

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/17/2025
NAME OF PROVIDER OR SUPPLIER  Fort Worth Wellness & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  2129 Skyline Dr Fort Worth, TX 76114	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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 each resident was treated with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life for one (Resident #45) of one resident reviewed for resident rights. The facility failed to ensure CNA K was sitting down while feeding Resident #45 on 07/15/25. This deficient practice could place residents at risk of choking. Findings included: Record Review of Resident #45's face sheet, not dated, reflected a [AGE] year-old female, with an admission date of 01/31/25. Resident #45 had a diagnosis of Psychotic Disturbance (a condition where a person experiences a loss of contact with reality, characterized by symptoms like hallucinations), Mild Cognitive Impairment of uncertain or unknown etiology (a condition where individuals experience cognitive decline), Difficulty walking, Need for Assistance with Personal Care, Syncope and Collapse (temporary loss of consciousness and postural control), Anemia (a condition in which there is a lower-than-normal number of red blood cells or hemoglobin in the blood), Hypothyroidism (a condition where the thyroid gland doesn't produce enough thyroid hormone), Diabetes (a chronic disease where blood glucose (sugar) levels are too high), Protein Calorie Malnutrition (Inadequate intake of food), Hyperlipidemia (high levels of fats (lipids) in the blood), Disorders of Brain (a wide range of conditions that affect the brain's structure, function, or both, impacting a person's thoughts, feelings, and behaviors), Atherosclerotic buildup of fats, cholesterol and other substances in and on the artery walls), Orthostatic Hypotension (a form of low blood pressure that happens when you stand up after sitting or lying down), Muscle Wasting and Atrophy (the decrease in size and strength of muscle tissue), Muscle Weakness (a decreased ability of muscles to generate force or contract effectively), Chronic Kidney Disease (the kidneys are damaged and can't filter blood effectively), Cognitive Communication Deficit (communication problems caused by impairments in cognitive functions like attention, memory, and problem-solving, rather than direct language or speech impairments). In an observation on 07/15/25 at 12:31 PM, CNA K was observed feeding Resident #45 tamales with chili cheese as he placed the fork in Resident 45's mouth while standing over her. In an interview on 07/15/25 at 12:32 PM, CNA K stated he does not typically stand up while feeding a resident. CNA K stated that someone was in his way when he was in the middle of feeding the resident. CNA K stated that the risk of feeding a resident while standing up could cause the resident to choke. In an interview on 07/17/25 at 3:40 PM, ADON stated it is not okay to stand over a resident while feeding them. ADON stated employees are expected to sit down and engage with residents while feeding them. ADON stated that the risk of standing up while feeding a resident could cause a resident to feel that the aide is rushing the resident to eat. In an interview on 07/17/25 at 3:25 PM, Administrator stated the goal when feeding a resident is to assist the resident in whatever the resident prefers. Administrator stated a potential risk is that the resident may not be comfortable with the aide standing over them while assisting them to eat. Administrator stated another risk could cause the resident and aide not to be at eye level while assisting the resident to eat. On 07/16/25 at 3:30 PM, a policy was requested for feeding residents. At 4:15 PM, a policy for Assistive Feeding Devices was given, but the policy for feeding residents was not submitted.</p>		

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<p>F 0697</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>(continued on next page)</p>

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<p>F 0697</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</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 pain management was provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences for 3 of 9 residents (Resident #33, #42, and #83) reviewed for pain management. 1. The facility failed to provide effective pain medication for Resident #33 who admitted to the facility on [DATE] and received Hydrocodone-Acetaminophen 1 oral tablet 325 mg. per order, on all three shifts, for 7-15-2025 and 7-16-2025. Resident #33's pain levels remained high without physician notification or effective intervention. 2. The facility failed to provide effective pain medication for Resident #83 who re-admitted to the facility on [DATE] and received Acetaminophen-Codeine 1 300-30 mg. oral tablet on 7-15-2025 three times a day per order. Resident #83's pain levels stayed above a level 5 without effective relief or physician notification or effective intervention. 