Environmental services, dated November 2021. Purpose: To provide a clean, attractive, and safe environment for residents, visitors, and staff. Responsibility: Housekeeping staff. Procedure for cleaning resident rooms. General inspections: . C. inspect the room and report all damage, including to walls, furniture, room divider and window curtains (note cleanliness, resident belongings and sinks. Clean and disinfect resident room furnishings: A. Clean all furnishings in the resident's room including the bed rails, IV poles, doorknobs, wheelchairs, walkers, and all other high contact surfaces. F Pay particular attention to soiled or frequently touched surfaces.J. Windows- clean window tracks and check curtains/blinds for soiling. Report any soiled blinds or curtains to the housekeeping supervisor. 17. Inspect your work: Look over the room carefully and mentally check that you have performed all the required steps and that the (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	room meets your standards. Record review of Resident #3's Quarterly MDS assessment, dated 3/16/26, reflected Resident #3 was a [AGE] year-old male admitted [DATE], diagnoses included morbid (severe) obesity and muscle wasting. Resident #3's BIMS score of 9, which indicated Resident #3' cognition was moderately impaired. The MDS assessment indicated Resident #3 was frequently incontinent of bowel and bladder. During an observation on 04/28/26 at 9:53 AM, reflected CNA D entered Resident #3's room to provide him with incontinent care. Observation reflected she uncovered Resident #3 by removing his blanket and revealed a brief saturated with urine. She removed the saturated brief and cleaned the resident. A ring of urine was observed on the fitted sheet. Observation reflected CNA D removed the soiled linen, including the fitted sheet, and put them in the bag. Observation reflected Resident #3's mattress was contaminated with urine. CNA D put a clean fitted sheet on the urine contaminated urine without cleaning and disinfecting the mattress. During an interview on 04/28/26 at 10:12 AM, CNA D stated she should clean the mattress using sanitary wipes since the old sheet was soiled with urine. CNA D stated it slid from her mind. CNA D stated failing to clean the mattress properly increased risk for contamination and spread of infections. During an interview on 04/30/26 at 11:46 AM, the DON stated if the fitted sheet was soiled with urine or bowel movement, she expected the staff to clean the mattress with wipes before putting on a clean fitted sheet. She stated failure to do so would potentially lead to cross-contamination and spread of infection. She stated the ADON and herself were responsible for ensuring safe practices were utilized to control infection spread by doing routine rounds and random checks. Record review of the facility policy titled, Infection Prevention and Control Surveillance, dated January 2022, did not address the concern.

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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 provide the necessary services for residents who were unable to carry out activities of daily living to maintain good grooming and personal hygiene for 1 (Resident #9) of 8 residents reviewed for ADLs. The facility failed to ensure Resident #9 had her fingernails cleaned and trimmed on 4/28/26. This failure could place residents who were dependent on staff for ADL care at risk for loss of dignity, risk for infections and a decreased quality of life.Findings include: Record review of Resident #9's Quarterly MDS assessment dated [DATE] reflected Resident #9 was a [AGE] year-old female admitted to the facility on [DATE] . Diagnoses included : dementia (a decline in mental ability, reasoning, and communication, severe enough to interfere with daily life) and depression. Resident #9's BIMS score of 3, indicated Resident #9's cognition was severely impaired. The MDS assessment indicated Resident #9 required moderate assistance with personal hygiene. Record review of Resident #9's Care Plan dated 04/06/26, reflected the following: Problem: [Resident #9] requires ADL functions: .Personal hygiene: extensive assist: one person. Goal: will maintain a sense of dignity by being clean, dry, odor free and well groomed . Interventions: . give shower, oral, hair, nail care per schedule and as needed. In an observation on 04/28/26 at 11:36 AM revealed Resident #9 was lying in her bed. The nails on both hands were approximately 0.4cm in length extending from the tip of her fingers. The nails were discolored, tan and had yellow greenish colored residue underside and on the nails' bed. Resident #9 was confused, her answers were not pertinent to the subject. In an interview on 04/28/26 at 11:40 AM, CNA D stated CNAs and nurses were responsible to clean and cut the residents' nails. CNA D stated she did not notice Resident #9's nails. She stated she would do it right then. She stated the risk would be infection control and injury. In an Interview on 04/30/26 at 11:46 AM, the DON stated nail care should be completed as needed and every time aides wash the residents' hands. The DON stated nails should be observed daily. The DON stated nurses were responsible for trimming the nails of residents who were diabetic, and CNAs could trim other residents' nails. The DON stated she expected CNAs to offer to cut and clean nails if they were long and dirty. The DON stated the ADON and the DON would do the routine rounds to monitor. The DON stated residents having long and dirty could be an infection control issue. Record review of the facility's policy Bathing revised 02/12/2020, reflected the following: .Staff will provide bathing services for residents within standard practice guidelines . Perform hand hygiene and perform nail care.

