

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  05/04/2025
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35747</p> <p>51419</p> <p>Based on observation, interview and record review, the facility failed to ensure residents maintained acceptable parameters of nutritional status for one (Resident #1) of two residents reviewed for nutrition.</p> <p>The facility failed to ensure Resident #1 maintained acceptable parameters of nutritional status as demonstrated by Resident #1 experiencing a 25.96% weight loss in 4 months. She had an active decline in her weight from 01/08/25 - 04/15/25.</p> <p>This failure could place residents at risk for decreased nutritional status, decline in health, malnutrition, or hospitalization .</p> <p>Findings included:</p> <p>Review of Resident #1's admission record reflected she was a [AGE] year-old female who admitted to the facility on [DATE], with diagnoses including protein-calorie malnutrition (a nutritional status in which reduced availability of nutrients leads to changes in body composition and function), diabetes mellitus (a group of metabolic diseases characterized by high blood sugar levels), dependence on renal dialysis (when a person's kidneys are no longer functioning properly and they rely on dialysis to filter their blood and remove waste products), end stage renal disease (a medical condition where the kidneys have permanently lost the ability to function adequately), and Parkinson's Disease (a progressive neurological disorder that primarily affects movement, causing symptoms like tremors, stiffness, and slowness of movement) .</p> <p>Review of Resident #1's quarterly MDS assessment, dated 03/30/25, reflected a BIMS score of 15, indicating no cognitive impairment. Section GG (Functional Abilities) reflected she required Setup or clean-up assistance with eating. Section K (Swallowing/Nutritional Status) reflected she was on Mechanically altered diet. Section K0300 (Weight Loss) reflected that she had weight loss, but she was not on physician-prescribed weight-loss program.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 455651
		If continuation sheet Page 1 of 5

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  05/04/2025
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #1's quarterly care plan revised 03/30/25 reflected that Resident#1 has a diet order other than regular and was at risk for unplanned weight loss or gain. The interventions included: Determine food preferences and provide within dietary limitations. Encourage meal completion and document amount consumed. Monitor weight per facility protocol. Offer sub, if resident eats less than 50% or dislikes meal and offer supplement if resident continues to eat less than 50%. Praise resident for eating well. RD assess per facility protocol. Serve diet and snacks as ordered. Speech Therapy to eval and treat per Physicians orders as condition warrants. The resident has a no salt on tray diet.</p> <p>Review of Resident #1's weights reflected an active decline in her weight from 01/08/25 - 4/15/25. Her weight on 01/08/25 reflected 195.00 pounds and a weight of 169.40 pounds on 04/15/25.</p> <p>Review of Resident #1's Nutrition Assessment, dated 01/16/2025 and documented by the RD, reflected the following: Height:63.0, Weight: 195.0. Diet Renal Texture Order was Regular, and that Residents#1 Food Intake was 50-75%.</p> <p>Review of Resident #1's Nutrition assessment dated [DATE] and documented by the RD, reflected the following: During that visit, the dietician noted Resident #1 had a significant weight loss of 9.7% (18.8 lbs.) over the past month. The only recommendation made at that time was for Resident #1's diet order be changed from a renal mechanical soft diet to a regular mechanical soft diet.</p> <p>Review of Resident #1's meal intake documentation reflected that the resident refused 6 meal trays. She refused dinner on the following dates: 4/5/2025, 4/7/2025, 4/9/2025, 4/22/2025, 4/27/2025, and lunch on 5/1/2025.</p> <p>Review of the list of residents on the red cup program (a program in which residents received a red cup at meals to alert staff that they were at risk for weight loss/malnutrition) did not include Resident #1.</p> <p>During an interview on 05/04/25 at 11:45 AM with Resident #1 revealed that she goes to dialysis Monday Wednesday and Friday. She stated that she has lost weight in the last few months because she did not like the food, especially ground up meat or the mashed food. She stated that the alternative meal was a sandwich which she did not like because the meat was salty. She stated that she liked the chicken pot pie whenever they served it.</p> <p>During an interview on 05/04/2025 at 12:07 PM with the DM revealed that the dietitian was responsible for monitoring residents weight loss, dietary recommendations, and also which residents needed to be on the Red Cup program . The program alerts staff to pay attention to the resident on the program monitor their intake. She stated that if a resident were placed on the red cup program the charge nurse would send a communication slip to dietary. She stated that since she started working at the facility in March no residents had been added to the red cup program. She stated that the dietitian monitors weight loss every other week.</p> <p>During an observation on 05/04/2025 at 12:35pmResident#1 only ate her desert and stated that she did not like the ground chicken that was served at lunch. Resident#1 declined offer for alternative food from CNA A.</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  05/04/2025
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview 05/04/25 at 12:45 PM with the Dietician , she stated she was aware of Resident #1's weight loss. She stated she had noted discrepancies with the facility's weights in the past, so she was not sure if Resident #1's weights were actually accurate. She stated she felt as though the facility should be monitoring and recording post-dialysis weights for consistency purposes. She stated she was not sure if she had made that recommendation to the facility, and she stated she did not review dialysis communication logs (which documented weights taken at the dialysis facility) when assessing residents for further recommendations. She stated Resident #1 could definitely be put on a supplement and/or increased weights for additional weight support. She stated she does not necessarily monitor the facility's Red Cup program; she was not sure who monitored this program.