3. The facility failed to provide effective pain medication for Resident #42 who admitted to the facility on [DATE] and received Norco 1 Oral Tablet 325 mg. from 7-1-2025 through 7-16-2025 every 6 hours per order. Resident #42's pain levels stayed elevated at a level 10 from 7-15-2025 thru 7-16-2025 without physician notification or intervention. An Immediate Jeopardy (IJ) was identified on 7-17-2025 at 12:46 PM. The IJ template was provided to the facility on 7-17-2025 at 12:52 PM. While the IJ was removed on 7-17-2025 at 5:50 PM, the facility remained out of compliance at a severity level of no actual harm with potential for more than minimal harm, that was not immediate jeopardy, and a scope of pattern due to the facility's need to evaluate the effectiveness of the corrective systems. This failure could place residents, who are on controlled pain medication, at risk of not receiving appropriate pain management - resulting in pain. Findings included: 1. Record review of Resident #33's face sheet, dated 7-15-2025 indicated the resident was a [AGE] year-old female who admitted to the facility on [DATE] with a primary diagnosis of disruption of external operation (surgical) wound, not elsewhere classified, subsequent encounter (a surgical wound that has reopened after the initial surgery, and it's being addressed in a follow-up visit), and secondary diagnoses of anemia (blood isn't carrying as much oxygen as it should), type 2 diabetes (a condition where one's body doesn't use insulin properly, a hormone that regulates blood sugar), obstructive and reflux uropathy (a blockage in the body to carry out proper urination), and pain, unspecified. Record review of Resident #33's MDS dated [DATE] revealed Resident #33 was verbal, and had a BIMS score of 13 which indicated Resident #33 was cognitively intact. Resident #33's pain assessment interview indicated she was at a level 10 for pain. Record review of Resident #33's care plan with an initiation date of 6-25-2025 revealed Resident #33 was care planned for acute and chronic pain and required pain management. Resident #33's care planned directed staff to Monitor/record/report to Nurse resident complaints of pain or requests for pain relief and Notify physician if interventions are unsuccessful or if current complaint is a significant change from residents past experience of pain. Record review of Resident #33's physician's orders, initiated on 6-25-2025 indicated the facilities' medical director agreed with Resident #33's care plan. The physician's orders stated for Resident #33 to receive Hydrocodone-Acetaminophen 2 Oral Tablets 10-325 mg. every 4 hours as needed. On 7-15-2025 at 9:15 AM, Resident #33 was heard groaning in her bedroom. Upon entry into Resident #33's bedroom, it was revealed Resident #33 was in pain at a level 10. Resident #33 stated she had been in severe pain for 3 days. Resident #33 said she told the nurse on duty 3 hours ago she was in a high level of pain but only received a muscle relaxer and it did not relieve her pain. In an observation and interview with Resident #33, on 7-15-2025 at 3:00 PM, Resident #33 was lying in bed and said her pain level was at a level 9, and the facility had not provided adequate pain relief. Resident #33 said it made her feel like just giving up. In an observation and interview with Resident #33 on 7-16-2025 at 1:45 PM, it was learned that Resident #33 was at a pain level of 9 and lying in bed. In an observation and interview on 7-16-2025 at 1:49 PM, LVN D was informed that Resident #33 was at a pain level of 9. LVN D was told by Resident #33 that she was at a pain level of 9 at 1:50 PM. LVN D gave Resident #33 PRN pain medication. Record review of Resident #33's Medication Administration Note, dated 7-16-2025 at 1:54 PM, and entered by LVN D, stated Resident #33 received 2 Acetaminophen Oral Tablets 325 mg. Record review of Resident #33's MAR, for 7-15-2025 and 7-16-2025, revealed Resident #33 received her regularly scheduled pain medication of Hydrocodone-Acetaminophen Oral Tablet 10-325 mg. 1 tablet every 4 hours on all three shifts. Record review on 7-16-2025 of the MAR, for Resident #33, revealed the 6:00 AM - 2:00 PM shift (1 LVN D) had entered a pain rating of 0 in the Pain Assessment Section. In an</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>(continued on next page)</p>

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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 that resident who required dialysis received such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences for 1 of 4 residents (Resident #67) reviews for dialysis documentation. The facility failed to ensure Nurses documented ongoing assessments of Resident #67's condition and monitoring complications before and after dialysis treatments received at a certified dialysis facility. This deficient practice could place residents at risk of complications from dialysis due to the lack of documentation between the facility and dialysis center in the event of a medical event. Findings include: Record review of Resident #67's face sheet, dated 07/17/2025, revealed resident was a [AGE] year-old female admitted to the facility on [DATE] with a readmission on [DATE]. Resident #67's admitting diagnoses included Type 2 Diabetes Mellitus with Diabetic Neuropathy (caused by high levels of sugar in blood damaging the tiny blood vessels that supplied to nerves); Acute on Chronic Diastolic (Congestive) Heart Failure (a worsening of diastolic heart failure, a condition where the heart muscle doesn't relax properly during its filling phase, leading to congestion in the lungs and body); and End Stage Renal Disease (a condition in which the kidneys lose the ability to remove waste and balance fluids). Record review of Resident #67's quarterly MDS, dated [DATE], revealed her BIMS