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	676453	A. Building B. Wing	04/30/2026

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

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that based on the comprehensive assessment of a resident, the residents received treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan for one (Resident #1) of 12 residents reviewed for quality of care. The facility staff failed to follow physician orders for wound care on the left lower extremity for Resident #1. These failures could place residents at risk of not receiving the care and treatment needed to meet their needs and could result in undetected skin issues and delay in treatments.Findings included: Review of Record of admission for Resident #1 dated 04/30/2026 revealed Resident #1 was a [AGE] year-old male who was admitted to the facility on [DATE] and readmitted to the facility on [DATE]. Resident #1 was diagnosed with Cellulitis (common, potentially serious bacterial skin infection affecting the dermis and underlying tissues, causing rapid-spreading red, swollen, hot, and painful skin), Type 2 Diabetes Mellitus (chronic metabolic condition where the body develops insulin resistance and inadequate insulin production, causing high blood sugar levels). Record review of admission MDS assessment for Resident #1 dated 04/09/2026 revealed Resident #1 had a score of 15 on the BIMS [Brief Interview for Mental Status] indicating Resident #1's cognition was intact.Risk of Pressure Ulcers/Injuries.Is this resident at risk of developing pressure ulcers/injuries 1-yes. Unhealed Pressure Ulcers/Injuries.Does this resident has one or more unhealed pressure ulcers/injuries No.Number of Venous and Arterial Ulcers Enter the total number of venous and arterial ulcers present 0.Other Ulcers, Wounds, and Skin Problems.Foot Problems.Diabetic foot ulcer(s) 1-checked (Yes).Application of dressings to feet (with or without topical medications) 1-Checked (Yes). Review of Resident #1's Care Plan dated 02/11/2026 revealed .Problems/Strengths.PVD [Peripheral Vascular Disease-progressive disorder that restricts blood flow to the arms, legs, or other body parts] : Risk for inadequate circulation or ineffective tissue perfusion related to peripheral vascular disease/peripheral arterial disease.Goals.Will not have lower extremity skin breakdown related to poor circulation. Observe skin integrity, report any sores, wounds or ulcerations to MD [Physician] with follow up as indicated Observe color and temperature of limbs, report abnormal findings to MD with follow up as indicated. Review of Resident #1's MAR dated April 2026 revealed Resident #1 was prescribed Soak right lower extremities in warm water for 30 minutes gradually removed [sic] dry crusted flaky skin On Day Shift.Apply Aquaphor ointment or a&d [Vitamin A and Vitamin D] ointment leave open to air. The physician order was from 02/16/2026 and the stop date was 04/03/2026. Review of Physician's Order dated April 2026 revealed Resident #1 had two physician's orders as follows:- .04/07/26 Wound Care 1 Right Heel Every Mon-Wed-Fri [Monday, Wednesday, Friday] Cleanse with vashe [pH-balanced cleanser] pat dry apply foam silicone border to heal on day shift.-.04/07/26 Wound Care Right lower heel every Mon-Wed-Fri 1 cleanse wound with vashe and apply melgisorb plus [highly absorbent, sterile calcium alginate dressing] and ABD [abdominal] pad to open areas, then apply dressing rool [sic] gauze and secure with tape on day shift.NOTE: The second order states Right lower heel but should state right lower extremity. There was an error during transcription. Review of Resident #1's TAR dated April 2026 revealed Resident #1 was prescribed 04/07/26 Wound Care 1 Right Heel Every Mon-Wed-Fri [Monday, Wednesday, Friday] Cleanse with vashe [pH-balanced cleanser] pat dry apply foam