STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455651	A. Building B. Wing	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Downtown Health and Rehabilitation Center	424 South Adams Street 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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to, in accordance with State and Federal laws, store all drugs and biologicals in locked compartments under proper temperature controls, and permitted only authorized personnel to have access to the keys 1 of 7 residents (Residents #1) reviewed for hazards. The facility failed to ensure Resident #1 did not have a bottle of Core Strength pills in his room on 06/16/26. These failures could place the residents at risk of accidental overdose, misuse of medications, and possible adverse reactions.Findings include: Record review of Resident #1's Face Sheet, dated 06/16/26, revealed a [AGE] year-old male who was admitted to the facility on [DATE], with diagnosis that include Bilateral Primary Osteoarthritis of Knee (It happens when the slippery cartilage that cushions the ends of your bones gradually breaks down) Record review of Resident #1's MDS Assessment, dated 04/21/26, revealed BIMS score of 15 indicated thinking and memory are perfectly intact. The MDS assessment revealed the Resident was coded for Bilateral Primary Osteoarthritis of Knee, and chronic pain. Record Review of Resident #1's care plan dated 06/06/26, revealed focus area of care for Adverse medication effect and behaviorMonitoring, with interventions to: Continually monitor for behaviors and medication adverse effects and notify the MDor NP as required. In addition, note any behaviors and adverse effects on the Weekly Summary, Monitoring and accurate documentation of the resident's response to any treatment (such as, lab results, vital signs, progress notes, behavior flow sheets, medication administration records and the consultant pharmacist's drug regimen review) is essential to evaluate the ongoing effectiveness, benefits as well as risks of nonpharmacological approaches and medications. Record Review of Resident #1's Active physician's orders on 06/16/26 at 9:35 a.m. did not reveal an order for Core Strength Vitamins. Record Review of Resident #1's self-medication program assessment of skills dated 01/23/26 revealed Resident #1 was unable to demonstrate knowledge of dose/frequency of medication without assistance, it revealed that Resident #1 was unable to verbalize knowledge of common side effects of his medication. During an observation and interview on 06/16/26 at 9:35 a.m., Core Strength supplement bottle was observed on Resident # 1's bedside table. When asked if the nurses knew he had it, he stated that his family brings in the medications for him to use for pain and inflammation of his knees. He stated that the nurses were aware that he takes the supplements daily because they were on his bedside table. During an interview on 06/16/26 at 9:55 a.m. with RN P, she stated that the facility policy was that no medication was allowed in the resident's room unsupervised. She stated that all the medications the resident takes should be monitored by the nurse for any side effects. She stated that if the resident prefers a certain medication, they call the doctor for approval and obtain an order to be administered by the nurse. She stated that the nurse needs to know what medications the resident was taking so they can monitor side effects and safety. She stated that on admission the residents and family were educated about not bringing outside medications and to let the nurse know if they prefer any brand so it can be approved by the doctor. She stated that the nurse was responsible for making sure the resident does not have medication in (continued on next page)

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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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	their possession, and that if found by any other staff to report to the charge nurse. She stated she also removes the medication and educates the residents on the dangers of taking non prescribed medications and she reports to the ADON or DON. She stated that the residents having non prescribed medications in their rooms could be life threatening if there is an adverse effect or interaction with prescribed medications. During an interview on 06/16/26 at 10:00 a.m. with CNA K, she stated that if she finds a medication in any residents' room, she reports it to the nurse She stated that residents were not supposed to have medications in their rooms. She stated that it could cause side effects and could be bad for the residents. During an interview on 06/16/26 at 12:44 p.m. with ADON M, she stated that the policy was for all residents to turn in medication to the nurse to obtain an order from the doctor, complete an assessment if they want to keep it at bedside, before they can self-administer. She stated they do an inventory list during admission, and we get any medications they have and send back with family, and we educate the family to make sure to bring any medication to the nurse to obtain an order before it can be given to the resident.She stated that an assessment was completed for self-administering medication and completed 01/23/26, but it did not clear the resident to self-administer. She stated the resident could overdose if they don't know the directions and amount of medication they need to take and the danger exists that another resident could get a hold of it and take it. The admitting nurses and the charge nurses and the ambassadors that check the room were all responsible for making sure the residents do not have medication in their rooms. She stated that she will Inservice the staff on residents having medication their rooms Record review of the facility's PCU020 - Self-Administration of Medications by Residents Policy revealed: and/or facility policy allows or has determined that the practice would be safe for the resident and other residents ofthe facility.Procedure1. Each resident is offered the opportunity to self-administer his or her medications during the routine assessment by the facilities interdisciplinary team.2. If the resident desires to self-administer medications an assessment is conducted by the interdisciplinary team of the resident's cognitive, physical, and visual ability to carry out this responsibility.3. The interdisciplinary team determines the residents' ability to self-administer medications by means of completing the Self Administration of Medication assessment in PCC.4. The results of the interdisciplinary team assessment are recorded5. Bedside medication storage is permitted only when it does not present a risk to confused residents who wander into the rooms of, or room with, residents who self-administer. The following conditions are met for bedside storage to occur:a. The manner