Printed: 07/31/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455881	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2025		
NAME OF PROVIDER OR SUPPLIER  Dfw Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZI 900 W Leuda St Fort Worth, TX 76104	P CODE		
For information on the nursing home's	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 0600  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some  Note: The nursing home is disputing this citation.	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)  Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishmental and neglect by anybody.		ONFIDENTIALITY** 45054  Insure the resident had the right to exploitation for one of eleven  Vices and goods abuse when the less the resident's inappropriate and lead to harm to himself and  IJ was removed on 5/20/25, the for more than minimal harm that was ness of the corrective systems.  Id to serious harm.  ISE] year-old male who was admitted the entia (brain disorder that affects er that causes confusion) COPD thronic respiratory failure (lack of blood pressure).  In the provided Himself Score was the time of the provided Himself Score was the time of the provided Himself Score was the most ADLs, used a walker, and		

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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Dfw Nursing & Rehab		900 W Leuda St Fort Worth, TX 76104	
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F 0600  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some  Note: The nursing home is disputing this citation.	Record review of Resident #1's car inappropriate behaviors: sexually in ordered, eliciting family input for be providing all care with another staff disruptive and/or unacceptable. Fur for sexually inappropriate behaviors.  Record review of Resident #1's clin facility reflected in part the following HPI:  LTC on therapy  Today:  . [Resident #1] has had multiple conducted and residents, He currently has a safe to remain at the facility given and residents, He currently has a safe to remain at the facility given and residents, He currently has a safe to remain at the facility given and residents, He currently has a safe to remain at the facility given and residents, He currently has a safe to remain at the facility given and resident #1's profits [SSD] contacted [RP] to make here activity with the high school student [NAME] on the butt.  Record review of Resident #1's profits [DON] was notified by [Activity Directives. [DON] asked if police was manotify abuse coordinator. Nursing permade, immediate discharge to be Record review of Resident #1's profits [RP] reached out and is not able to pick him up. [SSD] into nursing homes and facilities.	re plan, revised 4/23/25, reflected the repappropriate behavior. Interventions incompany the resident for member, and removing the resident for member, and removing the resident for their review of this document reflected is upon admission.  Inical notes, dated 3/21/25 and signed begin their properties of the properties of their properties of t	esident had a history of socially cluded: administering medication as redemonstrating desired behavior, om public area when behavior was Resident #1 was not care planned by the MD, from previous nursing priate sexual behavior with staff table. I believe patient is no longer nts. I believe patient would be by the SSD, reflected the following: what all took place during the already told her he spanked a high by the DON, reflected the following: ately touched a student that was in but didn't say who the student ady gone, [DON] told director to bring, until alternate placement can by the SSD, reflected the following: perly care for [Resident #1]so she er clinical information to several

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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 0600  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some  Note: The nursing home is disputing this citation.	Record review of documents provic Questionnaire for Staff, dated 4/23, from staff with no concerns. Further regarding concerns for sexual abuse. Attempted interview on 5/16/25 at away from the facility at the dialysis. In an interview on 5/16/25 at 12:35 #1 had a history of exhibiting sexual have a policy that required the facility admission. The DON stated per regarding criminal background. The incident on 4/23/25 where he exhibit this interview.  In an interview on 5/16/25 at 1:35 Fishe called a sex offender, because stated a lot of female residents were Administrator and the DON, and the high school used to visit and paint touched one of the students inapproposition. In an interview on 5/16/25 at 2:15 Figure to her room door and stick his total did that to a lot of other female resistence reported this to her nurse; how being touched by Resident #1 but sparticipate in activities with the resist supervision and that stopped the between the following:  -Estradiol Oral Tablet 2 mg; give 1	ded by the DON titled [Nursing Facility] /25, reflected 30 residents were survey review of this document reflected there is by staff or other residents.  10:30 AM with Resident #1 was unsucces clinic.  PM with the DON and Administrator, the ally inappropriate behaviors. The Administrator of the compact of	Resident Safe Survey ed regarding abuse and neglected re were no questions directly resesful due to the resident being the DON denied knowing Resident histrator stated the facility did not of the sex offender registry prior to criminate against residents tion Resident #1 was involved in an of touching a student visitor during rortable around Resident #1, who sexual gestures. Resident #3 and it was reported to the fact that it

