

|   |  |   |  |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION        | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>455881 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY COMPLETED<br><br>02/29/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Dfw Nursing & Rehab |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>900 W Leuda St<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
| <p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42214</b></p> <p>Based on interview, observations and record review, the facility failed to ensure incontinent care was provided in accordance with appropriate treatment and service practices to prevent urinary tract infections and to restore continence to the extent possible for three (Residents #1, #2, and #3) of six residents reviewed for incontinent care and catheter care, in that:</p> <p>Residents #1, #2, and #3 had an indwelling urinary catheter (a catheter which is inserted into the bladder, via the urethra and remains in to drain urine) without a physician's order, regarding a valid rationale for the placement of an indwelling urinary catheter.</p> <p>This deficient practice could place residents at-risk for infection due to improper care practice.</p> <p>The findings included:</p> <p>Record Review of resident #1's face sheet, printed on 02/29/24, indicated Resident #1 was a [AGE] year-old male who admitted to the facility on [DATE]. Resident #1 had diagnosis of tracheostomy status (a procedure to help air and oxygen reach the lungs by creating an opening into the trachea (windpipe) from outside the neck), depression, anxiety disorder, adjustment disorder (excessive reactions to stress that involve negative thoughts, strong emotions and changes in behavior), mild cognitive impairment of uncertain or unknown etiology (problems with memory, language or judgment.), epileptic seizures, essential (primary) hypertension (abnormally high blood pressure ), chronic obstructive pulmonary disease (a lung disease causing restricted airflow and breathing problems), chronic respiratory failure (a serious condition that makes it difficult to breathe), obstructive and reflux uropathy (a disorder of the urinary tract that occurs due to obstructed urinary flow and can be either structural or functional).</p> <p>Record review of Resident #1's quarterly MDS assessment, dated 01/24/24, reflected Resident #1 had a BIMS score of 08, which indicated Resident #1 had moderate cognitive impairment. Section GG - Functional Abilities and Goals, question GG0130. Self-Care indicated Resident #1 required maximal assistance with ADLs of oral hygiene, toileting, bathing, dressing and personal hygiene. Section H - Bladder and Bowel, question H0100. Appliances indicated Resident #1 had an indwelling catheter.</p> <p>Record review of Resident #1's Care Plan, initiated on 01/16/24, reflected . indwelling catheter due to diagnosis of obstructive uropathy . Interventions - Catheter care every shift, change catheter tubing and bag as facility protocol, encourage fluid intake, keep fresh water within reach .</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 |
|---|-------|-----------|

|  |  |   |  |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>455881   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY COMPLETED<br><br>02/29/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Dfw Nursing & Rehab  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>900 W Leuda St<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |   |  |
| <p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Record review of Resident #1's physician orders tab of his electronic health record indicated the following orders, with a start date of 01/17/24:</p> <ul style="list-style-type: none"> <li>- foley [catheter] (soft, plastic or rubber tube that is inserted into the bladder to drain the urine)care with soap and water q shift every shift.</li> <li>- foley [catheter] output q shift every shift.</li> </ul> <p>The physician orders tab revealed no other order for an indwelling urinary catheter.</p> <p>In an observation and interview on 02/29/24 at 11:45 a.m., Resident #1 was observed in his room sitting in a wheelchair, with a catheter bag hung below his chair. Resident #1 stated he had no issues with his catheter or care provided.</p> <p>Record review of Resident #2's face sheet, printed on 02/29/24, indicated Resident #2 was an [AGE] year-old male who admitted to the facility on [DATE]. Resident #2 had diagnoses of paraplegia (paralysis that affects the legs), sepsis (a serious condition that happens when the body's immune system has an extreme response to an infection), chronic obstructive pulmonary disease (a lung disease causing restricted airflow and breathing problems) , chronic respiratory failure (a serious condition that makes it difficult to breathe), hypercapnia (high levels of carbon dioxide in the blood), flaccid neuropathic bladder (bladder doesn't contract enough), type 2 diabetes mellitus (insulin resistance), essential (primary) hypertension (abnormally high blood pressure ),, other speech and language deficits following cerebral infarction, low back pain, obstructive and reflux uropathy (a disorder of the urinary tract that occurs due to obstructed urinary flow and can be either structural or functional), cerebral infarction (stroke).</p> <p>Record review of Resident #2's quarterly MDS assessment, dated 12/18/23, reflected Resident #2 had a BIMS score of 11, which indicated he had moderate cognitive impairment. Section GG - Functional Abilities and Goals, question GG0130. Self-Care indicated Resident #2 required moderate assistance with ADLs of bathing, toileting, dressing, and required touching assistance with personal hygiene, and oral hygiene. Section H - Bladder and Bowel, question H0100. Appliances indicated Resident #2 had an indwelling catheter.</p> <p>Record review of Resident #2's Care Plan, initiated on 08/26/23, reflected . indwelling catheter due to diagnosis of obstructive uropathy . Interventions - Catheter care every shift, encourage fluid intake, keep fresh water within reach.</p> <p>Ongoing assessment of color, clarity and character of urine .</p> <p>Record review of Resident #2's physician orders tab of his electronic health record indicated RECORD URINARY OUTPUT FROM FOLEY CATHETER Q SHIFT., with a start date of 12/06/23. The physician orders tab revealed no other order for an indwelling urinary catheter.</p> <p>In an observation and interview on 02/29/24 at 9:45 a.m. at a local hospital, revealed Resident #2 was observed with a catheter, but decline to speak with the surveyor.</p> <p>(continued on next page)</p> |   |  |