of storage prevents access by other residents. Lockable drawers or cabinets are required only if unlocked storage is ineffective. Adhere to the State Health Departments Rules on this matterb. The medications provided to the resident for bedside storage are kept in the containers dispensed bythe supplying pharmacy. Adhere to the individual State Health Departments rules as it relates to documentation for a resident that self-administers medications6. All nurses and aides are required to report to the charge nurse on duty any medications found at the bedside not authorized for bedside storage, and then give unauthorized medications to the charge nurse for return to the family or responsible party.7. Medications stored at the bedside are reordered in the same manner as other medications. The nursing staff is responsible for proper rotation of bedside stock and removal of expired medications.8. When the interdisciplinary team determines that bedside or in-room storage of medications would be a safety risk to other residents, the medications of residents permitted to self-administer are stored in the central medication cart or medication room. The resident requests each dose from the medication nurse, who provides the medication to the resident in the unopened package for the resident to self-administer. The nurse then records such self-administration on the MAR in the manner described above.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 1 of 7 (Resident #2) reviewed for infection control. The facility failed to ensure that CNA C had on PPE when providing high contact care for Resident #1. This failure could place the residents at risk for spread of infection through cross-contamination of pathogens and illness. Findings included: Record review of Resident #2's Face Sheet, dated 06/16/26, revealed an [AGE] year-old female who was admitted to the facility on [DATE], with diagnosis that include Gastrostomy status (Feeding Tube: a person has a surgically created, small opening in their belly that leads directly into their stomach and Senile degeneration of Brain (he gradual, permanent death of brain cells as a person ages, leading to cognitive decline) Record review of Resident #2's MDS Assessment, dated 03/27/26, revealed no BIMS score. The MDS assessment revealed the Resident was coded for feeding tube. Record Review of Resident #2's care plan dated 06/09/26, revealed focus area of care for enhanced barrierPrecautions with goal of : There will not be any transmission of infection from or to the resident; with intervention of: Gloves and gown should be donned if any of the following activities are to occur: linen change, resident hygiene, transfer, dressing, toileting/incontinent care, bed mobility, wound care, enteral feeding care, catheter care, trach care, bathing, or otherhigh-contact activity and Posting at the resident's room entrance indicating the resident is on enhanced barrier precautions. During an observation on 06/16/26 at 1:19 p.m. CNA C was observed providing Incontinence care for Resident #2 who had an EBP signage on her room door. CNA C did not have a gown on. During an interview on 06/16/26 at 1:23 p.m. with CNA C, she stated that the facility policy for residents on EBP was that she must wear appropriate PPE when providing care including gloves, gown and mask if needed. She stated that not having appropriate PPE will spread germs and infection to other residents. She stated that the spread of germs will cause a good number of residents to get sick. During an interview on 06/16/26 at 1:28 p.m. with RN J, she stated that the facility policy was to wear masks, gowns, gloves when providing high care to residents on EBP. She stated that everyone was responsible for making sure the EBP procedure was always followed. She stated that if the procedure was not followed by all staff, it can cause infection for the residents and spread infection to other residents if the staff don't have the proper PPE on. She stated that this could make the other residents sick. During an interview on 06/16/26 at 1:46 p.m. with ADON M, she stated all staff should wear a gown and have proper PPE when providing direct care per facility policy on EBP. She stated that all staff that provide direct care were responsible for making sure that they were following the policy for residents on EBP by having an appropriate PPE which was placed by the room entrance.She stated that the need for proper PPE was for infection control. She stated that not wearing appropriate PPE was breaking the infection control barrier and can spread infection to other residents. She stated it prevents the spread of infection. She stated they provide services and education to staff on infection control and the need to have proper PPE on. Record review of the facility's undated Enhanced Barrier Precautions policy revealed: Multidrug-resistant organism (MDRO) transmission is common in long term care (LTC) facilities. Many residents in nursing homes are at increased risk of becoming colonized and developing infections with MDROs. Enhanced Barrier Precautions (EBP) refer to an infection control intervention designed toreduce transmission of multidrug-resistant organisms that employ targeted gown and glove use during high contact resident care activities.EBP are used in conjunction with standard precautions and expand the use of PPE to donning ofgown and gloves during high-contact resident care activities that provide opportunities fortransfer of MDROs to staff hands and clothing. A single set of PPE cannot be used for more than 1 patient.EBP are indicated for residents with any of the following: Colonization with a CDC-targeted MDRO when Contact (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Precautions do not otherwise apply (see MDRO list on page 3); or Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO.Indwelling medical device examples include central lines, urinary catheters, feeding tubes, andtracheostomies. A peripheral intravenous line (not a peripherally inserted central catheter) is not considered an indwelling medical device for the purpose of EBP. The facility will ensure PPE and alcohol-based hand rub are readily accessible to staff prior to entry to their room. PPE for enhanced barrier precautions is only necessary when performing high-contact care activities and may not need to be donned prior to entering the resident's room. For example, staff entering the resident's room to answer a call light, converse with a resident, or provide medications who do not engage in a high-contact resident care activity would likely not need to employ EBP while interacting with the resident. Communication to StaffThe facility will utilize postings outside the room and Point Click Care to communicate to staff if a resident requires EBP. The policy revealed that when changing briefs or assisting with toileting, gloves and gown should be worn.