

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 02/17/2026
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** Based on interview and record review, the facility failed to ensure residents were given the appropriate treatment and services to maintain or improve his or her ability to carry out activities of daily living (ADLs) to maintain good personal hygiene, for 1 of 8 residents (Resident #1) reviewed for ADLs. The facility failed to ensure Resident #1 was provided with a shower on 01/20/2026 and 02/09/2026. This failure could place residents at risk of not receiving care and services needed to maintain quality of life and prevent decline in their mental and psychological well-being. Record review of Resident #1's admission MDS assessment dated [DATE] revealed she was a [AGE] year-old female admitted from an acute care hospital on [DATE]. She was assessed as cognitively intact with a BIMS score of 15. She was independent with eating, oral hygiene, upper body dressing, required set-up or clean-up assistance with person hygiene, and supervisory assistance with shower/baths. She was documented as having a fall in the last month prior to admission. She was frequently incontinent of bowel and bladder and had complex medical conditions that included: heart failure (heart unable to pump enough blood to meet the body's needs,) kidney failure (kidney(s) that lose ability to function properly,) diabetes (body cannot properly use blood sugar,) cerebrovascular accident (interruption of blood flow to the brain,) and depression (mood disorder that causes a persistent feelings of sadness.) Record review of Resident #1's Electronic Medical Record for her Shower/ADLs, with a look-back period of 20 days, her showers on 01/30/2026 and 02/09/2026 were documented as not applicable. Resident #1 had no documentation of a shower between 02/07/2026 and 02/10/2026. In an interview with Resident # 1 on 02/17/2026, she was resting on her bed in her room. She reported that earlier in the month, she went without a shower for multiple days because the aide stated she would do it at the end of her shift, but then at the end of her shift, she came in and stated she ran out of time and would not be able to provide her with a shower. She stated she was not offered an alternative shower opportunity. She stated she did not report this to nursing; but was upset as she wanted to feel clean and did not feel clean after not having a shower for three days. She stated she expected to get a shower every other day and this was not provided. In an interview with CNA A on 02/17/2026 at 11:41 am, she stated she worked with Resident #1 frequently, and her shower days were Monday, Wednesday, and Friday. She stated on the shower days for Resident #1 where she documented not applicable, she stated she just ran out of time that day. She stated she had enough staff to do her job, but she just ran out of time. She stated Resident #1 did not refuse and was compliant overall with care. She stated she did not coordinate with other staff to get Resident #1 a shower because she did not want to bother anyone [staff.] She stated it was her responsibility to ensure Resident #1 received a shower, and it was her responsibility to report to the nurse if this was not possible. In an interview with the DON on 02/17/2026 at 1:52 pm, she stated it was not acceptable for Resident #1 to not be offered showers on her shower days. She reported her expectations were for residents to receive a shower twice a week, or they can get more often if</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: 455651	Facility ID: 455651 If continuation sheet Page 1 of 2

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>they want. She stated it was not acceptable for CNA A to not offer Resident #1 one on her shower days, and it was her responsibility to coordinate an alternative way to do so. She stated it was important to offer ADLs to residents because she wanted her residents to be offered showers for resident rights and to be clean. The DON stated it was her responsibility to ensure residents received ADL care, but she was not told by CNA A that she was not able to provide a shower for Resident #1 so she could not accommodate. She stated she was aware of the issue and would provide in-service to CNA A. In an interview with the Administrator on 02/17/2026 at 2:17 pm, she stated she expected her CNAs to provide showers and ADL care to residents on their assigned days. She stated if it had been a busy day, the CNAs need to coordinate with other staff to get it done. She stated this was not done in this incident. She stated it was the DON's responsibility to ensure residents receive their ADL care because it was important for resident rights to get hygiene care. In a review of the facility's policy, Bath, Tub/Shower, undated, provided by the Administrator on 02/17/2026 at 2:42 pm revealed Goals 1. The resident will experience improved comfort and cleanliness by bathing. 3. The resident will be free from soil, odor, dryness. following bathing. Procedure 1. The resident will receive assistance with bathing according to their resident centered plan of care. In a review of the facility's policy, Resident Rights, undated, provided by facility Administrator on 02/17/2026 at 2:42 pm revealed The resident has a right to a dignified existence.</p>		