silicone border to heal on day shift.04/07/26 Wound Care Right lower heel every Mon-Wed-Fri 1 cleanse wound with vashe and apply melgisorb plus [highly absorbent, sterile calcium alginate dressing] and ABD [abdominal] pad to open areas, then apply dressing rool [sic] gauze and secure with tape on day shift. Review of Wound Note for Resident #1 dated 04/09/2026 revealed .Severe PVD [Peripheral Vascular Disease- slow, progressive circulation disorder involving narrowing or blockage of blood vessels outside the heart and brain, often causing leg pain, numbness, and non-healing wounds].Continue using Aquaphor and wrapping (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	with rolled gauze per previous order.NOTE: Previous order was not restarted after the stop date on 04/09/2026. Observation on 04/28/2026 [Tuesday] at 10:03 AM revealed Resident #1 sitting on his bed, leaning against the wall. Resident #1's right leg was off the edge of the bed with his foot sitting on a towel on the floor. Resident #1 had a skin condition on his right lower extremity and a blister noted on his right shin. Resident #1's leg was open to air. Interview with RN F on 04/28/2026 at 10:20 AM revealed Resident #1 required wound treatments. RN F stated she soaked Resident #1's right lower leg in warm water and then applied a cream. RN F stated she had already completed wound care for the day.NOTE: No information was received that Resident #1 refused his leg to be wrapped. Observation and interview with Resident #1 on 04/28/2026 at 12:45 PM revealed he had been dealing with wounds on his legs for nine years. Resident #1 stated the goal was to get the dead skin off of his leg and stated the problems started when he was burned on both legs years ago. Unfortunately, he had an above the knee amputation after having a aggressive bacteria causing him to have him to undergo the amputation. Resident #1 stated the leg had to be soaked and he usually had the leg wrapped. Resident #1 did not indicate why his legs were not wrapped at this time. Resident #1 stated the nurse had been in this morning and soaked his leg and put on the ointment. Observed Resident #1's leg to be open to air.Interview with DON on 04/30/2026 at 9:27 AM revealed Resident #1 admitted with wounds. The Wound Care Nurse Practitioner showed her that the nurses were to soak warm towels and wrap the legs. After 30 minutes the towels were used to rub and scrape off the dry skin. Then apply cream and wrap the legs. DON stated yesterday, 04/29/2026 she saw a blister and the Nurse Practitioner changed the orders to no longer soak or wrap in the lower extremity in warm towels until the blister was healed. DON stated Resident #1's should have had his legs wrapped on 04/28/2026 and stated RN F reported he refused. DON stated the refusal by Resident #1 should have been documented which she (DON) noted that RN F did not document on the TAR or in a progress note. DON stated there should have been physician orders for daily and PRN treatments if the bandages were soiled. DON stated she entered the physician orders on the evening of 04/29/2026 when she noticed there were no orders. Resident #1 should not have gone without his legs wrapped. DON reviewed the orders and stated the order for the right lower heel should have been clarified and was meant for the right lower extremity. DON stated that failing to follow the physician's orders could result in the wound having delayed healing or other complications. Review of Physician Order policy dated 11/27/2023 revealed .Policy: 1. The licensed nurse will receive and transcribe the physician's orders according to Practice Guidelines. 