Score was 15/15, which indicated the residents' memory was intact. Resident #67's cognitive abilities were within a normal range. Resident #67 could make independent decisions regarding her care. Record review of Resident #67's care plan, dated 03/28/2023 and revised 01/13/2025, revealed in part Resident #67 needed hemodialysis r/t renal failure every Monday, Wednesday, and Friday. Resident #67 would have no complications from dialysis through the review date. Monitor, document, and report to MD any symptoms and side effects of infection to access site: Redness, swelling, warmth or drainage. Monitor, document and report to MD PRN for symptoms and side effects of renal insufficiency: changes in level of consciousness, changes in skin turgor, oral mucosa, changes in heart and lung sounds. Record review of Resident #67's Dialysis Communication Forms revealed, dates 05/02/2025 through 05/30/2025, were fully completed from 14 dialysis treatments out of 14 dialysis treatments. Dialysis Communication Forms revealed dates 06/02/2025 through 07/16/2025, 9 forms were fully completed out of 20 dialysis treatments. Date 06/13/2025 had no form on file for that day. The remaining forms in Resident #67's file was not fully completed with the required information from the facility and/or the dialysis center. In an interview on 07/17/2025 at 10:00 AM with the ADON revealed each nurse was responsible for completing the Dialysis Communication Form for the resident before the resident left for their dialysis treatment. When the resident returned from their dialysis treatment, the dialysis center was to have documented the dialysis information r/t the resident on the form and return with the resident to the facility. The nurse was to document a note in the progress notes and add the information to the Dialysis Communication Form in the resident's file. The form was usually shredded when it was inputted into a resident's file. Resident #67's information should have been documented on the Dialysis Communication Form upon her return from each dialysis treatment. The ADON stated the forms may be in a book at the nurse's station or in medical records. The ADON stated if forms were unable to be located, the dialysis center would be contacted for the documentation to be sent from the previous dialysis treatments so the nurse could document them in Resident #67's file. The nurses are trained to complete the Dialysis Communication Form prior to a resident's dialysis treatment to provide the dialysis center with communication pertinent to resident. The dialysis center is to return the Dialysis Communication Form with resident with communication r/t resident during dialysis treatment. The nurse would be able to monitor the resident for any changes that may have occurred at the dialysis center during their treatment and to be able to continue to monitor the resident upon return to the facility. If a resident had any medical changes at the dialysis center or at the facility, the resident would be sent to the hospital for a change in condition. Resident #67 has not had change in condition noted on the Dialysis Communication forms reviewed. Record review of the facility's Dialysis Care Nursing Care policy (revised 06/2020) - revealed in part, The Nursing Staff, Dialysis Provider Staff, and Attending Physician (Dialysis Staff) will collaborate on a regular basis concerning the resident's care as follows: I. Nursing Staff will communicate pertinent information in writing to the Dialysis Staff which may include: a. Any medication changes; b. Any recent changes in condition; c. The resident's tolerance of dialysis procedures. II. The Dialysis Provider will communicate in writing to the</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>Based on observation, interview, and record review, the facility failed to dispose of garbage and refuse properly. 1. The facility failed to ensure the garbage storage area was maintained in a sanitary condition to prevent the harborage and feeding of pest by failing to ensure garbage was kept off the ground, surrounding the facilities two outside trash dumpsters, and failed to keep the facility's grease trap dumpster closed. These failures could place residents at risk of contracting disease by attracting pest and disease carrying rodents. Findings included: 1. During an observation on 7-15-2025 at 8:00 AM, it was revealed that trash (used latex gloves, paper plates, used plastic wrappers, and various other trash) were on the ground surrounding the facility's two trash dumpsters. The facilities' only grease-trap-dumpster was observed to be open with greasy residue on top. These areas were observed to not have any borders or fencing around them and accessible to facility residents. The dumpster with the sliding door, was observed to be open and half full of trash. 2. During an interview with the Director of Maintenance on 7-15-2025 at 8:05 AM, it was learned that the Director of Maintenance was responsible to ensure the grounds of the facility stayed clean of trash and debris. The Director of Maintenance stated he did not know what potential risk or effect, having trash on the grounds by the trash dumpsters, could have on facility residents. The Director of Maintenance stated he believed a trash truck came and emptied the dumpster's contents and scattered the trash around the dumpsters. 