

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 12/07/2025
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)
F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide activities to meet all resident's needs. (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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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record reviews the facility failed to ensure they provided, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community for two (Residents #1 and #2) of eight residents reviewed for activities. The facility failed to ensure the residents had scheduled activities since Former AD G stopped working 10/31/25. This failure could place residents at risk of not having routine activities to stimulate their minds and prevent boredom which could result in a decrease in the residents health and psycho-social well-being. Findings included: A)Record review of Resident #2's Quarterly MDS dated [DATE] revealed a [AGE] year old male who admitted [DATE], he had a BIMS score of 04 (severe cognitive impairment). He had a primary medical condition of a stroke and diagnoses of anemia, hypertension, hyperlipidemia, CVA, Non -Alzheimer's dementia. Record review of Resident #2's Care plan revised 02/24/25 revealed, Has a communication problem related to intellectual disabilities, impaired cognitive function/dementia or impaired thought processes, oral/dental health problems poor nutrition, diet order other than regular (no salt on tray, mechanically soft diet), and is at risk for unplanned weight loss or gain. Has status related to hypertension, transient cerebral ischemic attack and hyperlipemia and osteoarthritis. And The resident has little or no activity involvement revision on: 07/25/2024 Resident #2 will participate in activities of choice as tolerated per week by review date, establish and record the resident's prior level of activity involvement and interests by talking with the resident caregivers, and family on admission and as necessary. explain to the resident the importance of social interaction, leisure activity time. Encourage the resident's participation. Interview on 12/05/25 at 1:13 pm, interview was attempted with Resident #2 but he was not interviewable. He was lying in bed watching TV in his room. Interview on 12/08/25 at 10:36 am, Resident #2's FM stated the facility had a family Thanksgiving dinner but she had not seen any activities lately. She stated she was not sure if it was because of the holidays or what. She stated she had not spoken to any of the staff about it yet. She stated Resident #2 liked to play dominoes and bingo but she had not seen him playing them in the past month or so. B)Record review of Resident #3's Quarterly MDS Quarterly assessment dated [DATE] revealed a [AGE] year old female who admitted [DATE] with a BIMS score of 15 (no cognitive impairment). She had a primary diagnosis of medically complex conditions. She had diagnoses cancer, anemia, coronary artery disease, heart failure, hypertension, peripheral artery disease, ulcerative colitis, renal insufficiency, diabetes mellitus, hyperlipidemia, malnutrition, gastro-esophageal reflux and diverticulitis of large intestine. Record review of Resident #3' Care plan revised on 11/19/25 revealed, Has potential/actual impairment to skin integrity related to edema, fragile skin, heart failure and takes diuretics as ordered, diabetes mellitus, hypertension, impaired immunity related to: cancer, lupus and lymphedema, GERD, diverticulosis, and Crohn's disease, alteration in hematological status related to history of thrombosis. And Resident #3 has little or no activity involvement. Revision on: 11/19/2025 - Resident #3 will express satisfaction with type of activities and level of activity involvement when asked through the review date. Explain to resident the importance of social interaction, leisure activity time. Encourage Resident #3's participation. Interview on 12/07/25 at 8:30 a.m., Resident #3 was sitting up in bed watching TV in her room, she stated she was not sure who the AD was now and had not seen any activities going on or being offered in a while and was not sure why, so she just watched a lot of TV. Interview on 12/08/25 at 10:48 am, FM 4 of Resident #3 stated [This facility] has had activities in the past but had not seen them doing any lately. He stated he used to see the residents playing bingo and things like that and it had been about a month since seeing the residents doing activities. In a confidential interview on 12/07/25, (Anonymous) stated they had not had any activities for two months. They stated they were supposed to have \$200.00 per month for activities and was not sure what that money was being used for now. They stated they complained to the staff about not having activities and was told to go to the Church activities but said they were not into church like that. They stated the therapy did have music therapy twice a week but they were not interested in that. They stated they had not had bingo, movie matinee and no monthly birthday party for the residents. They stated they watched a lot of TV and went out on pass with family and friends and talked on the phone a lot. They stated hopefully activities would be back again really soon. Interview on 12/06/25 at</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>(continued