|  |  |   |  |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>455881   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY COMPLETED<br><br>02/29/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Dfw Nursing & Rehab  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>900 W Leuda St<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |   |  |
| <p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Record review of Resident #3's face sheet, printed on 02/29/24, reflected Resident #3 was a [AGE] year-old male who admitted to the facility on [DATE]. Resident #3 had diagnoses of unspecified psychosis not due to a substance or known physiological condition ( collection of symptoms that affect the mind), encephalopathy (disease that affects the brain), anemia(low red blood cell count), type 2 diabetes mellitus (insulin resistance), bipolar disorder (a serious mental illness that causes unusual shifts in mood), paranoid personality disorder (a mental health condition marked by a long-term pattern of distrust and suspicion of others without adequate reason to be suspicious), obstructive and reflux uropathy (a disorder of the urinary tract that occurs due to obstructed urinary flow and can be either structural or functional).</p> <p>Record review of Resident #3's quarterly MDS assessment, dated 02/11/24, reflected Resident #3 had a BIMS of 05, which indicated Resident #3 had severe cognitive impairment. Section GG - Functional Abilities and Goals, question GG0130. Self-Care indicated Resident #3 required maximal assistance with ADLs of toileting, bathing, dressing, and personal hygiene. Section H - Bladder and Bowel, question H0100. Appliances indicated Resident #3 had an indwelling catheter.</p> <p>Record review of Resident #3's Care Plan, initiated on 01/22/24, reflected . indwelling catheter due to diagnosis of obstructive uropathy . Interventions - Catheter care every shift, change catheter tubing and bag as facility protocol, observe for acute behavioral changes that may indicate UTI .</p> <p>Record review of Resident #3's physician orders tab of his electronic health record indicated Foley catheter care every shift and PRN with soap and water, with a start date of 01/20/24. The physician orders tab revealed no other order for an indwelling urinary catheter.</p> <p>In an observation on 02/29/24 at 11:50 a.m., Resident #3 was observed laying in his bed asleep, with a catheter bag hung from his bedside.</p> <p>In an interview on 02/29/24 at 5:20 p.m., the ADON stated she was unaware that Residents #1, #2 and #3 did not have foley catheter physician orders. The ADON stated when a resident admits to the facility with a catheter, it is the responsibility of the admitting nurse to review the resident's admittance orders and notify the residents physician of the catheter. The ADON stated the order for the catheter, catheter care and as needed reinsertion would be written by the physician. The ADON stated residents who had catheters without orders could introduce an infection control issue. The ADON stated the facility would in-service staff on catheter orders, care and monitoring. The ADON stated an audit would be heal on all residents to ensure all orders were written and in residents electronic health record as needed.</p> <p>In an interview on 02/29/24 at 5:32 p.m. with the ADMIN and CM revealed it was the facilities expectation that catheter orders be placed in the electronic health record of every resident with a catheter and catheter care would be provided per physician orders. The CM stated nurses ADON and DON were to ensure catheter orders were in residents health records as needed and not having the orders in their health records would make the resident susceptible to infection. The CM stated an in-service on catheter orders and care would be started. The CM and ADMIN stated the facility would review residents' health records to ensure orders were entered appropriately.</p> <p>Record review of a facility policy titled, Catheter Care, Urinary, revised in August 2022, revealed no verbiage regarding a valid rationale for the placement of an indwelling urinary catheter.</p> |   |  |