3. During an interview with the Dietary Manager on 7-16-2025 at 4:30 PM, it was stated that the Director of Maintenance was responsible to keep trash off the facility's grounds and keep the trash dumpster doors closed when not in use. The Dietary Manager said it was the Dietary Manager's responsibility to keep the grease-trap-dumpster's door closed when not in use. The Dietary Manager stated it was her expectation that the trash dumpsters doors stay closed when not in use, trash stay picked up off the outside grounds, and the grease-trap-dumpster lid stay closed when not in use. The Dietary Manager stated having trash on grounds of the facility could attract rodents and pest. The Dietary Manager stated the potential harm to resident by not keeping the grease-trap-dumpster closed could be that residents could get grease on them because the area where the grease-trap-dumpster was housed was not fenced in. 4. During an interview with the Administrator, on 7-17-2025 at 5:00 PM, it was learned that the expectations of the Administrator were for the trash dumpster doors to remain closed when not in use, trash to remain off the facility's grounds, and the grease-trap-dumpster lid to remain closed when not in use. The Administrator stated not maintaining these areas properly could attract unwanted pest. The Administrator said the facility did not have a trash disposal policy. Record review of the facilities' Maintenance Services Policy dated 8-2020, stated: The Maintenance Department maintains all areas of the building, grounds, and equipment in a safe and operable manner at all times.the Director of Maintenance is responsible for developing and maintaining a schedule of maintenance service to assure that the buildings, grounds, and equipment are maintained in a safe and operable manner.The Director of Maintenance is responsible for conducting regular inspections. Review of the U.S. Public Health Service Food Code, dated 2022, reflected: 5-501.113 Covering Receptacles. Receptacles and waste handling units for REFUSE, recyclables, and returnables shall be kept covered: (A) Inside the FOOD ESTABLISHMENT if the receptacles and units: (1) Contain FOOD residue and are not in continuous use; or (2) After they are filled; and (B) With tight- fitting lids or doors if kept outside the FOOD ESTABLISHMENT. Review of The Occupational Safety and Health Act (OSHA) safety bulletin titled Grease Trap Hazards dated 2/2020 stated: Grease traps can generate flammable and toxic gases over time. These gases can include methane (natural gas), hydrogen sulfide, carbon monoxide, carbon dioxide, and/or other gases depending on the greases, oils, and fats found in the grease traps.to prevent such hazards grease traps [should be] properly covered [securely].</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</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 establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 1 of 4 residents (Resident #70) reviewed for infection control. CNA A failed to put on Personal Protective Equipment (PPE) while providing toileting care for Resident #70, who was on Enhanced Barrier Precaution (EBP). This deficient practice could place residents at risk of transmission of communicable diseases and infections. Findings include: Record review of Resident #70's face sheet, dated 7/15/2025, revealed the resident was a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #70 had diagnoses which included stroke, chronic pain and muscle weakness. Record review of Resident #70's physician orders, dated 7/15/2025, revealed there was an order placed on 05/13/2025 which stated, Enhanced Barrier Precautions r/t (wound): Staff members will wear a clean gown and gloves while performing high contact resident care activities to include. changing briefs or toileting assistance. Record review of Resident #70's care plan, dated 5/7/2025, revealed Resident #70 had a stage 4 pressure ulcer on the sacrum. Record review of Resident #70's care plan, dated 4/5/2024, revealed Resident #70 was put on Enhanced Barrier Precautions. In an observation on 7/15/2025 at 10:30 AM, CNA A provided toileting care for Resident #70 without putting on PPE. Resident #70 had a stage 4 pressure ulcer on his sacrum. The Enhanced Barrier Precaution sign was posted on Resident #70's door. In an interview on 7/15/2025 at 10:45 AM, CNA A stated she forgot to put on PPE before providing care to Resident #70. She stated she was aware the resident had a wound and he was on Enhanced Barrier Precaution. She stated the risk of not wearing PPE was transmission of infection. In an interview on 7/17/2025 at 9:00 AM, the ADON stated her expectation of her nursing staff was they followed through with infection control policy. She stated she provided in-services on infection control frequently and on 7/15/2025, CNA A reported to her and a 1:1 in-service was done with CNA A and all nursing staff were in-serviced on infection control and Enhanced Barrier Precaution. She stated the risk to residents and staff if EBP was not practiced was the spread of infection. Record review on 7/17/2025 at 9:40 AM revealed CNA A completed the Corrective Action form and in-service training record indicated EBP in-service was provided to all nursing staff on 7/15/2025. Record review of the facility's Standard and Enhanced Precautions policy, dated 4/1/2024, revealed for residents whom EBP are indicated, EBP should be used when performing. bathing/showering, providing hygiene, changing briefs or assisting with toileting.