

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 09/12/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46403</p> <p>Based on observations, interviews, and record review, the facility failed to ensure the resident environment remained as free of accident hazards as was possible to prevent accidents for 4 (Resident#1, Resident#2, Resident#3, and Resident#4) of 6 residents reviewed for hazards.</p> <p>The facility failed to ensure Resident#1 and Resident#4 did not keep cigarettes and lighters on themselves.</p> <p>The facility failed to ensure (Resident#2 and Resident#3) did not pick up cigarette butts left on the ground to reuse.</p> <p>These failures placed residents at risk of being burned.</p> <p>Findings included:</p> <p>Record review of Resident#1's face sheet dated 09/11/24 reflected he was a [AGE] year-old, male admitted to the facility on [DATE]. Resident#1 was diagnosed with unspecified Dementia, syncope and collapse, anxiety disorder, history of falling, and nicotine dependence.</p> <p>Record review of Resident#1's Quarterly MDS dated [DATE] reflected: Resident#1 had a BIMS score of 13 which indicted cognition intact.</p> <p>Record review of Resident#1's care plan reflected: Resident#1 focus included: smoked. Resident#1 goal included: Resident will be able to smoke without causing injury. Resident#1 interventions included: No smoking materials or igniter's will be stored in the resident room .The resident is able to smoke unsupervised.</p> <p>Record review of Resident#2's face sheet dated 09/11/24 reflected he was a [AGE] year-old, male originally admitted on [DATE] and readmitted on [DATE] to the facility. Resident#1 was diagnosed with unspecified Dementia, schizophrenia, and cognitive communication deficit.</p> <p>Record review of Resident#2's annual MDS dated [DATE] reflected: Resident#2 had a BIMS score of 15 which indicted cognition intact</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident#2's care plan reflected: Resident#2 focus included: Resident#2 smoked. Resident#2 goal included: Resident#2 would not smoke without supervision through the review. Resident#2 interventions included: .The resident is able to smoke unsupervised.</p> <p>Record review of Resident#3's face sheet dated 09/11/24 reflected she was a [AGE] year-old, female admitted to the facility on [DATE]. Resident#3 was diagnosed with type 2 diabetes mellites with hyperglycemia, cognitive communication deficit, and tobacco use.</p> <p>Record review of Resident#3 quarterly MDS dated [DATE] reflected: Resident#3 had a BIMS score of 15 which indicted cognition intact.</p> <p>Record review of Resident#3's care plan reflected: Resident#3 focus included: Resident#3 smoked. Resident#3 goal included: Resident#3 will smoke in designated areas without occurrence of injury of the next 90 days.</p> <p>Resident#3 interventions included: Explain/show where designated smoking area are and smoking times-repeat-PRN.</p> <p>Record review of Resident#4's face sheet dated 09/11/24 reflected he was a [AGE] year-old, male admitted to the facility on [DATE]. Resident#4 was diagnosed with chronic obstructive pulmonary disease, heart failure, and mild cognitive impairment.</p> <p>Record review of Resident#1 Quarterly MDS dated [DATE] reflected: Resident#4 had a BIMS score of 13 which indicted cognition intact</p> <p>Record review of Resident#4's care plan reflected: Resident#4 focus included: smoked. Resident#4 goal included: Resident will be able to smoke without causing injury. Resident#4 interventions included: No smoking materials or igniter's will be stored in the resident room .The resident is able to smoke unsupervised.</p> <p>Observation on 09/11/24 at 6:05 AM of smoke area revealed Resident#1 was outside smoking with no supervision.</p> <p>Observed Resident#1 put cigarette pack and lighter in his front pockets and he wheeled himself back into the building.</p> <p>Observation on 09/11/24 at 6:08 AM Resident#2 walked outside unsupervised to the smoke area and picked up cigarette butts and put them in his pocket.</p> <p>Observation on 09/11/24 at 9:52 AM Resident#3 was in the smoke area picking up cigarette butts and put them in her jacket pocket.</p> <p>Observation on 09/11/24 at 10:00 AM Resident#4 walked outside to smoke and his lighter and cigarettes were in his pockets.</p> <p>Observation on 09/11/24 at 12:00 PM Resident#3 was seated in the lobby and showed the state surveyor the inside of her purse that had 8 cigarette butts in the side pocket.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 09/11/24 at 6:05 AM Resident#1 stated that he always went outside to smoke, and he kept his cigarettes and lighter with him.</p> <p>In an interview on 09/11/24 at 6:08 AM Resident#2 stated hello and did not respond to questions.</p> <p>In an interview on 09/11/24 at 10:00 AM Resident#4 stated he smokes when he wants to and kept his own smokes and lighter.</p> <p>In an interview on 09/11/24 at 12:00 PM Resident#3 stated she collected the cigarette butts and made one big cigarette to smoke.</p> <p>In an interview on 09/11/24 at 7:12 the DON stated some residents can smoke independently and can keep their cigarettes and lighters on them. The DON stated residents could come in and out of the smoke area without supervision. The DON stated did not state the risk to the residents if they picked up cigarette butts and kept a lighter and cigarette packs on themselves.</p> <p>In an interview on 09/11/24 at 2:22PM the Administrator stated residents were at risk of burning themselves. The Administrator stated they do education the residents and family members about turning in smoking contraband in the front to the receptionist to put in the black box. Administrator stated all staff are responsible to ensure residents safety in the facility.</p> <p>Record review of the facility policy undated, titled Uniform Smoke Free Policy reflected: . Smoking by residents classified as unsafe will be prohibited except when the resident will be directly supervised by facility personnel .Smoking tobacco, matches, lighters, or other smoking paraphernalia are not permitted to be kept or stored in a resident's room. A resident, who is assessed safe to smoke unsupervised, will be instructed to obtain their smoking paraphernalia from a designated, secured area. The resident will be instructed to return the smoking paraphernalia following the smoking session. The resident may smoke at their request unless the time interferes with resident care. Resident, who is assessed unsafe to smoke without supervision, will be notified of the facilities site-specific smoking times, at which time the resident will have supervision and assistance as needed.</p> <p>Record review of facility policy, revised 11/17, titled smoking policy reflected: 1 .Matches, lighters or other ignition sources for smoking are not permitted to be kept or stored in a resident's room .</p>		