</p> <p>During an interview on 05/04/25 at 1:25pm with the Director of Nursing (employed by the facility for approximately 4 months), she stated she was aware of Resident #1's weight loss, as she was the individual who entered weights into the electronic charting system. She stated although she knew of Resident #1's weight loss, she did not realize how significant the issue of severe weight loss could be until she completed her DON training this past week. She stated she felt as though Resident #1 should have weekly weights as well as supplements for appetite stimulation/extra nutrition. She also stated Resident #1 should have been placed on the facility's Red Cup program. The Director of Nursing stated she had left weight monitoring and intervention plans up to the dietician.</p> <p>During an interview on 05/04/2025 at 2:00pm with a CNA A who was assigned to Resident #1's care, she stated she could tell that Resident #1 had lost weight because during ADL care, Resident #1 felt much lighter. CNA stated that the resident requires set up for meals but can feed herself. She also stated Resident#1 was not on the red cup program and that staff was required to pay extra attention to resident on the Red Cup program.</p> <p>During an interview on 5/04/2025 at 3:21 with LVN B assigned residents care revealed that she did not work on the 300 hall usually and was not familiar with her weight loss or meal intake. She stated that the charge nurses monitored the dialysis communication sheets and reported any concerns to the MD and administration.</p> <p>During an interview on 05/04/2025 at 2.06pm with the MD revealed that Resident #1 had abdominal surgery hemicolectomy where she had removed part of her colon . The MD stated that Resident#1's weight loss started after the abdominal surgery, and she has had a lot of Gastrointestinal issues. The MD stated that some of the weight loss was good because she was over 200 pounds so losing some weight was beneficial if the resident was still eating. He stated that the facility continued to monitor Resident#1's weight monthly. The MD stated that the resident had complained of acid reflux, and she was started on Protonix to help with reflux . He stated that the resident had also complained of the food, and the facility had tried to adjust her diet to what she could tolerate and was seen by speech therapy who recommended mechanical soft diet. The MD stated that because the resident was on dialysis the only supplement, she could take was Nepro however she has not shown signs of malnourishment and was taking renal vite tabs for dialysis supplement.</p> <p>Review of the facility's Red Glass/Red Napkin and Fortified Food Program reflected :</p> <p>These programs are a way for residents with unintended weight loss to receive increased nutrients as soon as the weight loss is identified, and for facility staff to be aware of residents increased nutritional needs and to provide encouragement to complete their meal.</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  05/04/2025
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procedure:</p> <ol style="list-style-type: none"> <li>1. Nursing is to supply dietary on a weekly basis with an updated list of residents with unfavorable weight loss who may need additional supplements and additional encouragement to complete their meals. This list may be generated in the weekly weight meeting.</li> <li>2. Residents on enteral feedings with unfavorable weight changes will be re-evaluated for protein, calorie and vitamin/mineral needs with adjustments recommended as needed by the registered dietitian.</li> <li>6. Nutrition intervention may be needed for residents with weight loss.</li> </ol> <p>If warranted, a red napkin or red glass will be used on the resident's meal tray to alert the dietary and nursing staff to pay close attention to the resident's food/fluid intake and to encourage the resident to eat and drink as much as possible.</p> <p>Review of the Facility' Resident Weight policy reflected that the following assessments and Recognition:</p> <p>Nursing Policy &amp; Procedure Manual 2003 Revised: February 13, 2007</p> <p>All residents will be weighed by the 10th of the month and their weights documented correctly. The appropriate actions regarding significant changes will be carried out.</p> <p>Procedure:</p> <ol style="list-style-type: none"> <li>1. Weights shall be obtained and documented at admission, readmission, and monthly unless ordered otherwise by the physician, or unless dictated more frequently by the resident's condition. Factors indicating the need for more frequent weights include significant weight loss, drastic decrease in food consumption, prolonged nausea, vomiting, or diarrhea, significant weight gain, swelling or edema, poor appetite during adjustment period to the facility, recent change from tube feeding to oral intake, or pressure ulcers that are not resolving as expected.</li> </ol> <p>The Dietary Profile will be completed upon admission and quarterly thereafter by the dietary manager. The Nutrition Risk Assessment form will be completed by the Registered Dietitian upon admission, annually, and updated if the resident has a significant change. The RD and dietary manager will also chart in the dietary Progress Notes as needed regarding visits, nutritional issues, updates to food preferences, etc.</p> <ol style="list-style-type: none"> <li>4. All residents must be weighed as indicated, unless otherwise ordered by the attending physician. Pre-medicate resident for pain or discomfort, as per physician's orders, as needed prior to weighting.</li> <li>5. Monitor fluid intake and output because body weight may increase as a result of fluid retention.</li> <li>6</li> <li>7. Significant Weight Loss</li> </ol> <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  05/04/2025
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility review resident weights after monthly weights are obtained, to determine residents with significant weight changes. A significant weight change will be defined as 5% or greater in one month, 7.5% or greater in three months, or 10% or greater in six months. The weight change will be recorded on the appropriate weight watcher's form along with interventions, and follow-up will also be recorded in the designated location. The physician and family will be notified. In addition, an acute care plan for weight loss will be initiated and the clinical record reviewed for possible need of a significant change of condition MDS assessment. Assess the resident for possible reason for weight loss to include:</p> <p>9. All significant weight changes will be referred to the Regional Dietitian on the next visit. The Regional Dietitian will generate a copy of the facility weight report and can review the weight watchers' forms in PCC. The Regional Dietitian will complete an assessment on all significant weight losses. The Regional Dietitian will review all facility interventions, and will make appropriate recommendations, which will be approved by the physician, if necessary.</p>		