

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745051	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/26/2025
NAME OF PROVIDER OR SUPPLIER Five Points Nursing & Rehabilitation of College St		STREET ADDRESS, CITY, STATE, ZIP CODE 3105 Corsair Drive College Station, TX 77845	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17141</p> <p>Based on interview, and record review, the facility failed to ensure a resident who was unable to carry out activities of daily living received necessary services to maintain good nutrition, grooming, personal and oral hygiene for nine (Resident #1, #2, #3, #4 #5, #6, #7, #8 and #11) of eleven residents reviewed for ADLs.</p> <p>The facility failed to provide showers to Residents #1, #2, #3, #4 #5, #6, #7,#8 and #11 in compliance with their shower schedules.</p> <p>This deficient practice could place residents at risk of a decline in hygiene, at risk of skin breakdown, level of satisfaction with life, and feelings of self-worth.</p> <p>Findings include:</p> <p>1. Review of Resident #1's, undated, face sheet reflected an [AGE] year-old female who was admitted to the facility on [DATE], with a readmission on 01/04/25. Resident #1 had diagnoses which included chronic (persisting) kidney disease, major depressive disorder (depressed mood), low back pain and muscle weakness.</p> <p>Review of Resident #1's quarterly MDS assessment, dated 12/08/24, reflected a BIMS score of 12, which indicated moderate cognitive impairment. Section GG (Functional Abilities and Goals) reflected she required partial/moderate assistance with showering.</p> <p>Review of Resident #1's care plan, revised on 12/06/24, reflected she had an ADL self-care performance deficit related to a need for assistance with ADLs with an intervention of assistance of one staff with showering.</p> <p>Review of Resident #1's showering schedule, provided by the facility, revealed she was scheduled to receive showers every Monday, Wednesday, and Friday. Indicating thirteen showers were scheduled during the dates 12/26/24 - 01/26/25.</p> <p>Review of Resident #1's showering tasks in her EMR, from 12/26/24 - 01/26/25, reflected there were no showers documented during these dates.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 01/25/25 at 10:36 am, with Resident #1 revealed she stated she usually bathes herself in her bathroom. Resident #1 stated there was not enough staff to answer a call then there was not enough to stay in the shower with her. Resident #1 stated if the facility ever got enough staff she would be taking showers because she feels cleaner .</p> <p>2. Review of Resident #2's, undated, face sheet reflected an [AGE] year-old male who was admitted to the facility on [DATE], with a readmission on 01/08/25. Resident #2 had diagnoses which included chronic total occlusion of coronary artery (a blockage in coronary artery that has been present longer than three months), mild dementia (group of thinking and social symptoms that interferes with daily functioning) with anxiety, and repeated falls.</p> <p>Review of Resident #2's quarterly MDS assessment, dated 1/11/25, reflected a BIMS score of 11, which indicated moderate cognitive impairment. Section GG (Functional Abilities and Goals) reflected he was dependent on staff assistance with showering.</p> <p>Review of Resident #2's care plan, revised on 1/17/25 reflected he had an ADL self-care performance deficit related to a need for assistance with ADLs with an intervention of requiring assistance of two staff with showering.</p> <p>Review of Resident #2's showering schedule, provided by the facility, revealed he was scheduled to receive showers every Tuesday, Thursday, and Saturday. Indicating thirteen showers were scheduled during the dates 12/26/24 - 01/26/25.</p> <p>Review of Resident #2's showering tasks in his EMR, from 12/26/24 - 01/26/25, reflected there were 5 showers documented during these dates.</p> <p>3. Review of Resident #3's, undated, face sheet reflected an [AGE] year-old female who was admitted to the facility on [DATE], with a readmission on 01/08/25. Resident #3 had diagnoses which included dementia (group of thinking and social symptoms that interferes with daily functioning) and combined systolic and diastolic congestive heart failure (the hearts ventricles do not pump or fill with enough blood).</p> <p>Review of Resident #3's admission MDS assessment, dated 11/09/24, reflected a BIMS score of 9, which indicated moderate cognitive impairment. Section GG (Functional Abilities and Goals) reflected she was dependent on staff assistance with showering.</p> <p>Review of Resident #3's care plan, initiated on 11/06/24, reflected she had an ADL self-care performance deficit related to a need for assistance with ADLs with an intervention of one staff assistance with showering.</p> <p>Review of Resident #3's showering schedule, provided by the facility, revealed she was scheduled to receive showers every Monday, Wednesday, and Friday. Indicating thirteen showers were scheduled during the dates 12/26/24 - 01/26/25.</p> <p>Review of Resident #3's showering tasks in her EMR, from 12/26/24 - 01/26/25, reflected there were 4 showers documented during these dates and 4 refusals from Resident #3.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>6. Review of Resident #6's, undated, face sheet reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #6 had diagnoses which included complex tear of lateral meniscus of left knee (cartilage between the femur and shin), difficulty walking and hypertension (high blood pressure).</p> <p>Review of Resident #6's admission MDS assessment, dated 1/15/25, reflected a BIMS score of 15, which indicated cognition was intact. Section GG (Functional Abilities and Goals) reflected she was dependent on substantial/maximal assistance with showering.</p> <p>Review of Resident #6's showering schedule, provided by the facility, revealed she was scheduled to receive showers every Monday, Wednesday, and Friday. Indicating five showers were scheduled during the dates 1/15/24 - 01/26/25.</p> <p>Review of Resident #6's showering tasks in her EMR, from 1/15/24 - 01/26/25, reflected 1 shower was documented during these dates.</p> <p>During an interview on 1/26/2025 at 2:40pm with Resident #6 revealed she had not had a shower since she had been at the facility, although she had known she needed one. Resident #6 stated all of a sudden today the staff acted insistent that she take a shower. She stated she felt like they were insinuating she had been refusing to shower but she had not previously been offered a shower.</p> <p>7. Review of Resident #7's, undated, face sheet reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #7 had diagnoses which included cerebral infarction (blood flow to the brain blocked by a blood clot causing brain tissue damage), dysphagia (difficulty swallowing), hypertension (high blood pressure).</p> <p>Review of Resident #7's quarterly MDS assessment, dated 1/8/25, reflected a BIMS score of 12, which indicated moderate cognitive impairment. Section GG (Functional Abilities and Goals) reflected she required substantial/maximal staff assistance with showering.</p> <p>Review of Resident #7's care plan, initiated on 11/9/24, reflected she had an ADL self-care performance deficit related to a need for assistance with ADLs with an intervention of assistance of one staff with showering.</p> <p>Review of Resident #7's showering schedule, provided by the facility, revealed she was scheduled to receive showers every Tuesday, Thursday, and Saturday. Indicating thirteen showers were scheduled during the dates 12/26/24 - 01/26/25.</p> <p>Review of Resident #7's showering tasks in her EMR, from 12/26/24 - 01/26/25, reflected there were 6 showers documented during these dates.</p> <p>During an interview on 1/25/25 at 11:34am with Resident #7's FM revealed the resident wanted a lot more showers than she was given. The FM stated during the admission process they were told Resident #7 would be showered three times a week if she wanted. There was no indication that at times there would not be enough staff to provide her with assistance or that showers occurring depended on staff availability. The FM stated it makes Resident #7 uncomfortable when she was not clean .</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 1/25/25 at 11:34am with Resident #7 revealed she does not get her showers like she was supposed to, like they had told her she would. Resident #7 stated she had asked before to be given a shower but the CNA will say they do not have enough time.</p> <p>8. Review of Resident #8's, undated, face sheet reflected an [AGE] year-old male who was admitted to the facility on [DATE]. Resident #8 had diagnoses which included dementia (group of thinking and social symptoms that interferes with daily functioning) and repeated falls.