

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 09/05/2024
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45507</p> <p>Based on observations, interviews, 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 3 residents (Resident #2 and Resident #3) reviewed for ADL care.</p> <p>The facility failed to ensure Resident #2 and Resident #3 were provided nail care as needed.</p> <p>These failures could place residents at risk of not receiving services and a decreased quality of life.</p> <p>Findings included:</p> <p>Record review of Resident #2's Admission Record, dated 09/05/2024, revealed a [AGE] year-old male who admitted to the facility on [DATE] with diagnoses that included cerebral infarction, vascular dementia, contracture, left hand, and cognitive communication deficit.</p> <p>Record review of Resident #2's quarterly MDS assessment, dated 08/27/2024 revealed a BIMS score of 9, indicating moderate cognitive impairment.</p> <p>Record review of Resident 21's care plan, dated 11/23/2023, revealed Resident #1 had an ADL Self Care Performance Deficit with interventions that included Bathing: check nail length and trim and clean on bath day and as necessary. Report any changes to the nurse. If diabetic, the nurse will provide toenail care.</p> <p>Record review of Resident #3's Admission Record, dated 09/05/2024, revealed a [AGE] year-old male who admitted on [DATE] with diagnoses that included encephalopathy and dementia.</p> <p>Record review of Resident #3's quarterly MDS assessment, dated 07/19/2024 revealed a BIMS score of 00, indicating severe cognitive impairment.</p> <p>Observation on 09/05/2024 at 10:17 am revealed Resident #3 in the dining room of the secure unit. Resident #3 was not able to answer the state surveyor questions. Resident #3's fingernails appeared long on both hands.</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: 455651	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation and interview on 09/05/2024 in the secure unit at 10:30 am, Resident #2 was sitting up in his wheelchair in the hallway. Resident #2 appeared to have a left-hand contracture and was not able to straighten out fingers. Resident #2's nails on his right hand appeared long and had a yellow substance underneath and around nails. The right thumb nail measured approximately 1/4 of an inch from the nail bed and other nails measured about 1/8th of an inch.</p> <p>In an interview on 09/05/2024 at 10:44 am, CNA A stated the CNAs, the nurses, or the podiatrist were responsible for nail care. CNA A stated when she gave Resident showers and saw that nails were long, she would cut them. She stated the CNA's did not cut nails of diabetics. She said if nails were not trimmed residents could scratch themselves or others, it could become uncomfortable, or possibly cause injury.</p> <p>In an interview on 09/05/2024 at 10:52 am LVN B stated if a resident was diabetic, the nurse was responsible to trim nails but other than that CNA's were responsible. She said nail care was sometimes scheduled on Sundays and the best time to trim nails was during the shower when they were soft. LVN B said if nails were not trimmed it could cause infection or they could hurt themselves. LVN B stated she had not noticed Resident #2's nails. She stated Resident #3 would not let them trim his nails and she would have to catch him in a good mood.</p> <p>In an interview on 09/05/2024 at 11:52 am, the Administrator revealed nail care should be done on shower days. She stated the CNA's were responsible and if residents were diabetic the nurse should do nail care.</p> <p>In an interview on 09/05/2024 at 12:02 pm, the DON stated CNA's or nurses were responsible and the nurses can cut nails for diabetic patients. He said if the nail had fungus, it was thick and hard, and the nurse could not cut them they would refer to the podiatrist.</p> <p>Record review of the facility policy titled, Nail Care dated 2003, reflected in part: Nail management is the regular care of the toenails and fingernails to promote cleanliness, and skin integrity of tissues, to prevent infection, and injury from scratching by fingernails or pressure of shoes on toenails .</p> <p>Goals</p> <ol style="list-style-type: none"> 1. Nail care will be performed regularly and safely. 2. The resident will free from abnormal nail conditions 3. The resident will be free from infection. 		

