

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 04/10/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, interviews, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety for one of one kitchen reviewed for food and nutrition services.</p> <p>The facility failed to ensure food items were kept away from potential airborne contaminants (leaking sinks, dust particle and grease).</p> <p>This failure could place residents at risk for food contamination and foodborne illness.</p> <p>Findings included:</p> <p>Observation on 04/08/25 at 8:00 AM, revealed behind the air fryer area had white and brown grease on the wall. Observation of the floor revealed brown grease behind the equipment that ran from the air fryer to the stove.</p> <p>Observation on 04/08/25 at 8:30 AM, revealed one white towel that had turned brown was wrapped around a pipe. Under the towel was a hole that the piping did not fit into, and water was running to the hole.</p> <p>Observation on 04/08/25 at 8:35 AM, revealed another white towel that had turned brown underneath the pots and pans sink.</p> <p>Interview on 04/08/25 at 9:00 AM, CK stated the pipes had been leaking for a while and maintenance worked with a plumber who put that extra pipe in for the water to flow but, the pipe was the wrong size and does not cover that hole. The towel was wrapped around the pipe to stop the water from splashing everywhere. The CK stated the pots and pans sink had a leak and</p> <p>Interview on 04/08/25 at 9:30 AM, DM stated she was not exactly sure how long the pipes had been leaking. The DM stated the MD had work with a plumber and they keep saying they will be out to the facility every week and have not shown up again. The DM stated all staff are responsible for keeping the kitchen clean. The DM stated she writes down in her planner who cleaned what equipment in the kitchen. The DM said she does not think residents are at risk for cross contamination because their food are not near the sinks or air fryer.</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: 455881	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 04/08/25 at 9:40 AM, this Surveyor requested from the DM the cleaning schedule, and photocopy of planner on which staff completed kitchen -up. Surveyor did not receive documentation before exiting.</p> <p>Interview on 04/08/25 at 9:58 AM, the MD stated he had worked with a plumber who gave an estimate of \$50,000 to complete the necessary work for the kitchen. The MD stated the plumber that he is currently working with had cut the cost to more than half of the original estimate. The MD stated the plumbers' teams had to push back the work for the facility for another job. The MD stated the facility is working on getting the plumbing fixed in the kitchen.</p> <p>Attempted to interview plumber on 04/09/25 at 9:00 AM, he stated to contact the MD at the facility, and he will be able to go over the details of the repair.</p> <p>Record review of facility policy, undated, Sanitization reflected the food service area shall be maintained in a clean and sanitary manner. 1. All kitchen, kitchen areas and dining area shall be kept clean, free from litter and rubbish . 17. The food service manager will be responsible for scheduling staff for regular cleaning of kitchen and dining areas. Food service staff will be trained to maintain cleanliness throughout their work area during all tasks, and to clean after each task before proceeding to the next assignment.</p> <p>Record review of plumber estimate sheet reflected plumber did an investigation of the kitchen on 01/20/25. Investigation reflected the sewer in kitchen floods the floor when 3 compartment sink is drained.</p>		

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 04/10/2025
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents in one of one kitchen reviewed for a clean environment.</p> <p>The facility failed to keep a safe and sanitary kitchen environment (leaking sinks, dirt towels and open hole outside the kitchen that was not covered to control kitchen contamination).</p> <p>This failure could place the residents at risk of exposure to infectious material.</p> <p>Findings included:</p> <p>Observation and interview on 04/09/25 at 8:30 AM, the MD and AMD went outside behind the kitchen to view the hole the plumber dug two weeks ago to start repairs on the pipes for the kitchen. The MD stated the plumber will need to do the tunnel from outside to follow the piping under the building and will need to replace the PVC piping. Surveyor observed a large, uncovered hole behind the kitchen wall.</p> <p>Attempted to interview plumber on 04/09/25 at 9:00 AM, he stated to contact the MD at the facility, and he will be able to go over the details of the repair.</p> <p>Interview on 04/09/25 at 2:11 PM, the MD stated he was not disturbing the hole behind the kitchen because the plumber would be back with the digging team to complete the work. The MD stated the plumber came out 2 weeks ago and dug the hole himself and was supposed to come back last week but they had another job to do before coming back to the facility. MD stated at this time the kitchen was not being affected and did not anticipate the meal services being infected by the plumbing services.</p> <p>Record review of plumber estimate sheet reflected plumber did an investigation of the kitchen on 01/20/25. Assessment reflected the sewer in kitchen floods the floor when 3 compartment sink is drained .Tunnel from outside of the building following plumbing pipe to where connection is to be made (approx. - 20 ft) .BEST OPTION TO PREVENT CONTAMINATION OF KITCHEN 1. All dirt left on site, hole to be covered when nobody is working and all dirt to be put back, if not hauled away.</p>