</p> <p>Review of Resident #8's quarterly MDS assessment, dated 12/10/24, reflected a BIMS score of 6, which indicated cognition was severely impaired. Section GG (Functional Abilities and Goals) reflected he required substantial/maximal staff assistance with showering.</p> <p>Review of Resident #8's care plan, revised on 12/17/24, reflected he had an ADL self-care performance deficit related to a need for assistance with ADLs with an intervention of assistance of one staff with showering.</p> <p>Review of Resident #8's showering schedule, provided by the facility, revealed he was scheduled to receive showers every Monday, Wednesday, and Friday. Indicating thirteen showers were scheduled during the dates 12/26/24 - 01/26/25.</p> <p>Review of Resident #8's showering tasks in her EMR, from 12/26/24 - 01/26/25, reflected there were no showers documented during these dates.</p> <p>9. Review of Resident #11's, undated, face sheet reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #11 had diagnoses which included dementia (group of thinking and social symptoms that interferes with daily functioning), Diabetes Mellitus Type II (uncontrollable blood sugar levels), and muscle weakness.</p> <p>Review of Resident #11's admission MDS assessment, dated 8/1/24, reflected a BIMS score of 0, which indicated severe cognitive impairment. Section GG (Functional Abilities and Goals) reflected she required partial/moderate staff assistance with showering.</p> <p>Review of Resident #11's care plan, initiated on 1/25/25, reflected she had an ADL self-care performance deficit related to a need for assistance with ADLs with an intervention of assistance of two staff with showering.</p> <p>Review of Resident #11's showering schedule, provided by the facility, revealed he was scheduled to receive showers every Tuesday, Thursday, and Saturday. Indicating thirteen showers were scheduled during the dates 12/26/24 - 01/26/25.</p> <p>Review of Resident #11's showering tasks in her EMR, from 12/26/24 - 01/26/25, reflected one shower was documented during these dates.</p> <p>During an interview on 1/25/2025 at 2:11 pm with CNA A revealed she works the 6am to 6pm shift, she stated she was able to complete her assigned showers. She documents the showers she has given in the EHR, under the task section. CNA C stated she does have residents complaining to her that they are not getting their showers that are scheduled during other shifts.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a confidential interview with a facility CNA revealed they stated there has not been enough staff to give showers. The CNA stated frequently they must tell the residents that request a shower that they cannot shower them. They are trying to make sure people are cleaned well with adult briefs/incontinence changes because they all know about skin breakdown.</p> <p>During a confidential interview with a facility Nurse revealed when there are only two nurses and one CNA in the evening, which has happened several times lately, the staff make sure the residents are fed, changed as needed and assisted to bed. The Nurse stated showers are placed at the bottom of the list so frequently no showers are given as there was not time.</p> <p>During an interview on 1/25/2025 at 2:39 pm with the facility Administrator revealed she has recognized a concern of residents not receiving showers as scheduled. There have been staffing shortages that may have affected showers recently. The problem was something they were working on; she did expect that showers be given as scheduled.</p> <p>During an interview on 1/25/2025 at 3:00 pm with the facility DON she revealed she had been at the facility for 3 days. She stated she had not looked at the shower issues completely but recognized it needed to be addressed although she had not had any residents complain to her about not receiving a shower. The DON stated her expectation was that showers are provided as scheduled.</p> <p>Review of the facility's Nursing Policy and Procedure Manual, dated 2003, reflected the following:</p> <p>Bath, Tub/Shower</p> <p>Bathing by tub bath or shower is done to remove soil, dead epithelial cells, microorganisms from the skin, and body odor to promote comfort cleanliness, circulation, and relaxation. A medicated tub bath can also be provided to treat skin conditions. The aging skin becomes dry, wrinkled, thinner and blemished with various aging spots over time and is easily affected by environmental temperatures and humidity, sun exposure, soaps, and clothing fabrics. The frequency and type of bathing depends on the resident preference, skin condition, tolerance, and energy level. Although a daily bath or shower is preferred and necessary for some, the aging skin can be maintained by bathing every two days or with partial bathing as needed.</p> <p>Goals</p> <ol style="list-style-type: none"> 1. The resident will experience improved comfort and cleanliness by bathing. 2. The resident will maintain intact skin integrity. 3. The resident will be free from soil, odor, dryness, and pruritus following bathing. 		

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<p>F 0725</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17141</p> <p>Based on interviews, and record review, the facility failed to have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with a current accurate facility assessment for 9 of 11 residents (Residents #1, #2, #3, #4 #5, #6, #7,#8 and #11).</p> <p>1. The facility failed to ensure sufficient staff to provide Resident #6 needed care to prevent feelings of helplessness and pain from prolonged exposure to diarrhea for 3 hours while unable to obtain assistance. Residents #4 and #7 needed care including incontinent care and repositioning on 1/23/2025 for an unknown amount of time.</p> <p>2. The facility failed to provide adequate staff to provide showers to Residents #1, #2, #3, #4 #5, #6, #7,#8 and #11 in compliance with their shower schedules.</p> <p>These failures placed residents at risk of inadequate supervision, an unsafe environment, skin breakdowns, falls and serious harm.</p> <p>Findings included:</p> <p>1.) Review of Resident #6's, undated, face sheet reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #6 had diagnoses which included complex tear of lateral meniscus of left knee (cartilage between the femur and shin), difficulty walking and hypertension (high blood pressure).</p> <p>Review of Resident #6's admission MDS assessment, dated 1/15/25, reflected a BIMS score of 15, which indicated cognition was intact. Section H (Bladder and Bowel) reflected she was occasionally incontinent of bladder and bowel.</p> <p>Review of Resident #6's care plan, initiated on 1/17/25, reflected she had a potential for pressure ulcer development, interventions include Incontinent care after each episode and apply a moisture barrier and needs assistance with repositioning at least every 2 hours.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/26/2025 at 2:40pm with Resident #6 revealed she had been having issues with constipation and had taken laxatives on 1/23/2025. Resident #6 stated the laxative began working after she had finished dinner. She stated she used her call light to get help with cleaning up after her bowels had released. Resident #6 stated it had happened before that staff took up to an hour to answer call lights because they were short staffed. She waited over an hour then began calling the front desk to ask for help. Resident #6 stated the diarrhea was burning her skin, was uncomfortable and she felt helpless because she cannot get up out of bed by herself. She stated when she could not get anyone to answer the phone she was feeling even worse. After calling for over another hour, the call was answered and she told the person she had diarrhea all over herself and needed to be changed, the person answering the call said they would be there to help as soon as possible. Resident #6 stated she waited about 45 minutes then she called the non-emergency 911 and told the person answering that she could not get help. Resident #6 stated she was so upset, feeling helpless and having burning skin sensations and she did not know what else to do to get help. She stated in a few minutes the firefighters showed up but the staff were just leaving her room having come to change her right after she called the fire department. Resident #6 stated she did not know if they heard her make the call or if that was just when they finally showed up but it was 3 hours after she had started calling using the call light .</p> <p>Review of Resident #7's, undated, face sheet reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #7 had diagnoses which included cerebral infarction (blood flow to the brain blocked by a blood clot causing brain tissue damage), dysphagia (difficulty swallowing), hypertension (high blood pressure).