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F 0600  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some  Note: The nursing home is disputing this citation.	Resident #1 touching a student visit was referring to that incident during the students were in the dining root out upset and another student report Resident #1 was placed on Q 15-m they were unable to find placement DON stated she was responsible from the recommendation, she probably interventions in place. The DON state hypersexual behaviors and he was administrator stated he was aware determine exactly what happened oback then get up and run from the happened from the footage, he did law enforcement. The Administraton neglect; however, he did not think had. He stated the risk of not invest the residents at risk of being harmed. In an interview on 5/16/25 at 4:40 Fregarding the resident being sexual Ombudsman stated Resident #1's group home which was inappropria Resident #1 was unaware of his account was right for him to be punished. The state agency. The Ombudsman and found that it was recommended Resident #1 should not have been care needs as they did not have a state of the find the state agency.	PM with the Administrator and DON, the tor inappropriately. The DON stated she the earlier interview. The DON stated mareas doing an activity with the residence and several decimal and resident #1's RP stated she coulor reviewing clinical notes before admitted to clinical notes that he had a history decimal and the placed on an all-male secure would not have admitted Resident #1, ated the MD recently placed Resident #1, ated the MD recently placed Resident #1, ated the MD recently placed Resident #1 area. The Administrator stated since he not proceed with a full investigation, rear stated it was the facility's policy to invene needed to investigate or report the intigating and reporting incidents of allegated.  PM, the Ombudsman stated she had an area and the consequences of it due to the Ombudsman stated she never receive to investigate and felt the facility was attended to the consequences of it due to the Ombudsman stated she never received to investigate and felt the facility shows a stated she reviewed Resident #1's clinical differences and the consequences of it due to the Ombudsman stated she never received to investigate and felt the facility shows a stated she reviewed Resident #1's clinical differences and the consequences of it due to the Combudsman stated she never received to investigate and felt the facility shows a stated she reviewed Resident #1's clinical differences and the consequences of it due to the consequences of it due to the Combudsman stated she never received the Ombudsman	the did not know the state surveyor the Activity Director reported to her ents when one of the students ran by Resident #1. The DON stated diate discharge notice; however, d not care for the resident. The ting a resident; however, she did of exhibiting sexually inappropriate ed unit. The DON stated if she saw or she would have put appropriate et on medication for his e was being provided. The camera footage he was unable to ted he only saw the student jump e could not determine what port it to the state agency, or notify estigate and report abuse and incident based on the information he ed abuse or neglect could place.  In open case for Resident #1 is visiting the facility. The trying to discharge the resident to a fan stated the RP informed that to his dementia and did not feel it wed a discharge notice Resident to nical notes from the previous facility ured unit. The Ombudsman stated if they could not accommodate his expressed deep concerns that the

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enters for Medicare & Medicaid Services		No. 0938-0391	
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 05/20/2025
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Dfw Nursing & Rehab		900 W Leuda St Fort Worth, TX 76104	
-or information on the nursing home's	plan to correct this deficiency, please con	tact 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 0600  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some  Note: The nursing home is disputing this citation.	come to the facility twice a month to the students were at the facility doing came up to him visibly upset then put the Activity Director stated he saw students refused to identify her. The area until the students left the facility The Activity Director stated Reside what else was done. He stated the still expecting them to show up; how	AM, the Activity Director stated students of do activities with the residents. The Amg an activity with the residents in the cointed at Resident #1 and stated he go the student run out of the area but did e Activity Director stated he immediate ty. He stated he reported the incident that #1 was placed on 1 to 1 supervision Administrator did not ban the students wever, they never returned. The Activit the aides, but he never heard of Residents	activity Director stated on 4/23/25, dining area. He stated a student rabbed one of the student's thighs. not know her name and the other ly removed Resident #1 from the to the Administrator and the DON. for some time, but he was not sure from the facility because he was y Director stated he heard Resider
	she did not in-service the staff on a staff received routine trainings and	DPM with the Administrator and DON, buse/neglect and sexually inappropriatin-services as needed on abuse and nording sexual behaviors other than upon	te behaviors. The DON stated the eglect, but she did not know if they

document daily on Resident #1 and the staff who were assigned to do Q 15-miute checks were informed about the incident and knew what to monitor for; however, this was not documented as an in-service. The Administrator stated he had a meeting with management regarding the incident, but it was not documented. The Administrator stated he had a memo typed up that had not been sent out yet because he was waiting to see if the students would return to the facility. He did not state what information was included in the memo . The DON stated not having effective interventions in place, placed residents and visitors at risk of being sexually abused. She stated this also placed Resident #1 at risk of being harmed because he could be sexually inappropriate towards someone who could hurt him.

In an interview on 5/19/25 at 4:36 PM, Resident #1's RP stated the facility notified her sometime last month to inform her the resident was being discharged to a group home for being sexually inappropriate with a student that was visiting the facility. The RP stated she was aware Resident #1 exhibited sexually inappropriate behaviors from his previous facility; however, he could not help it due to his dementia. The RP stated the last thing she heard from the facility was Resident #1 was placed on 1 to 1 supervision and was told she would have to pay for it to continue. The RP stated she was informed she could not afford to pay, and she also could not bring Resident #1 home with her, and that was the last time she heard from them.

In an observation and interview on 5/19/25 at 4:52 PM, revealed Resident #1 was sitting in a wheelchair in his room. He was dressed and well-groomed . Resident #1 stated he had just returned to the facility from dialysis and was tired. Resident #1 stated he was fine then refused to answer any other questions. This state surveyor was unable to obtain any information from Resident #1 regarding the incident.