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 09/05/2024
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 - Some</p>	<p>Provide appropriate foot care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45507</p> <p>Based on observations, interviews, and record review the facility failed to ensure that residents received proper treatment and care to maintain mobility and good foot health, and failed to provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) for 1 of 1 resident (Resident #1) reviewed for foot care.</p> <p>The facility failed to ensure Resident #1 had her toenails trimmed by a podiatrist.</p> <p>This failure could place residents at risk of discomfort, poor foot hygiene, or a decline in residents' physical condition.</p> <p>Findings included:</p> <p>Record review of Resident #1's Admission record, dated 09/05/2024, revealed an [AGE] year-old female who admitted on [DATE] with diagnoses that included Alzheimer's Disease, muscle wasting and atrophy, muscle weakness, and cognitive communication deficit.</p> <p>Record review of Resident #1's quarterly MDS assessment dated [DATE] reflected a BIMS score of 00, indicating severe cognitive impairment.</p> <p>Record review of Resident #1's care plan, dated 09/18/2023, revealed Resident #1 had an ADL Self Care Performance Deficit with interventions that included Bathing: check nail length and trim and clean on bath day and as necessary. Report any changes to the nurse. If diabetic, the nurse will provide toenail care.</p> <p>Record review of podiatry visit summary, dated 04/17/2024, reflected Resident #1 was not provided services.</p> <p>Record review of Resident #1's progress notes from 09/15/2023 through 09/05/2024 did not indicate that Resident #1 was referred or received care from the podiatrist.</p> <p>Record review of Resident #1's progress note dated, 08/15/2024, written by the DON, reflected Resident right great toenail noted open with dry blood underneath the nail, assessed, cleaned, and trimmed as necessary to prevent further injury, resident tolerate the process and says thank you, up and socializing with other resident in the dining room with no issues at this time.</p> <p>Record review of Resident #1's progress note, dated 08/16/2024, written by Treatment Nurse, reflected MD gave order for resident due to resident losing her toenail toe off her greater toe. MD gave order to clean greater toe with NS, apply TAO, and cover with dry dressing BID for 7 days and doxycycline 100mg bid for 7 days for infection. RP has been notified.</p> <p>Attempted interview on 09/05/2024 at 10:23 am with Resident #1 in the secure unit was unsuccessful. Resident #1 did not answer questions.</p> <p>(continued on next page)</p>		

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 09/05/2024
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 - Some</p>	<p>Observation on 09/05/2024 at 10:41 am revealed Resident #1 in her room, lying in bed. CNA A was in the room and removed Resident #1's socks. Resident #1's right foot did not have a nail on the great toe and the other toenails measured approximately 1/8 of an inch. Resident #1's left foot revealed thick, yellow nails. The great toe nail measured approximately 1/2 inch from the nail bed and the other nails measured approximately 1/4 an inch from the nail bed. The fifth toenail appeared curled downward.</p> <p>In an interview on 09/05/2024 at 10:44 am, CNA A stated the CNAs, the nurses, or the podiatrist were responsible for nail care. She stated she had not seen the podiatrist come for Resident #1. CNA A stated when she gave Resident showers and saw that nails were long, she would cut them. She stated the CNA's did not cut nails of diabetics and Resident #1 was not diabetic. She said if nails were not trimmed residents could scratch themselves or others, it could become uncomfortable, or possibly cause injury. CNA A stated she would let the nurse know and proceeded to trim Resident #1's toenails.</p> <p>In an interview on 09/05/2024 at 10:52 am LVN B stated Resident #1 had an ingrown toenail on the right foot and one of the department heads had trimmed it. LVN B said she did see Resident #1's left foot and the great toenail was long and that was why she asked for the podiatrist. She stated the toenails were thick, had fungus, and she was not comfortable cutting them herself. She said she was pretty sure the podiatrist was scheduled for September 10th. She stated if a resident was diabetic, the nurse was responsible to trim nails but other than that CNA's were responsible. She said nail care was sometimes scheduled on Sundays and the best time to trim nails was during the shower when they were soft. LVN B said if nails were not trimmed it could cause infection or they could hurt themselves.</p> <p>In an interview on 09/05/2024 at 11:52 am, the Administrator revealed nail care should be done on shower days. She stated the CNA was responsible and if residents were diabetic the nurse should do nail care.</p> <p>In an interview on 09/05/2024 at 12:02 pm, the DON stated Resident #1's right great toenail had a bruise, the nail opened and lifted up, and he trimmed it. He stated the treatment nurse followed up with the MD for antibiotics and treatment. The DON stated CNA's or nurses were responsible and the nurses can cut nails for diabetic patients. He said if the nail had fungus, was thick and hard, and the nurse could not cut them they would refer to the podiatrist.</p> <p>Interview on 09/05/2024 at 3:03 pm, the Administrator stated Resident #1 had not been seen by the podiatrist but was referred in April of 2024. She said they had a change in podiatry provider. She said Resident #1 should have been referred again in July but per the customer service representative, Resident #1 did not come back up on the list to be seen. The Administrator stated Resident #1 was on the list to be seen on September 10th. The Administrator stated they did not have a policy on referring residents to outside services.</p> <p>Review of facility policy titled Foot Care, dated 2003, reflected in part:</p> <p>Goals</p> <ol style="list-style-type: none"> 1. The resident will maintain intact skin integrity. 2. The resident will be free from infection. <p>(continued on next page)</p>		

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 09/05/2024
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 - Some</p>	<p>3. The resident will remain free from injury to the feet.</p> <p>Procedure</p> <p>1. Become familiar with medical conditions that compromise circulation in the feet and assess for need of nail trimming. Request referral to podiatrist if nail trimming is needed.</p>