STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	745051	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Five Points Nursing & Rehabilitation of College St	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40884 Based on interview and record review, the facility failed to ensure that residents received care, consistent with professional standards of care to prevent development or promote wound healing for one (Resident #1) of three residents reviewed for pressure ulcers. The facility failed to provide treatments on 04/30/2025, 05/03/2025, and 05/05/2025 to a pressure ulcer on Resident #1's left heel. This failure could place residents at risk for worsening pressure ulcers leading to discomfort, pain, and potential infections. Findings included: Review of Resident #1's face sheet, dated, 05/15/2025, reflected an [AGE] year-old female who was admitted on [DATE] and readmitted on [DATE]. Resident #1 had diagnoses which included cellulitis of left lower limb (a bacterial skin infection affecting the deeper layers of the skin and the tissue beneath it in the left leg), pressure ulcer of left heel, stage 4 (the most severe type, characterized by deep tissue damage, potentially exposing muscles, tendons, or bone), type 2 diabetes mellitus with diabetic neuropathy, unspecified (a chronic condition where the body either does not produce enough insulin or can not effectively use the insulin it produces, leading to high blood sugar levels), cognitive communication deficit (communication difficulties stemming from underlying cognitive impairments, rather from speech or language deficits), and sepsis, unspecified organism (infection is present, but the exact type of bacteria, virus, or fungus causing it is not identified). Review of Resident #1's Quarterly MDS, dated [DATE], reflected Resident #1 had a BIMS score of 14 which indicated her cognition was intact. Resident #1 had a diagnoses of pressure ulcer of left heel, stage 4, sepsis, unspecified organism, and diabetes mellitus. Resident #1 pressure ulcer stage 4 was present upon admission. Resident #1 was dependent on staff for toileting, showers, and transfers. She required partial/moderate assistance (helper does less the half the effort) with personal hygiene and upper body dressing. Resident #1 required substantial/maximal assistance (helper does more than half the effort) with lower body dressing. (continued on next page)

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	745051	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Five Points Nursing & Rehabilitation of College St	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #1's Comprehensive Care Plan, with a completion date 04/30/2025, reflected Resident #1 had a pressure ulcer on her left heel. Interventions: Administer medications as ordered. Administer treatments as ordered and monitor for effectiveness. Replace any loose or missing dressings as needed. Assess/record/ monitor wound healing at least weekly. Measure length, width, and depth where possible. Avoid positioning the resident on the location of the left heel. Follow facility policies/protocols for the prevention/treatment of skin breakdown. Reviewed Resident #1's TAR for the month of April 2025 revealed Resident #1 had an order for cleanse stage 4 left heel pressure wound with NS, pat dry with gauze, apply methylene blue, cover with gauze island border dressing one time a day every Monday, Wednesday, and Saturday. Resident #1 did not receive treatment to stage 4 left heel wound on Wednesday, 04/30/2025. Reviewed Resident #1's TAR for the month of May 2025 revealed Resident #1 had an order for cleanse stage 4 left heel- pressure wound with NS, pat dry with gauze, apply methylene blue, cover with gauze island border dressing one time a day every Mon, Wed, Sat for wound care. Resident #1 did not receive treatment to left heel on 05/03/2025 and 05/05/2025. Review of Resident #1's skin assessment, dated 04/16/2025, reflected Resident #1 had stage IV pressure ulcer to left heel. 1. L -1.5 cm, W- 1.8 cm, and depth 0.1 cm. 2. Slough yellow or white tissue adhered to the wound. 3. Granulation: pink or beefy red tissue; shiny, moist, granular. 4. Approximate amount of epithelial and/or granulation tissue- 76-100 percent. 5. Approximate amount of necrotic tissue (slough or eschar): 76-100 percent. 