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>(continued on next page)</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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 provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public for 1 of 4 halls reviewed (Hall 400) for environment. The facility failed to maintain Hall 400 in a safe and sanitary condition free from air conditioning condensation leaks from the ceiling onto the hallway floor. This failure could place residents at risk for injury and a decreased quality of life. Findings include: Observation on 07/15/2025 at 11:00 AM revealed water dripping from the ceiling between a fluorescent ceiling light and air vent onto the floor where a small puddle had formed and stained the floor tiles between rooms [ROOM NUMBERS] on the 400 hall. Observation on 7/15/2025 at 11:46 AM of the 400 hall between rooms [ROOM NUMBERS] revealed a wet floor sign was placed by the Administrator after she exited room [ROOM NUMBER] and noticed the water accumulation on the floor in the middle of the hallway. Observation on 7/17/2025 at 8:15 AM revealed a caution sign on the 400 hall between rooms [ROOM NUMBERS] where the water leak from the ceiling was previously identified. The floor tiles under the ceiling water leak revealed areas of staining. Interview on 7/15/2025 at 11:05 AM with Housekeeper J revealed the dripping water was noticed on 7/14/2025 and was reported to the facility Maintenance Director. Housekeeper J stated the water accumulation on the floor was monitored between cleaning resident rooms and mopped when accumulation was seen. Housekeeper J stated there was a bucket or trash can under the leak to catch the water yesterday, but the housekeeper was not sure where it went. Housekeeper J stated a wet floor sign was placed in the area yesterday but had not noticed it was removed. Interview on 7/16/2025 at 5:10 PM with the Administrator informed a discussion with the Maintenance Director revealed there had been condensation buildups in the building related to air conditioning units operating during the high temperatures and temperature adjustments made between hallways for resident comfort. The Administrator stated she had not thought there was any significant water accumulation on the floor on the 400 hall, however, saw some water on the floor in the 400 hallway the prior day and placed a caution sign in the area until it could be wiped up. Interview on 7/17/2025 at 4:34 PM with the Administrator revealed she was not informed on 7/14/2025 by housekeeping staff about the dripping water in the back of the 400 hall. The Administrator stated that was not an area known to have condensation drip issues, however there was an area at the front of the 400 hall that had issues previously that were addressed. The Administrator stated the risk of water dripping from the ceiling could be a resident or other person having a fall, the water could cause an accidental trip or slip hazard. The Administrator stated the expectation of staff who encountered a water leak was for the staff member to not leave the area, place a caution sign in that area, alert housekeeping for the area to be cleaned, then notify the Administrator or Maintenance Director immediately as well as place a work order. Interview on 7/17/2025 at 5:10 PM with the Maintenance Director revealed he was notified yesterday of the water leak from the ceiling at the end of the 400 hall. The Maintenance Director stated a call was placed to the contracted air conditioning company who came to the building for a repair call. The Maintenance Director informed the identified cause of the ceiling leak was an air conditioning duct that was sweating condensate due to a winterization bag covering a turbine on the roof above the area of the leak that was still in place. The Maintenance Director informed the risk of water leaks onto a hallway floor was the possibility of a slip and fall or other accident which could result in a person being hurt. The Maintenance Director stated he expected any staff member who encountered a water leak or other maintenance issue to let him know immediately so the issue could be addressed right away. The Maintenance Director stated when he was notified of an issue that required immediate attention, like a water leak, it was important to find the root of problem and remedy it properly to avoid an accident. The Maintenance Director stated if he was not on the facility property when an issue was identified, his telephone number was posted along with other department heads at the nurse's station. Record review of the facility grievance log did not reveal any grievances filed for maintenance repairs in the prior 60 days. Record review of the facility Maintenance Services policy, revised 08/2020, stated: Purpose: To protect the health and safety of residents, visitors, and Facility Staff. Policy: The Maintenance Department maintains all areas of the buildings, grounds, and equipment. Procedure: I. The Maintenance Department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times. II. Functions of the Maintenance Department may include, but are not limited to: a. Maintain building in compliance with current local state and federal laws, regulations, and guidelines; b. Maintain the building free from hazards; c.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/17/2025