(continued on next page)

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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 con	tact 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)		ion)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some Note: The nursing home is disputing this citation.	In an interview on 5/20/25 at 1:25 F sexually inappropriate with staff. SI showering him, and it made her ve placed the resident on 2-person as needed. CNA C stated she was aw student inappropriately. CNA C state to the facility and asked to speak to concerned for the safety of everyor DON.  Record review of the facility's policithe following:  Policy Statement:  Our residents have the right to be fexploitation. This includes but is not verbal, mental, sexual, or physical resident's symptoms.  Policy Interpretation and Implement As part of the resident abuse prevon 1. Protect our residents from abuse residents, consultants, volunteers, visitors, or any other individual.  3. Develop and implement policies mistreatment of our residents.  4. Require staff training/orientation reporting of abuse, stress manager 5. Implement measures to address a. Provide staff with opportunities reprimand or retaliation.  b. Instruct staff regarding appropri	PM, CNA C stated she worked with Reme stated Resident #1 would grab at he rry uncomfortable. CNA C stated she resist with care but there was not always are of the incident that happened on 4 ted later that evening, a man who said to someone about the incident. CNA C stated it was reme in the facility. CNA C stated it was r	sident #1 and he was always or breast and thighs while she was apported this to the DON, and she an extra staff to help when (23/25 when Resident #1 touched a he was the student's father came stated that made the staff apported to the Administrator and dised January 2011, reflected in part attion of resident property and shment, involuntary seclusion, int not required to treat the arrival limited to: facility staff, other pers, legal representatives, friends, abuse prevention, identification and ally aggressive resident behavior. Sidens, for example:  Ob and work environment without allicts; and
	(continued on next page)		
	T. Control of the Con		

			NO. 0936-0391
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 05/20/2025
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F 0600  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some  Note: The nursing home is disputing this citation.	7. Investigate and report any allegal 8. Protect residents during abuse in 9. Establish and implement a QAP prevent future occurrences of abus 10. Involve the resident council in run This was determined to be an Imm were notified. The Administrator was The following Plan of Removal sub [Nursing Facility]  1. F600   Free from Neglect - The function of provided appropriate good or sharm to himself and to others.  2. Identification of Residents Affect The DON, Social Services Director potential abuse by conducting safe were resident keeps staring at ther The following actions were taken to Resident evaluated by primary care. Resident will have a psych consultation been submitted on 5/20/2025. Psychological Province of P	ations of abuse within timeframes as renvestigations; I review and analysis of abuse incidentie; and monitoring and evaluating the facility's at a sediate Jeopardy (IJ) on 05/19/25 at 3:2 as provided with the template on 05/19, mitted by the facility was accepted on 05/19, and designee(s) interviewed/assesse surveys on each resident. Concerns we and touching his privates-3 residents of prevent Resident # 1 from perpetrating a provided on 5/14/25 and provided a mit, medication adjustment, and follow-up the consult provided (5/23/2025).  The provider on 5/14/25 and provided a mit, medication adjustment, and follow-up the consult provided (5/23/2025).  The provider on 5/14/25 and provided a mit, medication adjustment, and follow-up the consult provided (5/23/2025).  The provider on 5/14/25 and provided a mit, medication adjustment, and follow-up the consult provided (5/23/2025).	quired by federal requirements; s; and implement changes to abuse prevention program . 2 PM. The Administrator and DON /25 at 3:25 PM. D5/20/25 at 1:32 PM: s free from neglect when he was briate behaviors to potentially cause of d residents all residents for vere identified. Concerns identified (Completion Date: 4/23/2025): g additional abusive behaviors. Redication update. It is as needed. Psych referral has to when at all possible. Eviors and implement interventions. Ing for resident.

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F 0600	Abuse policies were reviewed/upd	ated to include all sources of abuse, in	cluding resident to resident.	
Level of Harm - Immediate jeopardy to resident health or safety	Abuse investigation procedure and documentation process were reviewed and revised. Administrator and DON educated all staff on changes.  Social Services Director, DON, and Administrator re-educated all staff on facility abuse policies.			
Residents Affected - Some		d Administrator re-education all staff on		
Note: The nursing home is disputing this citation.		of Nursing, Social, Administrator, and A		
	DON and designee educated Nurse Aides and Licensed Nurses on documenting behaviors. Behavior documentation will be monitored by the Social Services Director or designee and care plans will be update as indicated. Staff will be educated on new interventions either verbally or in written form by the Care Plan Coordinator or designee. Started 5/19/2025 Process will be on going.			
	In the event of any future allegation of sexual abuse, the perpetrating resident will immediately be placed of 1:1 supervision until primary care, nursing, and psych evaluations can be complete. Outcomes of these evaluations will result in continued 1:1 supervision or the initiation of discharge planning to a facility with a focus on behavior management. Started 5/19/2025. Process will be on going.			
	The DON and/or administrator will neglect. Started 5/19/2025 In-servi	in-service the staff on proper intervent ce will be on going.	ions of misconduct and abuse and	
	QAPI meeting will be held monthly	v, and findings discussed.		
	The DON will monitor the effective	eness of interventions will be ongoing.		
	A pre/posttest on abuse and negle	ect will be on going starting 5/20/2025.	Started 5/20/2025.	
	The facility is still looking for prope	er placement of resident .		
	Trainings and in-service will be prostaff, or staff that has not participat	ovided to staff before the start of their seed in training.	hift, and ongoing for any PRN, new	
	Review the following:			
	Regulation: F-600			
	S483.12 Freedom from Abuse, Ne	glect, and Exploitation		
	(continued on next page)			

