

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  06/03/2025
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure the resident had the right to reside and receive services in the facility with reasonable accommodations of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents for 1 of 6 residents (Resident #3) reviewed for resident rights.</p> <p>The facility failed to ensure Resident #3 call light was within reach on 06/03/2025.</p> <p>This failure could place residents at risk of their needs not being met.</p> <p>Findings include:</p> <p>Record review of Resident #3's admission record, dated 06/03/2025, reflected a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #3 had diagnoses which included: unspecified dementia severity without behavioral disturbance psychotic disturbance, mood disturbance, and anxiety (memory loss and thinking difficulties), major depressive disorder (mental health condition characterized by persistent feelings of sadness, loss of interest, and reduce functioning in various areas of life), and essential primary hypertension (high blood pressure).</p> <p>Record review of Resident #3's admission MDS assessment, dated 05/08/2025, reflected the resident had a BIMS score of 06, which indicated severe cognitive impairment. Resident #3 was dependent in the areas of toileting hygiene and putting on/taking off footwear. Resident #3 required substantial/maximal assistance in the areas of shower/bathe self, lower body dressing, and personal hygiene.</p> <p>Record review of Resident #3's care plan, dated 06/03/2025, reflected Resident #3 was care planned for falls r/t impaired mobility function, cognition and communication and had an intervention of be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed.</p> <p>During an interview and observation on 06/03/2025 at 9:20 AM., Resident #3 was observed sitting in his recliner while his call light on the ground approximately 2 feet away from him. Resident #3 was not able to be interviewed due to his cognitive impairment.</p> <p>During an interview and observation on 06/03/2025 at 11:05 AM., Resident #3 was observed sitting in his recliner while his call light on the ground approximately 2 feet away from him. Resident #3's call light was observed in the same location from the previous observation on 9:20 AM on 06/03/25.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 06/03/2025 at 3:10 PM, CNA A stated she was the CNA for Resident #3. CNA A stated that she was not aware that the resident's call light was not within reach from 9:20am - 11:05am. CNA A stated she was not working with Resident #3 during those times. CNA A stated there was a CNA working with Resident #3 at those times. CNA A stated that the other CNA left to go to an appointment. CNA A stated that once she put Resident #3 in his bed after lunch, she places his call light within reach. CNA A stated that was everyone responsible to ensure call lights were within reach. CNA A stated if a resident's call light was not within reach, then the resident would not be able to call for assistance.</p> <p>During an interview with the DON on 06/03/2025 at 4:30PM, the DON stated all residents call lights should be always within reach. The DON stated it was everyone's responsibility to ensure residents call lights were always within reach. The DON stated if a resident's call light was not within reach, the resident would not be able to call for assistance.</p> <p>During an interview with the ADM on 06/03/2025 at 5:25 PM, the ADM stated call lights should always be within reach. The ADM stated it was everyone's responsibility to ensure the call lights were within reach. The ADM stated if a resident's call light was not within reach, then the resident would not be able to express their needs nor have their needs met. The ADM stated her expectation was for staff members to ensure call lights were within reach prior to exiting the resident's rooms.</p> <p>The facility does not have a policy regarding call lights.</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, and record review, the facility failed to ensure residents who were unable to carry out activities of daily living received necessary services to maintain personal hygiene for 2 of 6 residents (Resident #1 and Resident #2) reviewed for bathing.</p> <p>The facility failed to provide showers to Resident #1 and Resident #2 in compliance with her shower schedule.</p> <p>This deficient practice could place residents at risk of decline in skin integrity and overall health.</p> <p>Findings included:</p> <p>Record review of Resident #1's admission record, dated 06/03/2025, reflected an [AGE] year-old female who was admitted to the facility on [DATE]. Resident #1 had diagnoses which included: chronic obstructive pulmonary disease (lung disease that makes it difficult to breathe), hyperlipidemia (having too much fat in your blood, specifically too much cholesterol and or triglycerides), heart failure (the heart isn't able to pump enough blood to meet the body's needs), primary generalized osteoarthritis (cartilage in joints start to break down and wear away, making them stiff and painful to move) and dependance on supplement oxygen (a person's body needs extra oxygen beyond what they can get from breathing normal air).</p> <p>Record review of Resident #1's care plan, dated 06/03/2025, reflected Resident #1 was care planned for ADL self-care performance deficit and had an intervention of bath: requires staff x1 for assistance.