2. The licensed nursing staff will provide residents with medications and treatments as ordered by his/her physician. Procedure:1. Specific medications or treatment supplies are ordered from the pharmacy via EHR or an established system with pharmacy provider. The order is transmitted via electronic interface with the pharmacy.2. The licensed nurse clarifies and reconciles all orders that may lead to an administration error.3. The electronically entered order will be automatically transcribed onto the Medication admission Record (MAR) or Treatment Record. Date and initials of the transcriber will be automatically recorded.4. If a medication is ordered for a specific number of doses or days, the stop date and hour of the last dose is given, the order will be automatically discontinued on the MAR or TAR.6. Record order changes in Progress Notes. Review of An Overview of Wound Care dated 07/2018 revealed .Purpose.To provide guidance to clinicians for educational purposes about skin and wound care with an emphasis on Pressure Ulcers/Injuries and other common wounds. Monitoring.Staff should remain alert to potential changes in the skin condition and should evaluate, report and document changes as soon as identified. For example, a resident's complaint about pain or burning at a site where there has been pressure or observation during the resident's bath that there is a change in skin condition should be reported so that the resident may be evaluated further.After completing a thorough evaluation, the interdisciplinary team should develop a relevant care plan that includes measurable goals for prevention and management of PU/PIs with appropriate interventions. Many clinicians recommend evaluating skin condition (skin color, moisture, temperature, integrity, and turgor) at least weekly, or (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	more often if indicated, such as when the resident is using a medical device that may cause pressure. Defined interventions should be implemented and monitored for effectiveness.Wounds are not staged using the PU/PI Staging System:The staff will identify these wounds based on appearance and characteristics and not the staging systemfor PU/PI's. Arterial Insufficiency Ulcers Venous Stasis Ulcers Diabetic/Neuropathic Ulcers Traumatic wounds (skin tears, burns and abrasions) Avulsions Lacerations Ecchymosis Surgical Incisions Moisture associated skin damage (MASD) including incontinence associated dermatitis Intertriginous dermatitis (inflammation of skin folds) Medical adhesive related skin injury, or traumatic wounds (skin tears, burns, abrasions)Resident Choices .In the context of the resident's choices, clinical condition, and physician input, the resident's care plan should establish relevant goals and approaches to stabilize or improve co-morbidities, such as attempts to minimize clinically significant blood sugar fluctuations, and other interventions aimed at limiting the effects of risk factors associated with PU/PIs. Alternatively, facility staff and practitioners should document clinically valid reasons why such interventions were not appropriate or feasible. In order for a resident to exercise his or her right appropriately to make informed choices about care and treatment or to decline treatment, the facility and the resident (or if applicable, the resident representative) must discuss the resident's condition, treatment options, expected outcomes, and consequences of refusing treatment. The facility is expected to address the resident's concerns and offer relevant alternatives, if the resident has declined specific treatments. Documentation.Document in the appropriate areas of the EMR on a consistent schedule. Areas include skin data collection modules, wound assessment modules, infection control modules, Care Plans, Nurses' Notes, scanned documents, and physician progress notes.Documentation for the purposes of the MDS may be different than professional practice guidelines (such as down staging). Refer to the Documentation of Wounds related to the MDS 3.0 for information.