</p> <p>Review of Resident #7's quarterly MDS assessment, dated 1/8/25, reflected a BIMS score of 12, which indicated cognition was moderately impaired. Section H (Bladder and Bowel) reflected she was always incontinent of bladder and frequently incontinent of bowel.</p> <p>Review of Resident #7's care plan, initiated on 11/9/24, reflected she had an ADL self-care performance deficit related to a need for assistance with ADLs including incontinence. Interventions include incontinent care after each episode apply a moisture barrier.</p> <p>During an interview on 1/25/25 at 11:34am with Resident #7's FM revealed the resident had called and spoken to the FM about not being able to get anyone to take her to the bathroom; that there were no CNAs only 2 nurses. The FM stated she called the facility and after the phone rang for a long time a nurse answered and admitted that there were no CNAs; that the nurses were trying to do everything. The FM stated there have been concerns over staffing before, but it usually was that there was not enough CNAs, but there had not been none before, that they knew about. The FM stated when they arrived the police were in the parking lot and they told the police they were there to take Resident #7 to the bathroom because she could not get anyone to help her. The FM stated when she got on the hall that Resident #7 was on, almost all the call lights were on outside the rooms on that hall. The FM stated they began assisting Resident #7 to the bathroom but a CNA that had just arrived to work came in to help her. The FM stated Resident #7 was so relieved and told them it was so uncomfortable having to hold it for that long once you realized you needed to go. The CNA assisted Resident #7 to bed and then helped her roommate who was also up in her wheelchair and who was incontinent. The FM stated it was well after 9:30 pm when Resident #7 and Resident #4(roommate) were put to bed and that usually they are in bed by 8pm. The FM stated when they got home they looked at the video from a camera in Resident #7's room and realized no staff had been to her room to assist her to the bathroom after she was taken at 3:30 pm.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/25/25 at 11:34am with Resident #7 revealed she recalled being uncomfortable on the evening of 1/23/2024. Resident #7 stated her call light was on the whole evening but she heard someone in the hall saying there was only 2 nurses no CNA's. Resident #7 stated she finally called her FM who she hated to disturb, and asked for help going to the bathroom, she could not hold it any longer.</p> <p>Review of Resident #4's, undated, face sheet reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #4 had diagnoses which included dementia (group of thinking and social symptoms that interferes with daily functioning), Williams syndrome (genetic condition with cognitive delays), and severe intellectual disabilities.</p> <p>Review of Resident #4's admission MDS assessment, dated 11/05/24, reflected a BIMS score of 7, which indicated severe cognitive impairment. Section H (Bladder and Bowel) reflected she was always incontinent of bladder and bowel.</p> <p>Review of Resident #4's care plan, revised on 1/25/25, reflected she had a potential for pressure ulcer development, bladder incontinence, and bowel incontinence. Each of the three focus areas included an intervention of incontinent care after each episode and apply a moisture barrier.</p> <p>During an interview on 1/25/25 at 12:53pm with Resident #4's Guardian revealed she was notified of the staffing issue on 1/23/2025. She stated she looked at the video footage and saw that Resident #4 was sitting in her wheelchair beside her bed from 5:30pm to 9:30pm with no one coming in the room. The Guardian stated Resident #4 has an intellectual disability and she relies on staff to check on her and make sure Resident #4 was safe. The Guardian stated Resident #4 is usually in bed at 8pm so she knew Resident #4 was uncomfortable as she was not used to being in one position that long.</p> <p>Review of the facility staffing sheet for 1/23/2025 revealed there were 2 nurses listed for 6pm to 6am, 1 CNA listed for 6pm to 10pm, and three listed for 10pm-6am.</p> <p>During an interview on 1/25/25 at 7:30pm with RN B revealed she had made the schedule for 1/23/2025. She stated she was told she would be making the staffing schedules but she was not given any training or direction. RN B stated she was told, Use this and given a list of staff. She stated she had made the staff schedule on the 20th and realized there was only one staff available to put on the 6pm to 10pm timeframe for the 23rd. RN B stated she had notified the Corporate Traveling DON who was acting as the DON of the facility and assumed she would plan for others to be scheduled. RN B stated she was not aware that no other CNAs were added or that the one she scheduled called out as she was not the on-call person for that night.</p> <p>During an interview on 1/26/25 at 1:50pm with Corporate Traveling Nurse RN-C revealed she was the acting DON for the facility prior to the new DON starting. RN C stated she had not been notified that only one CNA was scheduled to work from 6p to 10p. RN C stated they had never worked with just one CNA on that shift while she was there. She stated the staffing depends on census and they typically have 2 nurses and 4 CNAs.</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER Five Points Nursing & Rehabilitation of College St		STREET ADDRESS, CITY, STATE, ZIP CODE 3105 Corsair Drive College Station, TX 77845	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0725</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/25/2025 at 3:00pm with the facility DON revealed that 1/23/2025 was her second day working at the facility. She stated she stayed over to work as one of the nurses scheduled for 6pm to 6am had a family emergency and would not be working. The DON stated she reached out to different nurses to see if they would pick up the shift but no one was available. The CNA that had been scheduled to work did not show up. There should have been more scheduled. The DON stated they had one CNA from the day shift stay over till 7:30pm, when she had to leave. After 7:30pm she and another nurse were the only ones there until 9:30pm when a CNA came. They had scheduled 2 other CNAs a total of 3 working on the 10pm to 6am shift, one for that shift called out also. The DON stated the police and firefighters came around 9pm saying they had received a call from Resident #6 that she needed help. The DON stated they been in the process of cleaning Resident #6 up when the police and fire department showed up. They did not find any residents in need of care so the police considered the visit a welfare concern and the firefighters left. She stated the facility was currently having staffing issues that she planned to address. Part of the problem she felt was the split shifts she planned to make all positions 12-hour shifts so everyone would be working a 6 to 6 shift. They also are in the process of hiring five CNAs that are starting next week. The DON stated it was not planned and she did not think 2 nurses was enough staff to care for 76 residents. She did not know if they could have evacuated all the residents if there had been an emergency when there was just the two of them but she felt like they would have been able to do so.</p> <p>During an interview on 1/25/25 at 2:39pm with the facility Administrator revealed she had not been aware there had been only one staff scheduled for the 6pm to 10pm time, on 1/23/25. She stated on 1/23/25 she received a call at 9:07pm from the DON saying the Fire Department was at the building and then at 9:34pm the police were here. She stated she had arrived soon after. The Administrator stated the police had reported that Resident #6 had called saying that she could not get any help. The Administrator stated she had known there were call ins but did not know how many staff there were. She stated she later found out there were only 2 staff in the building, which is not acceptable, but was working to get positions filled. The Administrator stated Resident #6 stated she did not feel neglected just that it took too long for someone to help her. The Administrator stated that it had not happened before that there were only two staff working the building, that they have been short staffed but have been pulling people from other positions such as the office to meet the resident's needs. The Administrator stated she did not know if two people would have been able to evacuate the building. She said they started having people be a manager on duty so they can monitor. She said she did not know if they would be able to evacuate the residents with only 2 staff. The Administrator stated the facility assessment was what they based staffing on.