

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455651	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/07/2024
NAME OF PROVIDER OR SUPPLIER Downtown Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 424 S Adams St Fort Worth, TX 76104	

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 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43791</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents receive proper treatment and care to maintain good foot health by providing foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition, for four of eight residents (Residents #1, #2, #3 and #4) reviewed for foot care.</p> <p>The facility failed ensure foot care, specifically trimming of toenails, was provided for Residents #1, #2, and #3.</p> <p>This failure could result in residents developing fungal infections or other podiatric problems.</p> <p>Findings included:</p> <p>Review of Resident #1's undated Admission Record revealed the resident was a [AGE] year-old female admitted to that facility on 05/10/23 with diagnoses that included senile degeneration of the brain (severe decline in mental ability), high blood pressure, and delusions.</p> <p>Review of Resident #1's quarterly MDS assessment, dated 02/23/24, revealed a BIMS score not calculated due to her mental condition. Her Functional Status indicated she was independent in her ADLs except for bathing which required substantial staff assistance.</p> <p>Review of Resident #1's care plan, dated 03/04/24, indicated she was at risk for skin impairment related to cognitive deficits, and an ADL self-care deficit.</p> <p>Review of Resident #2's undated Admission Record revealed the resident was an [AGE] year-old female admitted to the facility on [DATE] with diagnoses that included senile degeneration of the brain, delusions, and difficulty walking.</p> <p>Review of Resident #2's quarterly MDS assesement, dated 02/23/24, revealed a BIMS score that was not calculated because of the resident's mental status. Her Functional Status indicated she required assistance with all of her ADLs.</p> <p>Review of Resident #2's care plan, dated 02/27/24, revealed she had an ADL self-care deficit related to her cognitive deficits, and she had impaired cognitive function related to dementia.</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 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #3's undated Admission Record revealed the resident was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses that included dementia, cognitive communication deficit, and diabetes.</p> <p>Review of Resident #3's quarterly MDS, dated [DATE], revealed a BIMS score not calculated due to his mental status. His Functional Status indicated he was independent in all of his ADLs.</p> <p>Review of Resident #3's care plan, dated 03/20/24, indicated he had skin impairment related to history of shingles, cognitive function impairment, and he had a ADL self-care deficit related to dementia.</p> <p>Review of Resident #4's undated Admission Record revealed the resident was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses that included metabolic encephalopathy (blood chemical imbalance causing brain shrinkage), communication deficit, and seizures.</p> <p>Review of Resident #4's quarterly MDS assessment, dated 02/20/24, indicated a BIMS score of 14 indicating he was cognitively intact. His Functional Status indicated he was independent in his ADLs except for hygiene which required supervision.</p> <p>Review of Resident #4's care plan, dated 03/20/24, reflected he had skin impairment related to shingles, and he was diagnosed with diabetes and had a self-care deficit.</p> <p>Observation and interview on 04/07/24 with Resident #1 revealed she bathed herself and kept her room clean. Skin assessment, performed by RN A, revealed no bruising to Resident #1's body, no wounds to her feet, but her toenails were overgrown. The resident's left great toenail was thick and appeared to be blackened underneath the nail.</p> <p>Observation on 04/07/24 at 11:43 AM revealed Resident #3's toenails were overgrown.</p> <p>Observation on 04/07/24 at 11:48 AM revealed Resident #2's toenails were grossly overgrown, and the nails were thick and curved.</p> <p>Interview on 04/07/24 at 11:50 AM with RN A revealed the nursing staff could trim all toenails, even diabetic residents, unless they were thick and deformed in which case they would see the podiatrist.</p> <p>Observation and interview on 04/07/24 at 11:57 AM with Resident #4 revealed his toenaile swere severely overgrown. The resident could not recall the last time anyone had trimmed his toenails.</p> <p>Interview on 04/07/24 at 12:31 PM with LVN B revealed all toenails had to be trimmed by the podiatrist, and the nursing staff did not do that.</p> <p>Interview on 04/07/24 at 12:40 PM with the DON revealed nurses should trim all resident toenails unless they were thickened or deformed, in which case they would be referred to the Podiatrist, who visited quarterly.</p> <p>(continued on next page)</p>		

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Podiatry visits for 02/23/24, 03/22/24, and 03/26/24 revealed Residents #1, #2, #3, and #4 had not been seen by the podiatrist. The residents were also not scheduled to see the Podiatrist on 04/17/24.</p> <p>Review of the facility's undated policy Nail Care reflected:</p> <p>Nail care is the regular care of the toenails and fingernails to promote cleanliness and skin integrity issues .</p> <p>Goals:</p> <ol style="list-style-type: none"> 1. Nail care will be performed regularly and safely. 2. The resident will be free from abnormal nail condition. 3. The resident will be free from infection. 		