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F 0600  Level of Harm - Immediate jeopardy to resident health or safety	The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.		
Residents Affected - Some	Intent S483.12(a)(1)		
Note: The nursing home is	Each resident has the right to be from	ee from abuse, neglect and corporal pu	unishment of any type by anyone.
disputing this citation.	Highlight the deficient practice and specifics of the citation.		
	Facility Policy and Practice		
	Facility's Action Plan regarding the deficiency.		
	Facility's Policies and Procedures	related to the deficiency.	
	Facility's Checklists and Monitoring	g tools used to verify compliance.	
	Facility's Abuse investigation process	edure and documentation process.	
	Record of Training		
	Complete Record of In-service Train	ining and Attendance Form. Be sure the	at all participants sign in.
	Monitoring of the POR included the	e following:	
	Nurse, nurses, CMAs, and CNAs: shift), CNA G (1st shift/rotating), LV shift/rotating), LVN L (2nd shift), CN indicated they all participated in inneglect, and exploitation starting or neglect, and exploitation, state who updated procedure for sexual abus sexual behaviors from the area, pla reporting the behaviors to the MD, state all behaviors had to be docum responsible for monitoring docume were updated and assist in the disc state it was the facility's expectation abuse/sexual abuse, neglect, and of	235 PM, conducted with the Administrat LVN B (2nd shift), CNC C (1st shift/rota/N H (3rd shift), RN I (2nd shift), CMA N (2nd shift), and service trainings regarding the facility's in 5/19/25-5/20/25. All staff were able to not report it, and who to report it to. All see which included removing any resider acing them on 1 to 1 supervision until fur DON, and family, and following any nemented and reported to the DON. The Sontation for any changes in residents' be charge process as necessary. The Admin to identify, report, and investigate any exploitation. The Administrator and DO nitor the effectiveness of interventions	ating), LVN E (1st shift), LVN F (1st J (2nd shift), CNA K (3rd d RN O (3rd shift/weekends) policy on abuse/sexual abuse, identify abuse/sexual abuse, ll staff were able to state the ats who exhibited inappropriate urther advised, immediately w orders. The nurses were able to SSD was able to state she was shaviors and ensure the care plans inistrator and DON were able to a suspected or alleged N understood it was their

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F 0600  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some  Note: The nursing home is disputing this citation.	Observation, interview and record r #6, #7, #8, #9, #10 and #11, who w concerns. Record review of resider psychosocial status or a lack in nec signs of abuse or neglect. Interview exploitation.  Record review of an in-service titled the facility's policy on recognizing a Record review of an in-service titled and SSD were educated on implem abuse and neglect.  Record review of an in-service titled recognizing and reporting any signs Record review of documents provic Exploitation-Pre/Post Test, dated 5 recognizing and reporting abuse, no Record review of a progress note, of psychiatric services to address sex Record review of documents provic QAPI/Corrective Action Pla Meeting correction plan for the facility's defice The Administrator was informed the remained out of compliance at a so	review on 5/20/25 at 3:00 PM-4:00 PM, vere all at risk for abuse, neglect, and exter all at risk for abuse, neglect, and services. Observatives with residents and/or RPs revealed in the services of Abuse and Neglect, dated 5/19/25, resenting the facility's policy to assess, in the distribution of the services of sexual abuse and inappropriate services of sexual abuse and inappropriate services and exploitation.  Indicated 5/20/25 at 11:25 AM, reflected Residual behaviors.  Indicated 5/20/25, reflected a QAPI medicated 5/20/25, reflected a QAPI medicated solution in the service and severity level of no not immediate jeopardy due to the facility.	of Residents #1, #2, #3, #4, #5, exploitation, revealed no further anges in physical, mental, or on of the residents revealed no no concerns for abuse, neglect, or effected all staff were educated on effected the Administrator, DON, exestigate, and report any alleged ted all staff were educated on exact and effected the Administrator, but a concerns for abuse, neglect, and effected the Administrator, and effected the Administrator, but a concerns for abuse, and report any alleged ted all staff were educated on esident #1 was connected to esident #1 was connected to esident #1 was connected to esident #1 was held regarding the en 05/20/25 at 4:34 PM. The facility actual harm with the potential for