</p> <p>Review of Resident #1's EMR task Bathing M-W-F evenings dated 06/03/25, reflected Resident #1 received a bath on the following dates: 05/24/25, 05/31/25, 06/02/25, 06/03/25. EMR reflected that Resident #1 was scheduled for a bath on Mondays, Wednesdays, and Fridays during the evening shift. There was no documentation reflecting Resident #1 received a bath on the following dates: 05/26/25, 05/28/25, 05/30/25.</p> <p>During an interview on 06/03/2025 at 10:15 AM, Resident #1 stated she did not receive a bath last week from the facility staff. Resident #1 stated she only received a bath when her hospice provider comes. Resident #1 stated if it was not for the hospice provider, she would smell terrible.</p> <p>Record review of Resident #2's admission record, dated 06/03/2025, reflected a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #2 had diagnoses which included: type 2 diabetes mellitus with unspecified complications (a condition where your body either doesn't make enough insulin or doesn't use it well), abnormalities of gait and mobility (any deviation from the typical and efficient pattern of walking and movement), Muscle weakness (decrease ability of muscles to contract and move), lack of coordination (difficulty making smooth precise movements) and anxiety disorder (condition where excessive worry, fear, and apprehension interfere with daily life)</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 - Few</p>	<p>Record review of Resident #2's Quarterly MDS assessment, dated 04/14/2025, reflected the resident had a BIMS score of 13, which indicated the resident cognition was intact. Resident #2 required substantial/maximal assistances in the areas of shower/bathe self, lower body dressing, putting on/taking off footwear. Resident #2 required partial/moderate assistance in the areas of toileting hygiene and upper body dressing.</p> <p>Record review of Resident #2's care plan, dated 06/03/2025, reflected Resident #2 was care planned for ADL self-care performance deficit and had an intervention of bath: requires staff x1 for assistance.</p> <p>Review of Resident #2's EMR task Bathing: Prefers Showers T-TH-Sa day shift, dated 06/03/25, reflected Resident #2 received a shower on the following dates: 05/06/25, 05/08/25, 05/13/25, 05/15/25, 05/20/25 &amp; 06/03/25. EMR reflected that Resident #2 was scheduled for a shower on Tuesday, Thursday, and Saturday on day shift. There was no documentation reflecting Resident #1 received a bath from 05/25/25 to 05/30/25. There was no documentation reflecting Resident #2 received a shower on the following dates: 05/06/25, 05/10/25, 05/17/25, 05/22/25, 05/24/25, 05/27/25, 05/29/25, 05/31/25.</p> <p>During an interview on 06/03/2025 at 10:35 PM, Resident #2 stated the facility is terrible about giving showers on the residents' scheduled shower day. Resident #2 stated that he was scheduled to receive a shower after lunch today. Resident stated all he wanted was to receive his showers as scheduled. Resident #2 stated he does not like to or want to smell bad.</p> <p>During an interview on 06/03/2025 at 2:30 PM, CNA A stated Resident #2 received his bath today. CNA A stated she was not aware that Resident #2 had not been receiving showers as scheduled. CNA A stated that resident's bath/shower schedule was located on the POC in EMR. CNA A stated that if a resident did not receive scheduled a bath/shower they would smell bad.</p> <p>During an interview on 06/03/2025 at 3:10 PM, CNA B stated Resident #1 received her bath today. CNA B stated she was not aware that Resident #1 did not receive her showers last week. CNA B stated that she doesn't normally work the hall with Resident #1 but reviewed her POC in the EMR and saw she was scheduled for a shower. CNA B stated that if a resident did not receive scheduled showers they could smell or get an infection.</p> <p>During an interview with the DON on 06/03/2025 at 4:30PM, the DON stated CNAs were responsible for giving the residents a bath/shower. The DON stated if a resident did not receive their scheduled bath/shower they could develop an odor or a skin issue. The DON stated he expected for all residents to receive a bath/shower as scheduled.</p> <p>During an interview with the ADM on 06/03/2025 at 5:25 PM, the ADM stated the CNAs were responsible for giving the residents a bath/shower. The ADM stated that residents would develop an odor if they were not receiving a bath/shower per the residents' bath/shower schedule. ADM stated that she expected for all residents to receive a bath/shower as scheduled.</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 - Few</p>	<p>A record review of the facility's Bath, Tub/Shower policy, not dated, reflected 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 blemish with various aging spots over time and is easily affected by environment temperature and humidity, sun exposure, soaps, and clothing fabrics. The frequency and type of bathing depends on 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>Goal</p> <ol style="list-style-type: none"> <li>1. The resident will experience improved comfort and cleanliness by bathing,</li> <li>2. The resident will maintain intact skin integrity.</li> <li>3. The resident will be free from soil, odor, dryness, and pruritus following bathing.</li> <li>4.</li> </ol> <p>Procedure</p> <ol style="list-style-type: none"> <li>2. Become familiar with type and pattern of bathing, assistance or aids needed, skin condition, presence of dressing or casts</li> </ol>