</p> <p>In an additional interview on 1/26/2025 at 11:58am the Administrator revealed when asked how many staff were needed to meet the residents' personal care needs, the Administrator stated they did not have a number. They know what they would like to have but that is not a regulation. The Administrator explained that the acuity levels change, they were a new facility and it was more of a moving number. She stated they have hired more CNAs and nurses.</p> <p>Review of the facility Daily Census on 1/25/25 revealed the census was 76 residents .</p> <p>Review of the Facility Assessment Tool provided by the facility, dated 7/25/2024, indicated an average daily census in the last year was 8. The staffing plan indicated: Licensed Nurses: RN, LPN, LVN providing direct care 1 during the day shift 6am to 6pm, 1 during the evening shift 1 6pm to 6am. Nurse Aides: 2 during the day shift, 1 during the 6pm to 6am shift.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility document titled Facility Assessment, updated, provided after a request of staffing policy, revealed the following:</p> <p>This facility will conduct and document a facility-wide assessment to determine what resources are necessary to care for the residents competently during both day-to-day operations and emergencies. The facility will review and update that assessment, as necessary, and at least annually. The facility will also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment.</p> <p>The facility assessment addresses the following:</p> <ol style="list-style-type: none"> 1. The facility's resident population, including, but not limited to: <ul style="list-style-type: none"> o Both the number of residents and the facility's resident capacity; o The care required by the resident population, using evidence-based, data-driven methods that considering the types of diseases, conditions, physical and behavioral health needs, cognitive disabilities, overall acuity, and other pertinent facts that are present within that population, consistent with and informed by individual resident assessments as required under S 483.20; o The staff competencies and skill sets that are necessary to provide the level and types of care needed for the resident population; o The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and o Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services. 2. The facility's resources, including but not limited to the following: <ul style="list-style-type: none"> All buildings and/or other physical structures and vehicles; Equipment (medical and non- medical); Services provided, such as physical therapy, pharmacy, behavioral health, and specific rehabilitation therapies; All personnel, including managers, nursing and other direct care staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care; Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations. <p>(continued on next page)</p>

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<p>F 0725</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>3. A facility-based and community-based risk assessment, utilizing an all- hazards approach.</p> <p>In conducting the facility assessment, the facility will ensure:</p> <p>Active involvement of the following participants in the process:</p> <p>Nursing home leadership and management, including but not limited to, a member of the governing body, the medical director, an administrator, and the director of nursing; and</p> <p>Direct care staff, including but not limited to, RNs, LPNs/LVNs, NAs, and representatives of the direct care staff, if applicable.</p> <p>The facility will also solicit and consider input received from residents, resident representatives, and family members vis suggestion boxes throughout the facility.</p> <p>The facility will use this facility assessment to:</p> <p>Inform staffing decisions to ensure that there are a sufficient number of staff with the appropriate competencies and skill sets necessary to care for its residents' needs as identified through resident assessments and plans of care as required in S 483.35(a)(3).</p> <p>Consider specific staffing needs for each resident unit in the facility and adjust as necessary based on changes to its resident population.</p> <p>Consider specific staffing needs for each shift, such as day, evening, night, and adjust as necessary based on any changes to its resident population.</p> <p>Develop and maintain a plan to maximize recruitment and retention of direct care staff.</p> <p>Inform contingency planning for events that do not require activation of the facility's emergency plan, but do have the potential to affect resident care, such as, but not limited to, the availability of direct care nurse staffing or other resources needed for resident care.</p> <p>2.) A. Review of Resident #1's, undated, face sheet reflected an [AGE] year-old female who was admitted to the facility on [DATE], with a readmission on 01/04/25. Resident #1 had diagnoses which included chronic (persisting) kidney disease, major depressive disorder (depressed mood), low back pain and muscle weakness.</p> <p>Review of Resident #1's quarterly MDS assessment, dated 12/08/24, reflected a BIMS score of 12, which indicated moderate cognitive impairment. Section GG (Functional Abilities and Goals) reflected she required partial/moderate assistance with showering.</p> <p>Review of Resident #1's care plan, revised on 12/06/24, reflected she had an ADL self-care performance deficit related to a need for assistance with ADLs with an intervention of assistance of one staff with showering.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #1's showering schedule, provided by the facility, revealed she was scheduled to receive showers every Monday, Wednesday, and Friday. Indicating thirteen showers were scheduled during the dates 12/26/24 - 01/26/25.</p> <p>Review of Resident #1's showering tasks in her EMR, from 12/26/24 - 01/26/25, reflected there were no showers documented during these dates.</p> <p>During an interview on 01/25/25 at 10:36 am, with Resident #1 revealed she stated she usually bathes herself in her bathroom. Resident #1 stated there was not enough staff to answer a call then there was not enough to stay in the shower with her. Resident #1 stated if the facility ever got enough staff she would be taking showers because she feels cleaner.</p> <p>B. Review of Resident #2's, undated, face sheet reflected an [AGE] year-old male who was admitted to the facility on [DATE], with a readmission on 01/08/25. Resident #2 had diagnoses which included chronic total occlusion of coronary artery (a blockage in coronary artery that has been present longer than three months), mild dementia (group of thinking and social symptoms that interferes with daily functioning) with anxiety, and repeated falls.</p> <p>Review of Resident #2's quarterly MDS assessment, dated 1/11/25, reflected a BIMS score of 11, which indicated moderate cognitive impairment. Section GG (Functional Abilities and Goals) reflected he was dependent on staff assistance with showering.</p> <p>Review of Resident #2's care plan, revised on 1/17/24, reflected he had an ADL self-care performance deficit related to a need for assistance with ADLs with an intervention of requiring assistance of two staff with showering.</p> <p>Review of Resident #2's showering schedule, provided by the facility, revealed he was scheduled to receive showers every Tuesday, Thursday, and Saturday. Indicating thirteen showers were scheduled during the dates 12/26/24 - 01/26/25.</p> <p>Review of Resident #2's showering tasks in his EMR, from 12/26/24 - 01/26/25, reflected there were 5 showers documented during these dates.</p> <p>C. Review of Resident #3's, undated, face sheet reflected an [AGE] year-old female who was admitted to the facility on [DATE], with a readmission on 01/08/25. Resident #3 had diagnoses which included dementia (group of thinking and social symptoms that interferes with daily functioning) and combined systolic and diastolic congestive heart failure (the hearts ventricles do not pump or fill with enough blood).</p> <p>Review of Resident #3's admission MDS assessment, dated 11/09/24, reflected a BIMS score of 9, which indicated moderate cognitive impairment. Section GG (Functional Abilities and Goals) reflected she was dependent on staff assistance with showering.</p> <p>Review of Resident #3's care plan, initiated on 11/06/24, reflected she had an ADL self-care performance deficit related to a need for assistance with ADLs with an intervention of one staff assistance with showering.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #3's showering schedule, provided by the facility, revealed she was scheduled to receive showers every Monday, Wednesday, and Friday. Indicating thirteen showers were scheduled during the dates 12/26/24 - 01/26/25.</p> <p>Review of Resident #3's showering tasks in her EMR, from 12/26/24 - 01/26/25, reflected there were 4 showers documented during these dates and 4 refusals from Resident #3.