

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455881	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/25/2025
NAME OF PROVIDER OR SUPPLIER  Dfw Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  900 W Leuda 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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews and record review the facility failed to notify the resident's representative and ombudsman of the transfer or discharge and the reasons for the move in writing and in a language and manner they understood for 1 of 2 resident (Resident #1) reviewed for Discharge Rights.</p> <p>The facility failed to notify Resident #1's resident representative in writing of the transfer/ discharge of the resident to a behavioral hospital, the reason for the transfer/discharge, and the right to appeal.</p> <p>This failure could affect the residents at the facility by placing them at risk of being discharged and not having access to available advocacy services, discharge/transfer options, and appeal processes.</p> <p>Findings included:</p> <p>Resident #1's face sheet (undated) reflected she was a [AGE] year-old female readmitted to the facility on [DATE] with an initial admission on [DATE]. Resident #1 discharged to hospital for a behavioral evaluation on 02/10/2025. Resident#1 was transferred to the Behavioral hospital on [DATE] for psychological care. Resident's diagnosis is Unspecified Dementia, Unspecified Severity,</p> <p>Without Behavioral Disturbance, Psychotic Disturbance (severe mental health disorder characterized by a collection of psychotic symptoms), Mood Disturbance, and Anxiety (Less mild and less aggressive with impaired concentration, apathy, anxiety, and agitation); Schizoaffective Disorder (mental health condition that combines aspects of schizophrenia and mood disorder), Bipolar Type (people with this condition experience both manic episodes and depressive episodes); Chronic Kidney Disease, Stage 3, Unspecified (kidneys do not work as well as they should to filter waste and extra fluid out of the blood). Resident #1's family member was the responsible party.</p> <p>Resident #1's MDS assessment dated [DATE], noted BIMS Score to be 10/15 which reflected moderate cognitive impairment. Resident #1 had short-term and long-term memory problems, moderately impaired decision-making skills, no mood issues, physical and verbal behaviors.</p> <p>Resident #1's progress notes reflected that on 02/10/2025, the social worker initiated a referral to transfer/discharge the resident to a behavioral health hospital due to the resident having an increase in her verbal, physical, and violent behaviors.</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
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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #1's clinical chart revealed a discharge or transfer notification was completed and given to Resident #1 before she was sent to a behavioral hospital on [DATE]. Resident did not have the mental capacity due to her dementia diagnosis to understand what the letter meant.</p> <p>A telephone interview with the Ombudsman on 02/25,2025 at 4:04 p.m. revealed she did not receive a copy of the discharge notification for Resident #1 of the facility's intent to discharge until 02/14/2025. The Ombudsman stated she knew the Administrator was aware of the proper procedures for discharging a resident who is a threat to themselves and others. At the time the Ombudsman spoke with the Administrator, no notice had been provided to Resident #1 or to family member. The Ombudsman did receive a verbal notification of Resident #1's discharge from the Administrator on 02/10/2025 and the written notification on 02/14/2025. The Ombudsman requested that the resident and family member must receive written notice and at the time of the conversation, had not received notice at the time of the conversation on 02/10/2025.</p> <p>An attempted interview with Resident #1's resident representative was made via telephone on 03/02/2025 at 03:59 PM with Surveyor contact information left on voice mail.</p> <p>In an interview with the Administrator and DON on 02/25/2025 at 4:50 p.m. it was revealed the Administrator consulted with the DON and together they decided the facility could no longer meet Resident #1's needs. This would be the third incident involving Resident #1 r/t her behaviors. Resident #1 was a threat to herself and to the staff and residents. She would refuse to take her medications and would constantly try to elope from the facility. The Administrator issued the notice to the resident that she had to discharge to the hospital. The Administrator stated he notified the Ombudsman of the discharge and did send her a copy of the discharge. The Administrator and Social Worker have been unable to successfully get in touch with Resident #1's family member. The Social Worker was in the process of locating a place for Resident #1 to move to. The plans are for Resident #1 to return to a group home she once lived at.</p> <p>Review of the facility's Admission, Transfer, and Discharge Register Policy dated June 2008, reflected, Our facility maintains an Admission, Transfer, and Discharge Register. (h) The date the resident was transferred or discharged . (i) The reason for the transfer/discharge. (j) The place to which the resident was transferred/discharged (i.e., hospital, home, room, etc.) The policy did not include the requirement to provide written notification of the transfer/discharge to the resident and/or their legally authorized representative.</p> <p>Review of the facility's Unmanageable Residents Policy dated April 2010, reflected, Each resident will be provided with a safe place or residence. (5) Unmanageable resident may not be retained by the facility. Discharge proceedings will be implemented as instructed by the Attending Physician or Medical director in accordance with current laws and regulations governing such discharges. The policy did not include the requirement to provide written notification of the transfer/discharge to the resident and/or their legally authorized representative.</p>		