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0607	Develop and implement policies an	nd procedures to prevent abuse, neglec	t, and theft.
Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some  Note: The nursing home is disputing this citation.	Based on observation, interview, at policies and procedures that prohib misappropriation of resident proper and exploitation.  -The facility failed to implement pol goods and services abuse when the address the resident's inappropriate the behaviors to prevent Resident and Immediate Jeopardy (IJ) situation facility remained out of compliance was not immediate jeopardy due to the facility on [DATE]. Resident #1's fact to the facility on [DATE]. Resident #1's fact to the facility on [DATE]. Resident #1's and the facility on [DATE] and behavior), in (lung disease), type II diabetes (inact oxygen), end-stage renal failure (king Record review of Resident #1's add 10, which indicated moderate cognial Abilities, reflected Resident #1 required was independent with most mobility. Resident #1 did not have any phys.  Record review of Resident #1's car inappropriate behaviors: sexually in ordered, eliciting family input for be providing all care with another staff disruptive and/or unacceptable. Further than the providing all care with another staff disruptive and/or unacceptable. Further than the providing all care with another staff disruptive and/or unacceptable. Further than the providing all care with another staff disruptive and/or unacceptable. Further than the providing all care with another staff disruptive and/or unacceptable.	on was identified on 5/19/25. While the at a scope of pattern with the potential of the facility's need to evaluate the effects at an increased risk for abuse and needs as at an increased risk for abuse and needs at a scope of pattern with for abuse and needs at an increased risk for abuse and needs at a scope of the facility's need to evaluate the effect of the scope of the facility's need to evaluate the formula of the facility of the facility to regulate blood sugar levels, chound display the facility of the facility of the MDS assessment, dated 4/08/2 itive impairment. The MDS assessment under Sical or verbal behaviors.  The plan, revised 4/23/25, reflected the representation of the facility of the resident for the review of this document reflected is upon admission.	velop and implement written dexploitation of residents and it #1) reviewed for abuse, neglect, and #1 was free from deprivation of ntions and services in place to on measures to properly handle.  IJ was removed on 5/20/25, the for more than minimal harm that extiveness of the corrective systems eglect.  E] year-old male who was admitted entia (brain disorder that affects er that causes confusion) COPD ronic respiratory failure (lack of blood pressure).  25, reflected his BIMS score was at under Section GG-Functional h most ADLs, used a walker, and lection E-Behaviors, reflected esident had a history of socially cluded: administering medication as a demonstrating desired behavior, om public area when behavior was Resident #1 was not care planned

			No. 0936-0391
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 05/20/2025
NAME OF PROVIDER OR SUPPLIER  Dfw Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZI 900 W Leuda St Fort Worth, TX 76104	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		ion)
F 0607	LTC on therapy		
Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some  Note: The nursing home is disputing this citation.	and residents, He currently has a safe to remain at the facility given a more appropriate to reside in a mark resident and a m	ogress note, dated 4/23/25 at 10:12 AM and shared that she won't be able to proformed [RP] that she will be sending over the ded by the DON titled Resident 15 Minu Q15 monitoring during this time.  Ided by the DON titled [Nursing Facility] 1/25, reflected 30 residents were survey or review of this document reflected the see by staff or other residents.	table. I believe patient is no longer ents. I believe patient would be by the SSD, reflected the following: what all took place during the already told her he spanked a high by the DON, reflected the following: ately touched' a student that was in but didn't say who the student ady gone, [DON] told director to oring, until alternate placement can by the SSD, reflected the following: perly care for [Resident #1]so she wer clinical information to several ate Checks, dated 4/23/25-5/04/25,  Resident Safe Survey red regarding abuse and neglected re were no questions directly bessful due to the resident being

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455881	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2025	
NAME OF PROVIDER OR SUPPLIER  Dfw Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZI 900 W Leuda St Fort Worth, TX 76104	P CODE	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)	
F 0607  Level of Harm - Immediate	-Estradiol Oral Tablet 2 mg; give 1 tablet by mouth one time a day for hypersexuality. Start Date: 5/15/25.  Further review of this document reflected Resident #1 did not have an order for psychological/psychiatric			
jeopardy to resident health or safety	services.	iected ivesident #1 did not have an ord	er for psychological/psychiatric	
Residents Affected - Some  Note: The nursing home is	In an interview on 5/16/25 at 12:35 PM with the DON and Administrator, the DON denied knowing Resident #1 had a history of exhibiting sexually inappropriate behaviors. The Administrator stated the facility did not have a policy that required the facility to check a resident's background or the sex offender registry prior to admission. The DON stated per regional managers, the facility did not discriminate against residents			
disputing this citation.		e Administrator and the DON failed to r exhibited sexually inappropriate behav		
	In an interview on 5/16/25 at 1:35 PM, Resident #3 stated she felt uncomfortable around Resident #1, who she called a sex offender, because he always stared at her while making sexual gestures. Resident #3 stated a lot of female residents were uncomfortable around Resident #1 and it was reported to the Administrator and the DON, and they never did anything about it. Resident #3 stated students from the local high school used to visit and paint the female residents' fingernails; however, they stopped after Resident #1 touched one of the students inappropriately last month. She denied ever being touched by Resident #1.			
	In an interview on 5/16/25 at 2:15 PM, Resident #11 stated Resident #1 was creepy because he would come up to her room door and stick his tongue out, wink, and blow kisses at her. Resident #11 stated Resident #1 did that to a lot of other female residents, and they were all uncomfortable around him. Resident #11 stated she reported this to her nurse; however, Resident #1's behavior did not stop. Resident #11 denied ever being touched by Resident #1 but stated he touched a student while they were visiting the facility to participate in activities with the residents. Resident #11 stated after the incident Resident #1 had 1 to 1 supervision and that stopped the behaviors, but he was not on it long.			
	(continued on next page)			