NAME OF PROVIDER OR SUPPLIER  Fort Worth Wellness & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  2129 Skyline Dr Fort Worth, TX 76114	

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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/17/2025
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observation, interview and record review the facility failed to maintain an effective pest control program so that the facility was free of pests and rodents for one of one resident (Resident #25) room and in two public areas reviewed for pest control. The facility failed to ensure the facility was free of roaches in common areas and the dining room. The facility failed to ensure the facility was free of flies in Resident #25 room. This failure could place residents at risk of living in an unsanitary environment. Findings include: Observation on 07/15/25 at 7:30 AM one roach crawling across the floor by the receptionist's desk. Observation on 7/15/2025 at 11:15 AM of Resident #25's room revealed 7 flies; 5 of the flies were on her body/blanket/pillow. Observation on 07/15/25 at 12:33 PM revealed a roach crawling on a wall close to the trash can in the dining room. An attempted interview was made on 07/15/2025 at 11:15 AM with Resident #25. She was hard of hearing and was unable to understand questions asked. Interview on 7/15/2025 at 11:21AM with Housekeeper J revealed the 400 hall was where she usually worked. Housekeeper J stated her assigned job duties included cleaning the restrooms, dust vents, and cleaning the bed of the resident rooms and hallway. Housekeeper J indicated pests were noticed, mainly small roaches. Housekeeper J stated the pests have not gone away despite cleaning. Housekeeper J stated she would inform the Administration if she saw pests. Housekeeper J stated she noticed the flies on Resident #25 since Saturday and thought it was due to the resident having a colostomy bag and the smell was attracting the flies. Housekeeper J said she hadn't heard the resident say anything about the flies. Interview on 7/15/2025 at 11:28 AM, the Maintenance Director stated pest control came regularly every month and they just had them come last Monday (7/07/2025). The Maintenance Director was brought to Resident #25's room and was shown the flies. The Maintenance Director stated this was the first time he was aware of the flies and stated he could request pest control service to come more often than just once a month and some rooms may have been more susceptible to pests than others due to residents having opened the windows where flies came in or had left food in the room for 3 days, etc. The Maintenance Director stated nursing staff and all other staff could notify him if there was a pest problem. Interview on 7/15/2025 at 12:18 PM with CNA I revealed she observed no flies were observed on Resident #25 or pests in general but would report to Maintenance Director if seen. Interview on 7/16/2025 at 8:30 AM with the Administrator who stated the fly problem was something the facility was aware of and it had been a problem at the facility for weeks, not just in Resident #25's room. Resident #25 liked to open the window and it did have a protective screen, but flies still came in. Pest control came in last week and over the last couple of weeks with the result of a decrease in fly activity. The Administrator revealed the fly pest issue had already begun being addressed through their Ad Hoc meeting. Interview on 7/17/2025 at 9:10 AM with the Administrator who stated the risk of pests was infection control and discomfort to the residents. Record Review on 7/16/2025 of Pest Control Log revealed: 07/10/2025 - treated breakroom, conference, dining, kitchen. Flies in hallway. 07/01/2025 - Rebated rodent, treated for flies inside and outside 06/13/2025 - Treated for flies 06/04/2025 - Treated kitchen and hallway 05/29/2025 - Changed glueboards 05/06/2025 - rebated for rodents Record review on 7/17/2025 of document Service Inspection Report, dated 07/01/2025, provided by Administrator was an amended pest control report indicating Resident #25 room was treated specifically. Record review on 7/17/2025 of Grievance Report revealed on 07/01/2025 Resident #25's family member reported flies in the resident's room. The facility had pest control come out to treat it. Record review of the facility's Pest Control Policy, revised 08/2020, reviewed: Purpose: To ensure the Facility is free from insects, rodents, and other pests that could compromise the health, safety, and comfort of residents, Facility Staff, and visitors. Policy: The Facility maintains an ongoing pest control program to ensure the building and grounds are free from insects, rodents, and other pests. Procedure: I. General Practices D. The Maintenance Department assists, when appropriate and necessary, with pest control services. II, Pest Control Service Provider B. The Company will perform the following services: . v. As authorized by the Administrator, the Company will carry out any pest control actions needed to rid the Facility and its grounds of any environmental pests. III. Staff Role A. Facility Staff will report to the Housekeeping Supervisor any sign of rodents or insects, including ants, in the Facility. i. The Housekeeping Supervisor takes immediate action to remove the pests from the Facility. ii. If necessary, after informing the Administrator, the Housekeeping Supervisor will call the extermination company for assistance.</p>		