on next page)</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record reviews the facility failed to ensure each resident received and the facility provided with food that was palatable, attractive, and at a safe and appetizing temperatures for 3 (Residents #1, #2, and #3) of 8 residents reviewed for nutritional services. The facility failed to ensure the staff served hot meals to the residents, subsequently they had no interventions in place to address the delays in meal services. This facility could cause all residents to be at risk of not getting the nutrients needed for weight management and good health which could have led to weight loss and deteriorating health and decline resulting in decreased psychosocial well-being. Findings included: A) Record review of Resident #1's Quarterly MDS 11/20/25 revealed a [AGE] year old male who admitted [DATE]. He had a BIMS score of 08 (moderate cognitive impairment. For Eating: helper provided verbal cues and /or touching and contact guard assistance as resident completed activity, assistance may be provided throughout activity or intermittently. He had a diagnoses of coronary artery disease, hypertension, malnutrition, and protein calorie malnutrition and no checkmark for therapeutic diet and he had 7 days of insulin injections. Record review of Resident #1's Care plan dated 03/31/25, Resident has paraplegia, impaired cardiac functioning related to diagnoses of HTN and ASHD- Monitor/document/report to MD PRN any s/sx of malignant hypertension: Headache, visual problems, confusion, disorientation, lethargy, nausea and vomiting, irritability, seizure activity, difficulty breathing, diagnosis of diabetes mellitus - Diabetes medication as ordered by doctor, Resident #1 has anemia r/t abnormal lab - Encourage intake of foods high in iron, vitamin C, risk for weight fluctuations related to diagnoses of malnutrition and chronic kidney disease - Monitor and document meal intake per policy, monitor resident weights per facility policy. Record review of Resident #1's Diet order dated 10/20/25 revealed, Fortified/Enhanced Diet - diet Regular texture, Regular consistency, DOUBLE MEAT/PROTEIN PORTIONS for diet. Interview on 12/05/25 at 10:32 am, Resident #1 stated he ate in his room and he did not like the food, You mean the slop that comes out the kitchen. He stated the food was always cold and stated he had not told the management staff but told the nurses about it. He stated he had not asked the staff to warm up his food and would just eat snacks in his room. He stated this facility needed to get some older people in the kitchen to cook the food so that it would stay hot longer and taste right. He stated he ate his meals in his room all the time and his hall was always served last. He stated the last time he received his food late was his lunch yesterday at 1:45 pm. B) Record review of Resident #2's Quarterly MDS dated [DATE] revealed a [AGE] year old male who admitted [DATE], he had a BIMS score of 04 (severe cognitive impairment). Eating: Helper sets up or cleans up; resident completes activity, helper assists only prior to or following the activity. He had a primary medical condition a stroke and diagnoses of anemia, hypertension, hyperlipidemia, CVA, Non -Alzheimer's dementia. He was on a therapeutic diet. Record review of Resident 2's Care plan revised 02/24/25 revealed, Resident #2 has a communication problem related to intellectual disabilities - Anticipate and meet needs, validate resident's message by repeating aloud. And for impaired cognitive function/dementia or impaired thought processes - Communicate with the resident/family/caregivers) regarding residents capabilities and needs. And for oral/dental health problems poor nutrition - coordinate arrangements for dental care, transportation as needed/as ordered, Monitor/document/report to Medical Doctor PRN s/sx of oral/dental problems needing attention: Pain (gums, toothache, palate), Abscess, Debris in mouth. And for diet order other than regular (NSOT, mechanically soft diet) - Monitor weight per facility protocol, offer substitute, if resident eats less than 50% or dislikes meal and offer supplement if resident continues to eat less than 50%, Registered Dietitian assess per facility protocol, the resident has mechanically altered diet. He was at risk for unplanned weight loss or gain - Monitor weight per facility protocol, offer substitute, if resident eats less than 50% or dislikes meal and offer supplement if resident continues to eat less than 50%, Registered Dietitian assess per facility protocol, the resident has mechanically altered diet. He had statuses related to hypertension and transient cerebral ischemic attack and hyperlipemia and osteoarthritis. Record review of Resident #2's Diet order dated 11/13/25 revealed, NSOT diet Regular texture, Regular consistency. Interview on 12/05/25 at 1:13 pm, interview was attempted with Resident #2 but he was not interviewable. Interview on 12/08/25 at 10:36 am, the FM stated Resident #2 complained about his meals being late and cold ever since he admitted to the facility. She stated he did not like the mechanically softened food either. B) Record review of Resident #3's Quarterly MDS Quarterly assessment dated [DATE] revealed a [AGE] year old female who admitted [DATE] with a BIMS score of 15</p>		