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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 05/20/2025
NAME OF PROVIDER OR SUPPLIE	ER	STREET ADDRESS, CITY, STATE, ZI	P CODE
Dfw Nursing & Rehab		900 W Leuda St Fort Worth, TX 76104	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0607  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some  Note: The nursing home is disputing this citation.	Resident #1 touching a student vision was referring to that incident during the students were in the dining room out upset and another student reported Resident #1 was placed on Q 15-m they were unable to find placement DON stated she was responsible from the recommendation, she probably interventions in place. The DON state hypersexual behaviors and he was administrator stated he was aware determine exactly what happened aback then get up and run from the happened from the footage, he did law enforcement. The Administrator neglect; however, he did not think I had. He stated the risk of not invest the residents at risk of being harmed. In an interview on 5/16/25 at 4:40 Fregarding the resident being sexual Ombudsman stated Resident #1's group home which was inappropria Resident #1 was unaware of his account was right for him to be punished. The state agency. The Ombudsman and found that it was recommended Resident #1 should not have been care needs as they did not have a state of the state agency.	PM with the Administrator and DON, the tor inappropriately. The DON stated she the earlier interview. The DON stated an areas doing an activity with the residented she was touched inappropriately hinute supervision and issued an immediand Resident #1's RP stated she could reviewing clinical notes before admit the ladical notes that he had a history ded he be placed on an all-male secure would not have admitted Resident #1, ated the MD recently placed Resident # care planned to have 2 staff when care of the incident and after reviewing the due to a pole blocking the view. He stated area. The Administrator stated since he not proceed with a full investigation, rear stated it was the facility's policy to invented to investigate or report the intigating and reporting incidents of allegted.  PM, the Ombudsman stated she had an ally inappropriate with a student who was RP called her because the facility was the for his level of care. The Ombudsman stated she never receity to investigate and felt the facility show the Ombudsman stated she never receity to investigate and felt the facility show a stated she reviewed Resident #1's clinical and resident be placed on a male second mitted to the current nursing facility male secured unit. The Ombudsman effacility had considered discharging the	the did not know the state surveyor the Activity Director reported to her ents when one of the students ran by Resident #1. The DON stated diate discharge notice; however, d not care for the resident. The ting a resident; however, she did of exhibiting sexually inappropriate ed unit. The DON stated if she saw or she would have put appropriate et on medication for his e was being provided. The camera footage he was unable to ted he only saw the student jump e could not determine what port it to the state agency, or notify estigate and report abuse and incident based on the information he ed abuse or neglect could place.  In open case for Resident #1 is visiting the facility. The trying to discharge the resident to a fan stated the RP informed that to his dementia and did not feel it wed a discharge notice Resident to nical notes from the previous facility ured unit. The Ombudsman stated if they could not accommodate his expressed deep concerns that the

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enters for Medicare & Medi	cald Services		No. 0938-0391
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 05/20/2025
NAME OF PROVIDER OR SUPPLI	ER	STREET ADDRESS, CITY, STATE, ZI 900 W Leuda St Fort Worth, TX 76104	P CODE
For information on the nursing home's	s plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	ion)
F 0607  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some  Note: The nursing home is disputing this citation.	come to the facility twice a month to the students were at the facility doing came up to him visibly upset then purchased to identify her. The Activity Director stated he saw students refused to identify her. The area until the students left the facility The Activity Director stated Reside what else was done. He stated the still expecting them to show up; how #1 was sexually inappropriate with residents.	AM, the Activity Director stated students of do activities with the residents. The Amg an activity with the residents in the cointed at Resident #1 and stated he go the student run out of the area but did to exercise Activity Director stated he immediate ty. He stated he reported the incident that #1 was placed on 1 to 1 supervision Administrator did not ban the students wever, they never returned. The Activitithe aides, but he never heard of Resider Demonstrator and DON,	activity Director stated on 4/23/25, dining area. He stated a student rabbed one of the student's thighs, not know her name and the other ly removed Resident #1 from the to the Administrator and the DON, for some time, but he was not sur from the facility because he was y Director stated he heard Residerent #1 doing anything to other
	she did not in-service the staff on a staff received routine trainings and received trainings specifically regal document daily on Resident #1 and about the incident and knew what the Administrator stated he had a mee	ibuse/neglect and sexually inappropria in-services as needed on abuse and nording sexual behaviors other than upon the staff who were assigned to do Q o monitor for; however, this was not do thing with management regarding the informemo typed up that had not been sent	te behaviors. The DON stated the leglect, but she did not know if the hire. The DON stated staff knew the 15-miute checks were informed becumented as an in-service. The cident, but it was not documented.