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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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents who needed respiratory care were provided with such care, consistent with professional standards of practice and the comprehensive person-centered care plan, for two of six residents (Resident #21 and #39) reviewed for quality of care. The facility failed to ensure the supplemental oxygen was provided at the physician ordered rate for Residents #21 and #39 This failure could place residents who received oxygen therapy at risk of oxygen toxicity.Resident #21 Review of Record of admission for Resident #21 dated 04/30/2026 revealed Resident #21 was a [AGE] year-old male who was admitted to the facility originally on 09/08/2025 and his most recent admission was on 03/02/2026. Resident #21 was diagnosed with Chronic Obstructive Pulmonary Disease (COPD- progressive, incurable lung disease-primarily caused by smoking or long-term irritant exposure-that restricts airflow, causing chronic coughing, wheezing, and severe shortness of breath). Review of Resident #21's MAR dated April 2026 revealed Resident #21 was prescribed O2 [Oxygen] at 2LPM [liters per minute] by NC [nasal cannula] as needed PRN for shortness of breath as of 04/15/2026.NOTE: There were no additional orders for monitoring oxygen saturations. Review of Resident #21's Physician's Orders dated April 2026 revealed Resident #21 was prescribed O2 [Oxygen] at 2LPM [liters per minute] by NC [nasal cannula] as needed PRN for shortness of breath. Review of Resident #21's Significant Change MDS assessment dated [DATE] revealed .Respiratory Treatments.Oxygen Therapy.1-Checked (Yes). Review of Plan of Care for Resident #21 dated 10/24/2025 revealed Problems/Strengths. Oxygen therapy related to COPD.Goals.Will have no complications from oxygen therapy.Will maintain oxygen saturation >90 per MD [doctor] order.Interventions.Administer oxygen per MD order 2-4 Liters via NC continuously.NOTE: The Plan of Care had been updated but the original date of the goal had not changed. The information in the care plan did not match the orders. Resident #21 was using continuous oxygen and his physician orders and MAR had not been updated. Observation on 04/29/2026 at 9:48 AM revealed Resident #21's oxygen concentrator set between 1 and 1 1/2 lpm via nasal cannula. Resident #21 was not showing any signs of shortness of breath. Interview with RN F on 04/29/2026 at 2:07 PM revealed Resident #21 recently changed from utilizing oxygen as needed to continuous since being readmitted after a hospital stay and after being admitted to hospice on 04/15/2026. RN F stated Resident #21 was ordered 2 lpm. RN F stated that she checked the oxygen settings of her residents every shift about every four hours. RN F stated she had checked on Resident #21 and found no concerns. Observation and interview with RN F on 04/29/2026 at 2:15 PM revealed Resident #21's oxygen concentration set between 2 1/2 and 3 lpm via nasal cannula. RN F confirmed the oxygen concentrator was set on almost 3 lpm. RN F then lowered the concentrator to 2 lpm. RN F stated she did not know why Resident #21's oxygen concentrator settings had been changed. RN F stated a resident getting too little oxygen could cause shortness of breath and a resident receiving too much oxygen could cause the resident to receive more oxygen than needed causing them to breathe harder. Resident #39 Review of Record of admission for Resident #39 dated 04/30/2026 revealed Resident #39 was a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #39 was diagnosed with Acute Respiratory Failure (critical, rapid-onset condition where the lungs cannot adequately oxygenate the blood or remove carbon dioxide). Review of Resident #39's MAR dated April 2026 revealed Resident #39 was prescribed O2 [oxygen] @ [at] 2LPM by NC [nasal cannula] continuous.02 at 2LPM by NC AS NEEDED As needed [sic] anytime.O2 sat [saturation] Check Every Shift.Monitor resident for signs and symptoms of COPD exacerbation: Increased Shortness of breath (More Breathless than usual) Coughing, Chest tightness, Fever and more mucus or change in color of mucus. Review of Resident #39's Physician Orders dated April 2026 revealed Resident #39 was prescribed O2 [oxygen] @ [at] 2LPM by NC [nasal cannula] continuous.02 at 2LPM by NC AS NEEDED As needed [sic] anytime.O2 sat [saturation] Check Every (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Shift.Monitor resident for signs and symptoms of COPD exacerbation: Increased Shortness of breath (More Breathless than usual) Coughing, Chest tightness, Fever and more mucus or change in color of mucus. Review of Resident #39's admission MDS dated [DATE] revealed .Respiratory Treatments.Oxygen Therapy.1-Checked (Yes). Review of Resident #39's Care Plan dated 04/22/2026 revealed .Problems/Strengths.Ineffective Airway Clearance related to bronchoconstriction.Goals.