

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455416	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/09/2025
NAME OF PROVIDER OR SUPPLIER Caraday of Ft. Worth		STREET ADDRESS, CITY, STATE, ZIP CODE 8001 Western Hills Blvd Fort Worth, TX 76108	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interviews the facility failed to maintain medical records on each resident that are accurate for 1 of 5 residents (Resident #1) reviewed for resident records.</p> <p>CNA A failed to accurately document in Resident #1's EHR on 06/06/25 when she documented her care using CNA B's log-in credentials.</p> <p>This failure could lead to incorrect documentation of resident care.</p> <p>Findings included:</p> <p>Record review of Resident #1's undated admission Record reflected the resident was an [AGE] year-old male admitted to the facility on [DATE] with diagnoses which included Alzheimer's, dementia, and high blood pressure.</p> <p>Record review of Resident #1's quarterly MDS, dated [DATE], revealed a BIMS score of 3 indicating he had severe cognitive impairment. His Functional Status assessment indicated he was dependent on staff for all of his ADLs.</p> <p>Record review of Resident #1's care plan, dated 05/30/25, reflected he had an ADL self-care deficit, and impaired cognition being non-verbal.</p> <p>Record review of Resident #1's Tasks in her EHR reflected on 06/06/25 CNA B had documented all of the resident's cares as being completed.</p> <p>In an interview on 06/08/25 at 2:20 PM, CNA B stated she had not worked with Resident #1 on 06/06/25 because she had been assigned to another unit. She stated CNA A had been assigned to work with Resident #1 on that date.</p> <p>In a phone interview on 06/08/25 at 2:47 PM, CNA A stated she had provided Resident #1 with care on 06/06/25. She stated she had documented under CNA B's log-in credentials. She stated her log-in kicked her out all the time, so she used CNA B's log-in. She stated CNA-B was logged into the EHR when she tried to log-in, so she just used CNA B's log-in. She stated she had told people about the issue but nothing had been done. She stated she knew she was not supposed to use someone else's log-in.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455416	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/09/2025
NAME OF PROVIDER OR SUPPLIER Caraday of Ft. Worth		STREET ADDRESS, CITY, STATE, ZIP CODE 8001 Western Hills Blvd Fort Worth, TX 76108	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In a follow up interview on 06/08/25 at 3:06 PM, CNA B stated she must not have signed off the computer at the end of her shift, which was how CNA A was able to chart under her name. She stated she knew not to share her log-in credentials with anyone. She stated the DON was responsible for re-setting credentials when needed.</p> <p>In an interview on 06/09/25 at 3:08 PM, CNA C stated it was not allowed to use someone else's log-in to chart and it was also not allowed to share your log-in with anyone else.</p> <p>In an interview on 06/09/25 at 3:10 PM, RN D stated it was not allowed to use someone else's log-in to chart, or to share your log-in with anyone else. She stated the risk to the resident was another discipline, such as a CNA, charting as a nurse or incorrect information being documented.</p> <p>In an interview on 06/09/25 at 3:13 PM, RN E stated they were not allowed to document using someone else's log-in. She stated there was a risk of incorrect documentation being done and difficulty identifying who had documented something.</p> <p>In an interview on 06/09/25 at 3:18 PM, RN F stated staff were not allowed to share log-ins or document using someone else's log-in. She stated the risk was someone documenting as a nurse when they were not.</p> <p>In an interview on 06/09/25 at 3:20 PM, the ADON stated it was absolutely not allowed to share log-ins or document as someone other than oneself. She stated it would be considered false documentation and there were multiple risks with that.</p> <p>In an interview on 06/09/25 at 3:35 PM, the DON stated it was not allowed to share log-ins with anyone else. She stated if a staff member had an issue with their log-in, she could reset it in a few minutes. She stated anyone documenting using another person's log-in was creating a false document.</p> <p>In an interview on 06/09/25 at 3:30 PM, the Administrator stated she did not have a policy addressing not using other staff member's log-in credentials. She stated it was common sense not to do that.</p>		