sexually inappropriate towards someone who could hurt him. In an interview on 5/19/25 at 4:36 PM, Resident #1's RP stated the facility notified her sometime last month to inform her the resident was being discharged to a group home for being sexually inappropriate with a student that was visiting the facility. The RP stated she was aware Resident #1 exhibited sexually inappropriate behaviors from his previous facility; however, he could not help it due to his dementia. The RP stated the last thing she heard from the facility was Resident #1 was placed on 1 to 1 supervision and was told she would have to pay for it to continue. The RP stated she was informed she could not afford to pay, and she also could not bring Resident #1 home with her, and that was the last time she heard from them.

see if the students would return to the facility. He did not state what information was included in the memo . The DON stated not having effective interventions in place, placed residents and visitors at risk of being sexually abused. She stated this also placed Resident #1 at risk of being harmed because he could be

In an observation and interview on 5/19/25 at 4:52 PM, revealed Resident #1 was sitting in a wheelchair in his room. He was dressed and well-groomed . Resident #1 stated he had just returned to the facility from dialysis and was tired. Resident #1 stated he was fine then refused to answer any other questions. This state surveyor was unable to obtain any information from Resident #1 regarding the incident.

(continued on next page)

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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 05/20/2025
NAME OF PROVIDER OR SUPPLIER  Dfw Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZI 900 W Leuda St Fort Worth, TX 76104	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	Lact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICE	CIENCIES full regulatory or LSC identifying informati	ion)
F 0607  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some  Note: The nursing home is disputing this citation.	In an interview on 5/20/25 at 1:25 F sexually inappropriate with staff. SI showering him, and it made her ve placed the resident on 2-person as needed. CNA C stated she was aw student inappropriately. CNA C state to the facility and asked to speak to concerned for the safety of everyor DON.  Record review of the facility's policithe following:  Policy Statement:  Our residents have the right to be fexploitation. This includes but is not verbal, mental, sexual, or physical resident's symptoms.  Policy Interpretation and Implement As part of the resident abuse prevon 1. Protect our residents from abuse residents, consultants, volunteers, visitors, or any other individual.  3. Develop and implement policies mistreatment of our residents.  4. Require staff training/orientation reporting of abuse, stress manager 5. Implement measures to address a. Provide staff with opportunities reprimand or retaliation.  b. Instruct staff regarding appropri	PM, CNA C stated she worked with Reme stated Resident #1 would grab at he rry uncomfortable. CNA C stated she resist with care but there was not always are of the incident that happened on 4 ted later that evening, a man who said to someone about the incident. CNA C stated it was reme in the facility. CNA C stated it was r	sident #1 and he was always or breast and thighs while she was apported this to the DON, and she an extra staff to help when (23/25 when Resident #1 touched a he was the student's father came stated that made the staff apported to the Administrator and dised January 2011, reflected in part attion of resident property and shment, involuntary seclusion, int not required to treat the arrival limited to: facility staff, other pers, legal representatives, friends, abuse prevention, identification and ally aggressive resident behavior. Sidens, for example:  Ob and work environment without allicts; and
	(continued on next page)		

			NO. 0936-0391
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 05/20/2025
NAME OF PROVIDER OR SUPPLIER  Dfw Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZI 900 W Leuda St Fort Worth, TX 76104	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0607  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some  Note: The nursing home is disputing this citation.	7. Investigate and report any allegal 8. Protect residents during abuse in 9. Establish and implement a QAP prevent future occurrences of abus 10. Involve the resident council in run This was determined to be an Imm were notified. The Administrator was The following Plan of Removal sub [Nursing Facility]  1. F600 (F607)  Free from Neglect was not provided appropriate good cause harm to himself and to other 2. Identification of Residents Affect The DON, Social Services Director potential abuse by conducting safe were resident keeps staring at ther The following actions were taken to Resident evaluated by primary care. Resident will have a psych consult been submitted on 5/20/2025. Psych Resident will not be seated near fel IDT reviewed and revised care plan Care plan revisions and intervention 3. Actions to Prevent Occurrence/F	ations of abuse within timeframes as renvestigations; I review and analysis of abuse incidentie; and monitoring and evaluating the facility's at a sediate Jeopardy (IJ) on 05/19/25 at 3:2 as provided with the IJ template on 05/2 as provided with the IJ template on 05/2 are provided to ensure Resident or services to prevent his sexually inal services to prevent his sexually inal services on each resident. Concerns we are and touching his privates-3 residents of prevent Resident # 1 from perpetrating a provider on 5/14/25 and provided a material provided (5/23/2025).  The distribution adjustment, and follow-up the consult provided (5/23/2025).  The distribution adjustment, and follow-up the consult provided (5/23/2025).  The distribution adjustment, and follow-up the consult provided (5/23/2025).  The distribution adjustment, and follow-up the consult provided (5/23/2025).  The distribution adjustment is resident's behavior of the provided of the provided (5/23/2025).	quired by federal requirements; s; and implement changes to abuse prevention program. 2 PM. The Administrator and DON 19/25 at 3:25 PM D5/20/25 at 1:32 PM: #1 was free from neglect when he oppropriate behaviors to potentially d residents all residents for vere identified. Concerns identified (Completion Date: 4/23/2025): g additional abusive behaviors. ledication update.  It is as needed. Psych referral has the when at all possible.  Inviors and implement interventions. Ing for resident.