[Resident #39] will maintain adequate airway clearance next 90 days.Interventions.Assess respiratory rate, breath sounds, and oxygen saturation before and after treatment.Goals.Impaired Gas Exchange related to inadequate oxygenation.Goals.Patient will demonstrate adequate oxygenation at resident and with activity.Interventions.Administer oxygen at prescribed flow rate and delivery device. Observation on 04/28/2026 at 9:42 AM revealed Resident #39's oxygen concentrator was set on 1 1/2 lpm via nasal cannula. Resident #39 was not showing signs of shortness of breath. Observation on 04/28/2026 at 12:44 PM revealed Resident #39's oxygen concentrator was set on 1 1/2 lpm via nasal cannula. Observation and interview with Resident #39 on 04/29/2026 at 9:50 AM revealed Resident #39 stated he thought his oxygen was supposed to be set on 3 liters. Resident #39 indicated he was feeling good at the time. Observation of the oxygen concentrator revealed it was set between 1 and 1 1/2 lpm. Interview with RN F on 04/29/2026 at 2:07 PM revealed Resident #39 was recently admitted to the facility. RN F stated Resident #39 was ordered for continuous oxygen for 2lpm. Observation and interview with RN F on 04/29/2026 at 2:16 PM revealed Resident #39's oxygen was set between 1 and 1 1/2 lpm. RN F stated the oxygen concentrator appeared to be set at just below 2 lpm. Interview with DON on 04/30/2026 at 9:27 AM revealed the facility's policy was for the nurse to verify the oxygen settings each shift to ensure it was set at the right level, based on physician's order. DON stated too little oxygen could result in a resident desaturating, shortness of breath and causing a brain injury. DON stated having too much could cause a resident to have muscle weakness. Review of Apply an Oxygen Deliver Device dated 01/12/2020 revealed .Standard of Practice: Staff will apply oxygen delivery devices accordance with standard practice guidelines.Procedures:.Attach humidified oxygen source if required-Nasal Cannula-Place tips of cannula into the resident's nares.-Loop tubing over the resident's ears.-Adjust lanyard.-Maintain sufficient slack of oxygen tubing.-Observe for proper function of oxygen deliver device.-Verify setting on flowmeter and oxygen source and the prescribed flow rate.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview, and record review, the facility failed to provide pharmaceutical services, including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals, to meet the needs of each resident for 1 (Medication Cart 617 - 631) of 2 carts reviewed for pharmacy services. The facility failed to ensure LVN K and LVN L, responsible for Medication Cart 617 - 631, counted controlled drugs every shift change. This failure could place residents at risk of not having the medication available due to drug diversion. Findings included: Observation on 04/28/26 at 11:13 AM of Medication Cart 617 - 631 with MA M, revealed missing signatures on the narcotic count sheet. Review of the narcotic count sheet revealed missing signatures for Off duty and On duty for 04/03/2026 (6:00 PM to 6:00 AM shift) and 04/13/26 (6:00 PM to 6:00 AM shift) of the narcotic count sheet. During an interview on 04/30/26 at 11:46 AM, the DON stated she expected nurses to sign the narcotic count sheet at the beginning and at the end of their shift after they completed count with the incoming and off-going nurse. The DON stated if the staff were not signing the narcotic count sheets, she was unable to prove they were counting. The DON stated it was important to ensure a drug diversion did not occur. The DON stated the ADONs would start checking the narcotic count sheet daily. During an interview on 04/30/2026 at 12:43 PM, LVN K stated he should have signed the narcotic sheet after counting the narcotics, on 4/13/26 at the beginning and at the end of the shift. He stated he got busy and did not go back to sign the count sheet. He stated he knew he was supposed to sign immediately after the count was done. He stated the risk would be potential for drug diversion. During an interview on 04/30/26 at 4:11 PM, LVN L stated he should have signed the narcotic sheet after counting the narcotics on 4/3/26 at the beginning and at the end of the shift. LVN L stated he counted with the other nurse but he did not remember why he did not sign the count sheet. LVN L stated this failure could potentially cause a drug diversion. Record review of the facility's policy titled, Medication Storage - Controlled Medication Storage, dated 01/2028, reflected the following, . At each shift change or when keys are surrendered, a physical inventory of all controlled substances, including refrigerated items, is conducted by two licensed nurses or approved individuals per state regulation and is documented on the controlled substances accountability record or verification of controlled substances count report .