</p> <p>C. Review of Resident #4's, undated, face sheet reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #4 had diagnoses which included dementia (group of thinking and social symptoms that interferes with daily functioning), Williams syndrome (genetic condition with cognitive delays), and severe intellectual disabilities.</p> <p>Review of Resident #4's admission MDS assessment, dated 11/05/24, reflected a BIMS score of 7, which indicated severe cognitive impairment. Section GG (Functional Abilities and Goals) reflected she was dependent on substantial maximum assistance with showering.</p> <p>Review of Resident #4's care plan, revised on 1/25/25, reflected she had an ADL self-care performance deficit related to a need for assistance with ADLs with an intervention of one staff assistance with bathing.</p> <p>Review of Resident #4's showering schedule, provided by the facility, revealed she was scheduled to receive showers every Monday, Wednesday, and Friday. Indicating thirteen showers were scheduled during the dates 12/26/24 - 01/26/25.</p> <p>Review of Resident #4's showering tasks in her EMR, from 12/26/24 - 01/26/25, reflected there were 6 showers documented during these dates, and one refusal.</p> <p>During an interview on 1/25/25 at 12:53pm with Resident #4's Guardian revealed the biggest concern was the lack of adequate staff. The CNAs are hard working but they are being assigned to many residents to provide appropriate care. Resident #4's Guardian stated Resident #4 had gotten some of her showers but she was not getting three showers a week, she can tell when she visits her. The Guardian stated she worries about what effects of bad hygiene practices will affect Resident #4 long term.</p> <p>D. Review of Resident #5's, undated, face sheet reflected an [AGE] year-old female who was admitted to the facility on [DATE]. Resident #5 had diagnoses which included dementia (group of thinking and social symptoms that interferes with daily functioning) and displaced subtrochanteric fracture of the left femur (a break in the upper part of thigh bone below the hip joint).</p> <p>Review of Resident #5's admission MDS assessment, dated 12/23/24, reflected a BIMS score of 4, which indicated severe cognitive impairment. Section GG (Functional Abilities and Goals) reflected she was dependent on staff assistance with showering.</p> <p>Review of Resident #5's care plan, initiated on 12/26/24, reflected she had an ADL self-care performance deficit related to a need for assistance with ADLs with an intervention of assistance of two staff with showering.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #5's showering schedule, provided by the facility, revealed she was scheduled to receive showers every Monday, Wednesday, and Friday. Indicating thirteen showers were scheduled during the dates 12/26/24 - 01/26/25.</p> <p>Review of Resident #5's showering tasks in her EMR, from 12/26/24 - 01/26/25, reflected there were 4 showers documented during these dates.</p> <p>E. Review of Resident #6's, undated, face sheet reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #6 had diagnoses which included complex tear of lateral meniscus of left knee (cartilage between the femur and shin), difficulty walking and hypertension (high blood pressure).</p> <p>Review of Resident #6's admission MDS assessment, dated 1/15/25, reflected a BIMS score of 15, which indicated cognition was intact. Section GG (Functional Abilities and Goals) reflected she was dependent on substantial/maximal assistance with showering.</p> <p>Review of Resident #6's showering schedule, provided by the facility, revealed she was scheduled to receive showers every Monday, Wednesday, and Friday. Indicating five showers were scheduled during the dates 1/15/24 - 01/26/25.</p> <p>Review of Resident #6's showering tasks in her EMR, from 1/15/24 - 01/26/25, reflected 1 shower was documented during these dates.</p> <p>During an interview on 1/26/2025 at 2:40pm with Resident #6 revealed she had not had a shower since she had been at the facility, although she had known she needed one. Resident #6 stated all the sudden today the staff acted insistent that she take a shower. She stated she felt like they were insinuating she had been refusing to shower but she had not previously been offered a shower.</p> <p>F. Review of Resident #7's, undated, face sheet reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #7 had diagnoses which included cerebral infarction (blood flow to the brain blocked by a blood clot causing brain tissue damage), dysphagia (difficulty swallowing), hypertension (high blood pressure).</p> <p>Review of Resident #7's quarterly MDS assessment, dated 1/8/25, reflected a BIMS score of 12, which indicated cognition was intact. Section GG (Functional Abilities and Goals) reflected she required substantial/maximal staff assistance with showering.</p> <p>Review of Resident #7's care plan, initiated on 11/9/24, reflected she had an ADL self-care performance deficit related to a need for assistance with ADLs with an intervention of assistance of one staff with showering.</p> <p>Review of Resident #7's showering schedule, provided by the facility, revealed she was scheduled to receive showers every Tuesday, Thursday, and Saturday. Indicating thirteen showers were scheduled during the dates 12/26/24 - 01/26/25.</p> <p>Review of Resident #7's showering tasks in her EMR, from 12/26/24 - 01/26/25, reflected there were 6 showers documented during these dates.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/25/25 at 11:34am with Resident #7's FM revealed the resident want a lot more showers than she was given. The FM stated during the admission process they were told Resident #7 would be showered three times a week if she wanted. There was no indication that at times there would not be enough staff to provide her with assistance or that showers occurring depended on staff availability. The FM stated it makes Resident #7 uncomfortable when she was not clean.</p> <p>During an interview on 1/25/25 at 11:34am with Resident #7 revealed she does not get her showers like she was supposed to, like they had told her she would. Resident #7 stated she had asked before to be given a shower but the CNA will say they do not have enough time.</p> <p>G. Review of Resident #8's, undated, face sheet reflected an [AGE] year-old male who was admitted to the facility on [DATE]. Resident #8 had diagnoses which included dementia (group of thinking and social symptoms that interferes with daily functioning) and repeated falls.</p> <p>Review of Resident #8's quarterly MDS assessment, dated 12/10/25, reflected a BIMS score of 6, which indicated cognition was intact. Section GG (Functional Abilities and Goals) reflected he required substantial/maximal staff assistance with showering.</p> <p>Review of Resident #8's care plan, revised on 12/17/24, reflected he had an ADL self-care performance deficit related to a need for assistance with ADLs with an intervention of assistance of one staff with showering.</p> <p>Review of Resident #8's showering schedule, provided by the facility, revealed he was scheduled to receive showers every Monday, Wednesday, and Friday. Indicating thirteen showers were scheduled during the dates 12/26/24 - 01/26/25.</p> <p>Review of Resident #8's showering tasks in her EMR, from 12/26/24 - 01/26/25, reflected there were no showers documented during these dates.</p> <p>H. Review of Resident 11's, undated, face sheet reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #11 had diagnoses which included dementia (group of thinking and social symptoms that interferes with daily functioning), Diabetes Mellitus Type II (uncontrollable blood sugar levels), and muscle weakness.</p> <p>Review of Resident #11's admission MDS assessment, dated 8/1/24, reflected a BIMS score of 0, which indicated severe cognitive impairment. Section GG (Functional Abilities and Goals) reflected she required partial/moderate staff assistance with showering.</p> <p>Review of Resident #11's care plan, initiated on 1/25/25, reflected she had an ADL self-care performance deficit related to a need for assistance with ADLs with an intervention of assistance of two staff with showering.</p> <p>Review of Resident #11's showering schedule, provided by the facility, revealed he was scheduled to receive showers every Tuesday, Thursday, and Saturday. Indicating thirteen showers were scheduled during the dates 12/26/24 - 01/26/25.</p> <p>Review of Resident #11's showering tasks in her EMR, from 12/26/24 - 01/26/25, reflected one shower was documented during these dates.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/25/2025 at 2:11 pm with CNA A revealed she works the 6am to 6pm shift, she stated she was able to complete her assigned showers. She documents the showers she has given in the EHR, under the task section. CNA C stated she does have residents complaining to her that they are not getting their showers that are scheduled during other shifts.