6. Exudate amount- moderate 7. Exudate color- Pink 8. Exudate character - Clear 9. Undermining present- no 10. Tunneling present- no 11. Is there bone, tendon, or hardware visible or directly palpable in the wound -no 12. Surrounding Tissue/Wound Edges- none 13. Surrounding Skin Color- Pink (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	745051	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Five Points Nursing & Rehabilitation of College St	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	14. Odor- No 15. Signs/Symptoms of infection observed- No 16. Pain associated with this wound - No Intervention: cleanse area, pat dry, apply methylene blue foam and cover with a gauze island with border dressing, three times per week until resolved. Pressure reducing devices in place: 1. Air mattress 2. Pillows to float heels 3. Podus boot Pressure ulcer was present on admission. Review of Resident #1's weekly ulcer assessment, dated 4/23/2025, reflected Resident #1 had a stage IV pressure ulcer to left heel. 1. L -1.5 cm, W- 1.7 cm, and depth 0.1 cm. 2. Slough yellow or white tissue adhered to the wound. 3. Granulation: pink or beefy red tissue; shiny, moist, granular. 4. Approximate amount of epithelial and/or granulation tissue- 76-100 percent. 5. Approximate amount of necrotic tissue (slough or eschar): 76-100 percent. 6. Exudate amount- moderate 7. Exudate color- Pink 8. Exudate character - Clear 9. Undermining present- no 10. Tunneling present- no 11. Is there bone, tendon, or hardware visible or directly palpable in the wound -no 12. Surrounding Tissue/Wound Edges- none 13. Surrounding Skin Color- Pink (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	745051	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Five Points Nursing & Rehabilitation of College St	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	14. Odor- No 15. Signs/Symptoms of infection observed- No 16. Pain associated with this wound - No Intervention: cleanse area, pat dry, apply methylene blue foam and cover with a gauze island with border dressing, three times per week until resolved. Pressure reducing devices in place: 17. Air mattress 18. Pillows to float heels 19. Podus boot Pressure ulcer was present on admission. Review of Resident #1's weekly ulcer assessment, dated 4/30/2025, reflected Resident #1 had a stage IV pressure ulcer to left heel. 20. L -1.8 cm, W- 1.8 cm, and depth 0.1 cm. 21. Slough yellow or white tissue adhered to the wound. 22. Granulation: pink or beefy red tissue; shiny, moist, granular. 23. Approximate amount of epithelial and/or granulation tissue- 76-100 percent. 24. Approximate amount of necrotic tissue (slough or eschar): 76-100 percent. 25. Exudate amount- moderate 26. Exudate color- Pink 27. Exudate character - Clear 28. Undermining present- no 29. Tunneling present- no 30. Is there bone, tendon, or hardware visible or directly palpable in the wound -no 31. Surrounding Tissue/Wound Edges- none 32. Surrounding Skin Color- Pink (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	745051	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Five Points Nursing & Rehabilitation of College St	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	33. Odor- No 34. Signs/Symptoms of infection observed- No 35. Pain associated with this wound - No Intervention: cleanse area, pat dry, apply methylene blue foam and cover with a gauze island with border dressing. Frequency of wound treatment: three times per week. Pressure reducing devices in place: 36. Air mattress 37. Pillows to float heels 38. Podus boot Pressure ulcer was present on admission. Review of Resident #1's Wound Physician Evaluation and Management Summary Report, dated 04/30/2025 reflected the following: 1. Etiology quality- Pressure 2. Stage - 4 3. Duration - > 287 days 4. Objective- Healing/Maintaining Healing. 5. Healing Potential - Fair 6. Care goal (s) this month- decrease ulcer area 7. Approach: Serial debridement 8. Wound Size: L (length)- 1.8 x W (width)- 1.8, D (depth)- 0.1cm 9. Surface Area: 3.24 cm2 10. Exudate: moderate serous (a drainage amount that falls between 25% and 75% saturation of the dressing) 11. Slough - 100 percent (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	745051	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Five Points Nursing & Rehabilitation of College St	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	12. Wound progress: Exacerbated due to patient non-compliant with wound care, PAD (peripheral artery disease - a condition where the arteries that carry blood to the arms, legs, and feet become narrowed or blocked- multifactorial (involving or dependent on several factors or causes). 13. Infection Assessment- No infection. 