

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455819	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/22/2026
NAME OF PROVIDER OR SUPPLIER Arlington Heights Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4825 Wellesley Ave Fort Worth, TX 76107	
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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to coordinate assessments with the pre-admission screening and resident review (PASRR) program to the maximum extent practicable to avoid duplicate testing and effort, which include incorporating the recommendation from the PASRR level II determination and the PASRR evaluation report into a resident's assessment, care planning, and transitions of care for two (Residents #1 and #2) of three residents reviewed for PASRR assessments. The facility failed to submit a completed request for Nursing Facility Specialized Services (NFSS) in the LTC Online Portal within 20 business days of Resident #1 and #2's IDT meetings held on 04/22/26. This failure could place residents at risk of not receiving specialized services and equipment to help ensure their needs are met. Findings included: Review of Resident #1's Quarterly MDS Assessment, dated 06/10/26, reflected she was a [AGE] year-old female who had originally admitted to the facility on [DATE] and readmitted on [DATE]. Her BIMS score was a 10 which indicated she had mild cognitive impairment. Her active diagnoses included non-alzheimer's disease (cognitive disorders severe enough to interfere with daily life) and hemiplegia or hemiparesis (neurological conditions that affect motor function on one side of the body). Her MDS did not indicate her usage of a wheelchair. Review of Resident #1's undated care plan reflected the following: Focus: [Resident #1] has an ID Dx and is PASRR positive. Interventions: Specialized Services of HC, PT and OT will be provided per LA recommendations. Wheelchair to be replaced. Review of Resident #1's PASRR Evaluation, dated 03/27/23, reflected a positive PASRR status for Mental Illness, Intellectual Disability, and Developmental Disability. Review of Resident #1's HSP, dated 04/22/26, reflected the following: On 04/26/2023, [Resident #1's] PE recommended services included DME. Other resources and natural supports: Name of resource or natural support: DOR. Actions to be taken, such as referral and follow-up: HC will follow up with DOR on NFSS. NF Specialized Services to be Monitored by the SPT. Name of Service: CMWC. Outcome/Goal: Pending assessment. Observation and interview on 07/22/26 at 9:25 AM with Resident #1, she was in the hallway sitting in her wheelchair. Resident #1 refused to talk to the surveyor or answer any questions. Review of Resident #2's Quarterly MDS Assessment, dated 06/24/26, reflected she was a [AGE] year-old female who originally admitted to the facility on [DATE] and readmitted on [DATE]. She did not have a BIMS score calculated nor was one assessed by staff, indicating she had severe cognitive impairment. Her active diagnoses included non-alzheimer's dementia (cognitive disorders severe enough to interfere with daily life) and seizure disorder or epilepsy (a chronic brain disorder characterized by recurrent, unprovoked seizures caused by abnormal electrical activity in the brain). Her MDS did not indicate her usage of a wheelchair. Review of Resident #2's undated care plan reflected the following: Focus: [Resident #2] has ID and is PASRR positive. Interventions: Specialized Services HC & THERAPY SERVICES will be provided per (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	LA recommendations.Wheelchair to be repaired, not yet eligible for a new custom chair due to 5 year time limit. Review of Resident #2's HSP, dated 04/22/26, reflected the following: On 04/26/24, PE recommendation services include, ILS, OT, PT, and DME.[Resident #2] and LAR would like to continue with HC, ILS, PT and OT. CMWC is requested.Name of Service: CMWC.Outcome/Goal: Pending assessment. Review of Resident #2's Level 1 PASRR Screening, dated 04/04/23, reflected a positive PASRR status for Intellectual Disability and Developmental Disability. Observation and interview on 07/22/26 at 9:20 AM with Resident #2, she was in her bed resting. Resident #2 was not able to answer any questions based on her cognitive condition. Interview on 07/22/26 at 8:48 AM with the DOR, she said she was a part of a meeting back in April 2026 where it was decided Residents #1 and #2 would have new wheelchairs. The DOR said the vendor originally came out on 04/28/26 to measure the residents for their wheelchairs for the initial assessments. The DOR said after that, there were multiple times the vendor was supposed to come back out and never did for one reason or another. The DOR said she had communicated with him regularly to request an update or ask him to come to the facility to complete the task so she could submit the NFSS forms timely. The DOR said she was only allowed to use the one DME company per the company's decision so she could not reach out to other DME companies/vendors. The DOR said she had not submitted Residents #1 and #2's NFSS forms yet because she was still waiting on the DME vendor to come to the facility and finish getting the measurements for her to submit the forms. The DOR said the purpose of the NFSS form was to get permission for the residents to receive the services. The DOR said the NFSS form was submitted through the LTC Online Portal by her since it was her responsibility. The DOR said if the NFSS forms were not submitted timely then the facility would be out of compliance. The DOR said she did not know she only had 20 business days to complete and submit the NFSS forms for Residents #1 and #2. Interview on the phone on 07/22/26 at 9:35 AM with the DME Vendor Rep, he said he had been working on getting Residents #1 and #2's measurements for their new wheelchairs for a while. The DME Vendor said he had been out to the facility around April 2026 and had not been able to come to the facility to finish the process for one reason or another since things came up and he could not make it out. The DME Vendor said usually he was able to get to the facility quickly and provide the measurements for them for the forms they have to submit. The DME Vendor said the DOR had been reaching out to him for updates and trying to get him to the facility to complete the tasks for Residents #1 and #2. Interview on the phone on 07/22/26 at 10:20 AM with Residents #1 and #2's RP, she said she was aware the facility was working towards getting the residents' new chairs, but was not sure where they were at in the process. Interview on the phone on 07/22/26 at 12:55 PM with Residents #1 and #2's HC, she said there was a meeting back in April 2026 where it was discussed that Residents #1 and #2 needed new wheelchairs. Residents #1 and #2's HC said she followed up with the facility recently, earlier this month (July 2026), about the status of the residents' new wheelchairs and was told they were still working through the process and the forms had not been submitted yet. Interview on 07/22/26 at 1:15 PM with the ADON, she said both the Administrator and DON were at a conference and were not at the facility. The ADON said she had no idea about any procedures related to PASRR services. The ADON said she only knew the DOR was responsible for submitting forms for it and was expected to follow the facility's policies for PASRR services. Review of the facility's policy, revised 03/06/19, titled PASRR Level 1 Screen Policy and Procedures did not address NFSS form submissions.		