</p> <p>During a confidential interview with a facility CNA revealed they stated there has not been enough staff to give showers. The CNA stated frequently they must tell the residents that request a shower that they cannot shower them. They are trying to make sure people are cleaned well with adult briefs/incontinence changes because they all know about skin breakdown.</p> <p>During a confidential interview with a facility Nurse revealed they stated when there are only two nurses and one CNA in the evening, which has happened several times lately, the staff make sure the residents are fed, changed as needed and assisted to bed. The Nurse stated showers are placed at the bottom of the list so frequently no showers are given as there was not time.</p> <p>During an interview on 1/25/2025 at 2:39 pm with the facility Administrator revealed she had recognized a concern of residents not receiving showers as scheduled. There have been some staffing shortages that may have affected showers recently. The problem was something they are working on; she does expect that showers be given as scheduled.</p> <p>During an interview on 1/25/2025 at 3:00 pm with the facility DON she revealed she has been at the facility for 3 days. She stated she had not looked at the shower issues completely but recognizes it needs to be addressed although she has not had any residents complain to her about not recei [TRUNCATED]</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745051	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/26/2025
NAME OF PROVIDER OR SUPPLIER Five Points Nursing & Rehabilitation of College St		STREET ADDRESS, CITY, STATE, ZIP CODE 3105 Corsair Drive College Station, TX 77845	

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<p>F 0835</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17141</p> <p>Based on interviews, and record reviews, the facility failed to be administered in a manner that enabled it to use its resources effectively and efficiently to maintain the highest practicable well-being of each resident for 9 of 11 residents (Residents #1, #2, #3, #4 #5, #6, #7,#8 and #11).</p> <p>1. The facility Administration failed to ensure an effective system to monitor for adequate staffing to provide Resident #6 needed care to prevent feelings of helplessness and pain from prolonged exposure to diarrhea for 3 hours while unable to obtain assistance. Residents #4 and #7 needed care including incontinent care and repositioning on 1/23/2025 for an unknown amount of time.</p> <p>2. The facility Administration failed to ensure an effective monitoring system for adequate staffing to provide showers to Residents #1, #2, #3, #4 #5, #6, #7,#8 and #11 in compliance with their shower schedules.</p> <p>These failures placed residents at risk of inadequate supervision, an unsafe environment, skin breakdowns, falls and serious harm.</p> <p>Findings included:</p> <p>1. Review of Resident #6's, undated, face sheet reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #6 had diagnoses which included complex tear of lateral meniscus of left knee (cartilage between the femur and shin), difficulty walking and hypertension (high blood pressure).</p> <p>Review of Resident #6's admission MDS assessment, dated 1/15/25, reflected a BIMS score of 15, which indicated cognition was intact. Section H (Bladder and Bowel) reflected she was occasionally incontinent of bladder and bowel.</p> <p>Review of Resident #6's care plan, initiated on 1/17/25, reflected she had a potential for pressure ulcer development, interventions include Incontinent care after each episode and apply a moisture barrier and needs assistance with repositioning at least every 2 hours.</p> <p>(continued on next page)</p>

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<p>F 0835</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/26/2025 at 2:40pm with Resident #6 revealed she had been having issues with constipation and had taken laxatives on 1/23/2025. Resident #6 stated the laxative began working after she had finished dinner. She stated she used her call light to get help with cleaning up after her bowels had released. Resident #6 stated it had happened before that staff take up to an hour to answer call lights because they were short staffed. She waited over an hour than began calling the front desk to ask for help. Resident #6 stated the diarrhea was burning her skin, was uncomfortable and she felt helpless because she cannot get up out of bed by herself. She stated when she could not get anyone to answer the phone she was feeling even worse after calling for over another hour the call was answered and she told the person she had diarrhea all over herself and needed to be changed, the person answering the call said they would be there to help as soon as possible. Resident #6 stated she waited about 45 minutes than she called the non-emergency 911 and told the person answering that she could not get help. Resident #6 stated she was so upset, feeling helpless and having burning skin sensations and she did not know what else to do to get help. She stated in a few minutes the firefighters showed up but the staff were just leaving her room having come to change her right after she called the fire department. Resident #6 stated she did not know if they heard her make the call or if that was just when they finally showed up but it was 3 hours after she had started calling using the call light.</p> <p>Review of Resident #7's, undated, face sheet reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #7 had diagnoses which included cerebral infarction (blood flow to the brain blocked by a blood clot causing brain tissue damage), dysphagia (difficulty swallowing), hypertension (high blood pressure).</p> <p>Review of Resident #7's quarterly MDS assessment, dated 1/8/25, reflected a BIMS score of 12, which indicated moderate cognitive impairment. Section H (Bladder and Bowel) reflected she was always incontinent of bladder and frequently incontinent of bowel.</p> <p>Review of Resident #7's care plan, initiated on 11/9/24, reflected she had an ADL self-care performance deficit related to a need for assistance with ADLs including incontinence. Interventions include incontinent care after each episode apply a moisture barrier.</p> <p>During an interview on 1/25/25 at 11:34am with Resident #7's FM revealed the resident had called and spoken to the FM about not being able to get anyone to take her to the bathroom that there were no CNAs only 2 nurses. The FM stated she called the facility and after the phone rang for a long time a nurse answered and admitted that there were no CNAs that the nurses were trying to do everything. The FM stated there have been concerns over staffing before but it usually was that there was not enough CNAs but had not been none before that they knew about. The FM stated when they arrived the police were in the parking lot and they told the police they were there to take Resident #7 to the bathroom because she could not get anyone to help her. The FM stated when she got on the hall that Resident #7 was on that almost all the call lights were on outside the room. The FM stated they began assisting Resident #7 to the bathroom but a CNA that had just arrived to work came in to help her. The FM stated Resident #7 was so relieved and told them it was so uncomfortable having to hold it for that long once you realized you needed to go. The CNA assisted Resident #7 to bed and then help her roommate who was also up in her wheelchair and who was incontinent. The FM stated it was well after 9:30 pm when Resident #7 and Resident #4 (Roommate) were put to bed and that usually they are in bed by 8pm. The FM stated when they got home they looked at the video from a camera in Resident #7's room and realized no staff had been to her room to assist her to the bathroom after she was taken at 3:30 pm.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/25/25 at 11:34am with Resident #7 revealed she recalled being uncomfortable on the evening of 1/23/2024. Resident #7 stated her call light was on the whole evening but she heard someone in the hall saying there was only 2 nurses no CNA's. Resident #7 stated she finally called her FM who she hated to disturb, and asked for help going to the bathroom, she could not hold it any longer.</p> <p>Review of Resident #4's, undated, face sheet reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #4 had diagnoses which included dementia (group of thinking and social symptoms that interferes with daily functioning), Williams syndrome (genetic condition with cognitive delays), and severe intellectual disabilities.</p> <p>Review of Resident #4's admission MDS assessment, dated 11/05/24, reflected a BIMS score of 7, which indicated severe cognitive impairment. Section H (Bladder and Bowel) reflected she was always incontinent of bladder and bowel.