

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745006	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/13/2025
NAME OF PROVIDER OR SUPPLIER Five Points Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1901 N. Hampton Rd. Desoto, TX 75115	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46486</p> <p>Based upon interview and record review it was determined the facility failed to provide the required specialized rehabilitative services such as but not limited to physical therapy and occupational therapy for mental illness and intellectual disability as required in the resident's comprehensive plan of care for 1 of 3 resident (Resident #1) reviewed for PASRR coordination and rehabilitation services.</p> <p>The facility failed to submit a Day Habilitation application within 20 days for Resident #1 which prevented the resident from receiving skill development and social interaction in a community setting.</p> <p>This failure could place the residents with intellectual and developmental disabilities at risk for not receiving specialized services that would enhance their highest level of functioning.</p> <p>Findings included:</p> <p>Record review of Resident #1's face sheet dated 03/13/2025 revealed the resident was a [AGE] year-old male admitted to the facility on [DATE]. Diagnoses included transient cerebral ischemic attack (mini-stroke), protein-calorie malnutrition (nutritional status in which reduced availability of nutrients leads to changes in body composition), dementia (decline in memory, thinking and reasonings abilities that are severe enough to interfere with daily living), adjustment disorder with mixed anxiety and depressed mood (a subtype of adjustment disorder characterized by both anxiety and depressive systems as a reaction to a specific stressor or life change), muscle weakness, lack of coordination, anemia (body does not have enough healthy red blood cells or hemoglobin), hyperlipidemia (high level of fat (lipids) in the blood, including cholesterol and triglycerides), mild intellectual disabilities (a range of cognitive abilities that fall below the average range, but are still within the functional limits of daily life), insomnia (sleep disorder characterized by difficulty falling asleep, staying asleep or waking up to early despite having adequate time and opportunity to sleep), hypertension (condition where the force of blood against artery walls is consistently too high), osteoarthritis (degenerative joint disease where cartilage breaks down causing pain, stiffness and reduced movement, particularly in the hands, knees, hips and spine), overactive bladder (frequent urge to urinate), repeated falls.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #1's Optional State Assessment MDS dated [DATE] revealed he had a BIMS score of 7, which indicated severe cognitive impairment. The MDS reflected Resident #1 was totally dependent upon staff for 1-person physical assist with bed mobility, transfers, and toilet use eating, dressing, personal hygiene, and 2-person physical assist with bed mobility, transfers, and toilet use.</p> <p>Record review of Resident #1's care plan revealed the care planned areas: Focus: Resident has been identified has having PASRR positive status related to Mental Illness, Intellectual Disability, or Development Disability. Goal: Resident will have the specialized services recommended by local authority per PASRR Specialized Services Program as needed. Intervention: The Local Authority will be invited to the care plan meetings for review of Specialized Services.</p> <p>Record review of the IDT meeting record dated 08/8/24 revealed that Resident #1 had selected to attend Day Habilitation.</p> <p>Record review of the Local intellectual and Developmental Disabilities Authorities Habilitation Service Plan dated 11/5/24 revealed Day Habilitation Services were pending.</p> <p>Record review of the Local intellectual and Developmental Disabilities Authorities Habilitation Service Plan dated 2/3/25 revealed Day Habilitation Services were still pending.</p> <p>In an interview with the Social Worker on 03/13/25 at 12:11 PM, she revealed there was only one resident who has inquired about day habilitation and that resident's family received the admissions paperwork to fill out but had not returned the admission paperwork back into the facility. The Social Worker could not recall how long the family had the paperwork but stated that the resident had a care plan meeting last month and the day habilitation admission paperwork was mentioned and that the MDS nurse would be the staff member to follow up with family to check the status. The Social Worker stated she was not aware if there was an allotted time frame that the paperwork had to be completed or if the member would lose out on that specialized service.</p> <p>In an interview with Resident #1 on 3/13/25 at 12:50 PM, he revealed that he had a meeting about day habilitation and his family member had selected a facility and he would still like to participate in activities to get him out of the facility for a while.</p> <p>In an interview with the Rehabilitation Director on 03/13/25 at 3:17 PM, he revealed Resident #1's interdisciplinary team meeting was last year date unknown. The Rehabilitation Director stated that Resident #1 was PASRR positive and requested a customized wheelchair, air mattress and day habilitation. The Rehabilitation Director stated that he had 20 days to complete for the durable medical equipment but was unsure of the process for day habilitation services. The Rehabilitation Director stated that he believed that the previous MDS nurse had provided Resident #1 family the admissions paperwork, but if the admission packet was sent to him, he would fill out everything that he could then have the resident representative come and sign, because It is the responsibility of the facility to get the residents services they require. Rehabilitation Director stated that if the resident missed out on services, they were willing to participate in, it would cause a decline in the residents quality of life.</p> <p>(continued on next page)</p>		

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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview with the MDS nurse on 03/13/25 at 3:53 PM, she revealed that Resident #1 last PASRR meeting was held on 2/05/2025 and during the meeting Resident #1 was asked if they were still interested in participating in day habilitation and Resident #1 responded yes. The MDS nurse stated that she wasn't sure who was required to fill out the admissions paperwork but believed it should be the social worker, but between nursing, therapy and MDS they have the information required to fill the admission paperwork out and believed it was their responsibility to the resident to get them the services they need. All that should be required from the resident representative is if their signature is require. The MDS nurse stated they have 20 days to turn in the admission paperwork and to her knowledge there was no follow-up with the family prior to 2/25/2025 to ensure the 20-day deadline, which caused the resident to lose out on day habilitation services at least until the following quarterly meeting when they could reapply.</p> <p>In an interview with the Administrator on 03/13/25 at 4:36 PM, he revealed he had only been at the facility eight days and was made aware that Resident #1 was PASRR positive and had not received specialized services, but Resident #1's family member had been provided the admission packet for day habilitation, but not sure how long it had been since they received it. The Administrator stated that it would be his expectation that if a resident is agreeable to services that those services should be made available and that if the facility was made aware that the family representative had difficulty filling out the paperwork, the facility should be willing to assist filling out the paperwork except for the signature.</p> <p>In an interview with Resident #1 on 3/13/25 at 5:15PM, he acknowledged to the Administrator that he had heard about going to day habilitation to participate in activities and therapy. When the administrator asked if he wanted to participate in that, Resident #1 stated that he would like to attend.</p> <p>Requested the facility PASRR policy, but administrator stated he was not able to locate the policy.</p>