14. Primary Dressings: methylene blue foam apply three times per week and as needed: if saturated, soiled, or dislodged. For 19 days. 15. Secondary Dressing(s): Gauze Island with bdr (background diabetic retinopathy) apply three times per week for 30 days. Review of Resident #1's hospital records with encounter date 05/06/2025, reflected Resident #1 was seen in podiatry clinic and had debridement of her foot ulcer-provided with medication. Resident #1 had diabetic foot infection (HCC) chronic. Resident discharge diagnosis was diabetic foot infection (chronic). She was discharged to Skilled Nursing Facility. Interview on 05/15/2025 at 2:45 PM via phone the former Treatment Nurse A and left message. Former Treatment Nurse A did not return phone call. Interview on 05/15/2025 at 3:45 PM via phone The Wound Doctor stated in his opinion Resident #1's wound on her left heel did not decline after missing 3 treatments. He stated he assessed Resident #1's wound on 04/30/2025 and assessed Resident #1's wound on 05/14/2025 at another facility. The Wound Physician stated Resident #1's wound on her left heel had not declined and there was no infection to the wound in his opinion. Interview on 05/15/2025 at 4:45 PM The Administrator stated all the physician orders for wound treatments was documented on the TAR (Treatment Authorization Record) record. She stated whatever treatment was documented from the TAR came from the physician order. She stated her expectations from a treatment nurse was to receive orders and execute the orders as they have been given to treatment nurse by a physician. The treatment nurse was responsible to monitor all treatments were being completed by the physician order. She stated every day in the computer system program the treatments populated in the system of the treatments due for the day. The Administrator stated if a resident was not receiving treatment to their wounds there were a risk the wound would deteriorate. She stated it was possible a resident may develop an infection or may take longer for the wound to heal. She stated the Wound Physician visited the facility weekly and gave care to all residents with wound concerns. She stated after the wound physician visited all wounds was discussed in the next day morning meeting. She stated the following disciplines was in the morning meeting: treatment nurse, DON, ADON, Administrator, charge nurse, Social Worker, Dietary Manger, Manger, Admission Coordinator, etc. She stated all aspects of every resident with wounds was discussed such as: has wound healed, has it deteriorated, any new treatments, etc. The Administrator stated the Treatment Nurse monitored the treatments of wounds, the DON monitored the Treatment Nurse, and she would monitor the DON. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	745051	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Five Points Nursing & Rehabilitation of College St	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 05/15/2025 at 5:10 PM The Director of Operations stated her expectations was the nurses to follow the physician orders. She stated all orders for treatments was discussed in morning meetings. She stated all nurse managers including treatment nurse, the Administrator, Dietary Manager, Social Worker, Treatment Nurse, ADON and Nurse Managers. The Director of Operations stated she also attended the meetings. She stated in the meetings any new orders of any type including wounds was discussed in the morning meeting. She stated there was a stand down meeting in the afternoons. The Director of Operation stated the Treatment Nurse, DON, ADON, Nurse managers, Administrator, Dietary Manager, and Social Worker attended these meetings. She stated she also attended the meetings. The Director of Operations stated change of condition and any new orders including wounds was reviewed with the DON, Treatment Nurse, Administrator, ADON, Social Worker and Dietary Manager. She stated the DON monitors treatment nurse and Regional Compliance Nurse monitors the DON. She stated all resident wound treatments due for the day populates in the electronic record. She stated the treatment nurses knows what treatments was due for the day when they reviewed the electronic medical record. She stated the facility had a standards weekly meeting and wounds was discussed in the meeting. The Director of Operations stated the same staff attends the standards weekly meeting as the morning meetings. She stated if a resident did not receive treatments to wounds as ordered by the physician, a resident's wound may heal slower, and it was a possibility a resident may develop an infection. Review of Facility Checklist for Treatment Dressing Change, not dated, reflected verifies orders for wound treatment from TARS and chart.