</p> <p>Review of Resident #4's care plan, revised on 1/25/25, reflected she had a potential for pressure ulcer development, bladder incontinence, and bowel incontinence. Each of the tree focus areas include an intervention of incontinent care after each episode and apply a moisture barrier.</p> <p>During an interview on 1/25/25 at 12:53pm with Resident #4's Guardian revealed she was notified of the staffing issue on 1/23/2025. She stated she looked at the video footage and saw that Resident #4 was sitting in her wheelchair beside her bed from 5:30pm to 9:30pm with no one coming in the room. The Guardian stated Resident #4 has an intellectual disability and she relies on staff to check on her and make sure Resident #4 was safe. The Guardian stated Resident #4 is usually in bed at 8pm so she knew Resident #4 was uncomfortable as she was not used to being in one position that long.</p> <p>Review of the facility staffing sheet for 1/23/2025 revealed there were 2 nurses listed for 6pm to 6am, 1 CNA listed for 6pm to 10pm, and three listed for 10pm-6am.</p> <p>During an interview on 1/25/25 at 7:30pm with RN B revealed she had made the schedule for 1/23/2025. She stated she was told she would be making the staffing schedules but she was not given any training or direction. RN B stated she was told use this and given a list of staff. She stated she had made the staff schedule on the 20th and realized when she it there was only one staff available to put on the 6pm to 10pm timeframe for the 23rd. RN B stated she had notified the Corporate Traveling DON who was acting as the DON of the facility and assumed she would plan for others to be scheduled. RN B stated she was not aware that no other CNAs were added or that the one she scheduled called out as she was not the on-call person for that night.</p> <p>During an interview on 1/26/25 at 1:50pm with Corporate Traveling Nurse RN-C revealed she was the acting DON for the facility prior to the new DON starting. RN C stated she had not been notified that only one CNA was scheduled to work from 6p to 10p. RN C stated they had never worked with just one CNA on that shift while she was there. She stated the staffing depends on census and they typically have 2 nurses and 4 CNAs.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/25/2025 at 3:00pm with the facility DON revealed that 1/23/2025 was her second day working at the facility. She stated she stayed over to work as one of the nurses scheduled for 6pm to 6am had a family emergency and would not be working. The DON stated she reached out to different nurses to see if they would pick up the shift but no one was available. The CNA that had been scheduled to work did not show up. There should have been more scheduled. The DON stated they had one CNA from the day shift stay over till 7:30pm, when she had to leave. After 7:30pm she and another nurse were the only ones there until 9:30pm when a CNA came. They had scheduled 2 other CNAs a total of 3 working on the 10pm to 6am shift, one for that shift called out also. The DON stated the police and firefighters came around 9pm saying they had received a call from Resident #6 that she needed help. The DON stated they been in the process of cleaning Resident #6 up when the police and fire department showed up. They did not find any residents in need of care so the police considered the visit a welfare concern and the firefighters left. She stated the facility was currently having staffing issues that she planned to address. Part of the problem she felt was the split shifts she planned to make all positions 12-hour shifts so everyone would be working a 6 to 6 shift. They also are in the process of hiring five CNAs that are starting next week. The DON stated it was not planned and she did not think 2 nurses was enough staff to care for 76 residents. She did not know if they could have evacuated all the residents if there had been an emergency when there was just the two of them but she felt like they would have been able to do so.</p> <p>During an interview on 1/25/25 at 2:39pm with the facility Administrator revealed she had not been aware there had been only one staff scheduled for the 6pm to 10pm time, on 1/23/25. She stated on 1/23/25 she received a call at 9:07pm from the DON saying the Fire Department was at the building and then at 9:34pm the police were here. She stated she had arrived soon after. The Administrator stated the police had reported that Resident #6 had called saying that she could not get any help. The Administrator stated she had known there were call ins but did not know how many staff there were. She stated she later found out there were only 2 staff in the building, which is not acceptable, but we are working to get positions filled. The Administrator stated Resident #6 stated she did not feel neglected just that it took too long for someone to help her. The Administrator stated that it had not happened before that there were only two staff working the building, that they have been short staffed but have been pulling people from other positions such as the office to meet the resident's needs. The Administrator stated she did not know if two people would have been able to evacuate the building. We have started having people be a manager on duty so they can monitor. Do not know if they would be able to evacuate. The Administrator stated the facility assessment is what they base staffing on.</p> <p>In an additional interview on 1/26/2025 at 11:58am revealed when asked how many staff are needed to meet the residents personal care, the Administrator stated they do not have a number they know what they would like to have but that is not a regulation. The Administrator explained that the acuity levels change, they are a new facility it was more of a moving number. She stated they have hired more CNAs and nurses.</p> <p>Review of the facility Daily Census on 1/25/25 revealed the census was 76 residents.</p> <p>Review of the Facility Assessment Tool provided by the facility, dated 7/25/2024, indicated an average daily census in the last year was 8. The staffing plan indicated: Licensed Nurses: RN, LPN, LVN providing direct care 1 during the day shift 6am to 6pm, 1 during the evening shift 1 6pm to 6am. Nurse Aides: 2 during the day shift, 1 during the 6pm to 6am shift.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #1's showering schedule, provided by the facility, revealed she was scheduled to receive showers every Monday, Wednesday, and Friday. Indicating thirteen showers were scheduled during the dates 12/26/24 - 01/26/25.</p> <p>Review of Resident #1's showering tasks in her EMR, from 12/26/24 - 01/26/25, reflected there were no showers documented during these dates.</p> <p>During an interview on 01/25/25 at 10:36 am, with Resident #1 revealed she stated she usually bathes herself in her bathroom. Resident #1 stated there was not enough staff to answer a call then there was not enough to stay in the shower with her. Resident #1 stated if the facility ever got enough staff she would be taking showers because she feels cleaner.</p> <p>2. A. Review of Resident #2's, undated, face sheet reflected an [AGE] year-old male who was admitted to the facility on [DATE], with a readmission on 01/08/25. Resident #2 had diagnoses which included chronic total occlusion of coronary artery (a blockage in coronary artery that has been present longer than three months), mild dementia (group of thinking and social symptoms that interferes with daily functioning) with anxiety, and repeated falls.</p> <p>Review of Resident #2's quarterly MDS assessment, dated 1/11/25, reflected a BIMS score of 11, which indicated moderate cognitive impairment. Section GG (Functional Abilities and Goals) reflected he was dependent on staff assistance with showering.</p> <p>Review of Resident #2's care plan, revised on 1/17/24, reflected he had an ADL self-care performance deficit related to a need for assistance with ADLs with an intervention of requiring assistance of two staff with showering.</p> <p>Review of Resident #2's showering schedule, provided by the facility, revealed he was scheduled to receive showers every Tuesday, Thursday, and Saturday. Indicating thirteen showers were scheduled during the dates 12/26/24 - 01/26/25.</p> <p>Review of Resident #2's showering tasks in his EMR, from 12/26/24 - 01/26/25, reflected there were 5 showers documented during these dates.</p> <p>B. Review of Resident #3's, undated, face sheet reflected an [AGE] year-old female who was admitted to the facility on [DATE], with a readmission on 01/08/25. Resident #3 had diagnoses which included dementia (group of thinking and social symptoms that interferes with daily functioning) and combined systolic and diastolic congestive heart failure (the hearts ventricles do not pump or fill with enough blood).</p> <p>Review of Resident #3's admission MDS assessment, dated 11/09/24, reflected a BIMS score of 9, which indicated moderate cognitive impairment. Section GG (Functional Abilities and Goals) reflected she was dependent on staff assistance with showering.</p> <p>Review of Resident #3's care plan, initiated on 11/06/24, reflected she had an ADL self-care performance deficit related to a need for assistance with ADLs with an intervention of one staff assistance with showering.</p> <p>(continued on next page)</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745051	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/26/2025
NAME OF PROVIDER OR SUPPLIER Five Points Nursing & Rehabilitation of College St		STREET ADDRESS, CITY, STATE, ZIP CODE 3105 Corsair Drive College Station, TX 77845	
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 0835</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #5's showering schedule, provided by the facility, revealed she was scheduled to receive showers every Monday, Wednesday, and Friday. Indicating thirteen showers were scheduled during the dates 12/26/24 - 01/26/25.</p> <p>Review of Resident #5's showering tasks in her EMR, from 12/26/24 - 01/26/25, reflected there were 4 showers documented during these dates.</p> <p>E. Review of Resident #6's, undated, face sheet reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #6 had diagnoses which included complex tear of lateral meniscus of left knee (cartilage between the femur and shin), difficulty walking and hypertension (high blood pressure).</p> <p>Review of Resident #6's admission MDS assessment, dated 1/15/25, reflected a BIMS score of 15, which indicated cognition was intact. Section GG (Functional Abilities and Goals) reflected she was dependent on substantial/maximal assistance with showering.</p> <p>Review of Resident #6's showering schedule, provided by the facility, revealed she was scheduled to receive showers every Monday, Wednesday, and Friday. Indicating five showers were scheduled during the dates 1/15/24 - 01/26/25.</p> <p>Review of Resident #6's showering tasks in her EMR, from 1/15/24 - 01/26/25, reflected 1 shower was documented during these dates.</p> <p>During an interview on 1/26/2025 at 2:40pm with Resident #6 revealed she had not had a shower since she had been at the facility, although she had known she needed one. Resident #6 stated all the sudden today the staff acted insistent that she take a shower. She stated she felt like they were insinuating she had been refusing to shower but she had not previously been offered a shower.</p> <p>F. Review of Resident #7's, undated, face sheet reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #7 had diagnoses which included cerebral infarction (blood flow to the brain blocked by a blood clot causing brain tissue damage), dysphagia (difficulty swallowing), hypertension (high blood pressure).</p> <p>Review of Resident #7's quarterly MDS assessment, dated 1/8/25, reflected a BIMS score of 12, which indicated cognition was intact. Section GG (Functional Abilities and Goals) reflected she required substantial/maximal staff assistance with showering.</p> <p>Review of Resident #7's care plan, initiated on 11/9/24, reflected she had an ADL self-care performance deficit related to a need for assistance with ADLs with an intervention of assistance of one staff with showering.</p> <p>Review of Resident #7's showering schedule, provided by the facility, revealed she was scheduled to receive showers every Tuesday, Thursday, and Saturday. Indicating thirteen showers were scheduled during the dates 12/26/24 - 01/26/25.</p> <p>Review of Resident #7's showering tasks in her EMR, from 12/26/24 - 01/26/25, reflected there were 6 showers documented during these dates.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/25/25 at 11:34am with Resident #7's FM revealed the resident want a lot more showers than she was given. The FM stated during the admission process they were told Resident #7 would be showered three times a week if she wanted. There was no indication that at times there would not be enough staff to provide her with assistance or that showers occurring depended on staff availability. The FM stated it makes Resident #7 uncomfortable when she was not clean.</p> <p>During an interview on 1/25/25 at 11:34am with Resident #7 revealed she does not get her showers like she was supposed to, like they had told her she would. Resident #7 stated she had asked before to be given a shower but the CNA will say they do not have enough time.</p> <p>G. Review of Resident #8's, undated, face sheet reflected an [AGE] year-old male who was admitted to the facility on [DATE]. Resident #8 had diagnoses which included dementia (group of thinking and social symptoms that interferes with daily functioning) and repeated falls.</p> <p>Review of Resident #8's quarterly MDS assessment, dated 12/10/25, reflected a BIMS score of 6, which indicated cognition was intact. Section GG (Functional Abilities and Goals) reflected he required substantial/maximal staff assistance with showering.</p> <p>Review of Resident #8's care plan, revised on 12/17/24, reflected he had an ADL self-care performance deficit related to a need for assistance with ADLs with an intervention of assistance of one staff with showering.</p> <p>Review of Resident #8's showering schedule, provided by the facility, revealed he was scheduled to receive showers every Monday, Wednesday, and Friday. Indicating thirteen showers were scheduled during the dates 12/26/24 - 01/26/25.</p> <p>Review of Resident #8's showering tasks in her EMR, from 12/26/24 - 01/26/25, reflected there were no showers documented during these dates.</p> <p>H. Review of Resident 11's, undated, face sheet reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #11 had diagnoses which included dementia (group of thinking and social symptoms that interferes with daily functioning), Diabetes Mellitus Type II (uncontrollable blood sugar levels), and muscle weakness.</p> <p>Review of Resident #11's admission MDS assessment, dated 8/1/24, reflected a BIMS score of 0, which indicated severe cognitive impairment. Section GG (Functional Abilities and Goals) reflected she required partial/moderate staff assistance with showering.</p> <p>Review of Resident #11's care plan, initiated on 1/25/25, reflected she had an ADL self-care performance deficit related to a need for assistance with ADLs with an intervention of assistance of two staff with showering.</p> <p>Review of Resident #11's showering schedule, provided by the facility, revealed he was scheduled to receive showers every Tuesday, Thursday, and Saturday. Indicating thirteen showers were scheduled during the dates 12/26/24 - 01/26/25.</p> <p>Review of Resident #11's showering tasks in her EMR, from 12/26/24 - 01/26/25, reflected one shower was documented during these dates.</p> <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/25/2025 at 2:11 pm with CNA A revealed she works the 6am to 6pm shift, she stated she was able to complete her assigned showers. She documents the showers she has given in the EHR, under the task section. CNA C stated she does have residents complaining to her that they are not getting their showers that are scheduled during other shifts.</p> <p>During a confidential interview with a facility CNA revealed they stated there has not been enough staff to give showers. The CNA stated frequently they must tell the residents that request a shower that they cannot shower them. They are trying to make sure people are cleaned well with adult briefs/incontinence changes because they all know about skin breakdown.</p> <p>During a confidential interview with a facility Nurse revealed they stated when there are only two nurses and one CNA in the evening, which has happened several times lately, the staff make sure the residents are fed, changed as needed and assisted to bed. The Nurse stated showers are placed at the bottom of the list so frequently no showers are given as there was not time.</p> <p>During an interview on 1/25/2025 at 2:39 pm with the facility Administrator revealed she had recognized a concern of residents not receiving showers as scheduled. There have been some staffing shortages that may have affected showers recently. The problem was something they are working on; she does expect that showers be given as scheduled.</p> <p>During an interview on 1/25/2025 at 3:00 pm with the facility DON she revealed she has been at the facility for 3 days. She stated she had not looked at the shower issues completely but recognizes it needs to be addressed although she has not had any residents complain to her about not receiving a shower. The DON stated her expectation was that showers are provided as scheduled.</p> <p>Review of the facility's Nursing Policy and Procedure Manual, dated 2003, reflected the following:</p> <p>Bath, Tub/Shower</p> <p>Bathing by tub bath or shower is done to remove soil, dead epithelial cells, microorganism [TRUNCATED]</p>