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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 05/20/2025
NAME OF DROVIDED OR SURDIU		STREET ADDRESS CITY STATE 71	ID CODE
	NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  900 W Leuda St		PCODE
Dfw Nursing & Rehab		Fort Worth, TX 76104	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	ion)
F 0607	Abuse policies were reviewed/upd	ated to include all sources of abuse, in	cluding resident to resident.
Level of Harm - Immediate jeopardy to resident health or safety	Abuse investigation procedure and DON educated all staff on changes	d documentation process were reviewes.	d and revised. Administrator and
Residents Affected - Some	Social Services Director, DON, an	d Administrator re-educated all staff on	facility abuse policies.
N	Social Services Director, DON and	d Administrator re-education all staff on	abuse prevention and reporting.
Note: The nursing home is disputing this citation.	Corporate will in-service Director of Nursing, Social, Administrator, and ADON on abuse and neglect, by 5/20/2025. Started 5/19/2025.		
	DON and designee educated Nurse Aides and Licensed Nurses on documenting behaviors. Behavior documentation will be monitored by the Social Services Director or designee and care plans will be updated as indicated. Staff will be educated on new interventions either verbally or in written form by the Care Plan Coordinator or designee. Started 5/19/2025 Process will be on going.		
	In the event of any future allegation of sexual abuse, the perpetrating resident will immediately be placed on 1:1 supervision until primary care, nursing, and psych evaluations can be complete. Outcomes of these evaluations will result in continued 1:1 supervision or the initiation of discharge planning to a facility with a focus on behavior management. Started 5/19/2025 Process will be on going.		
	The DON and/or administrator will in-service the staff on proper interventions of misconduct and abuse and neglect Started 5/19/2025 In-service will be on going.		
	QAPI meeting will be held monthly, and findings discussed.		
	The DON will monitor the effective	ness of interventions will be ongoing.	
	A pre/posttest on abuse and negle	ect will be on going starting 5/20/2025.	Started 5/20/2025.
	The facility is still looking for prope	er placement of resident.	
	Trainings and in-service will be pro staff, or staff that has not participat	ovided to staff before the start of their sed in training.	hift, and ongoing for any PRN, new
	Review the following:		
	Regulation: F-600 (F607)		
	S483.12 Freedom from Abuse, Ne	glect, and Exploitation	
	(continued on next page)		

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 05/20/2025	
NAME OF PROVIDER OR SUPPLI		STREET ADDRESS CITY STATE 71	D CODE	
Dfw Nursing & Rehab	=R	STREET ADDRESS, CITY, STATE, ZI 900 W Leuda St	PCODE	
DIW Nulsing & Nellab		Fort Worth, TX 76104		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey a	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)	
F 0607  Level of Harm - Immediate jeopardy to resident health or safety	exploitation as defined in this subpa	e from abuse, neglect, misappropriatior art. This includes but is not limited to fre sical or chemical restraint not required to	eedom from corporal punishment,	
•	Intent S483.12(a)(1)			
Residents Affected - Some	Each resident has the right to be from	ee from abuse, neglect and corporal pu	nishment of any type by anyone.	
Note: The nursing home is disputing this citation.	Highlight the deficient practice and	specifics of the citation.		
	Facility Policy and Practice			
	Facility's Action Plan regarding the deficiency.			
	Facility's Policies and Procedures	related to the deficiency.		
	Facility's Checklists and Monitoring	g tools used to verify compliance.		
	Facility's Abuse investigation proce	edure and documentation process.		
	Record of Training			
	Complete Record of In-service Training and Attendance Form. Be sure that all participants sign in.			
	Monitoring of the POR included the	e following:		
	nurses, CMAs, and CNAs: LVN B (CNA G (1st shift/rotating), LVN H (LVN L (2nd shift), CNA M (2nd shift) participated in in-service trainings rexploitation starting on 5/19/25-5/2 exploitation, state when to report it, for sexual abuse which included re the area, placing them on 1 to 1 su MD, DON, and family, and following be documented and reported to the documentation for any changes in the discharge process as necessare expectation to identify, report, and	25 PM, conducted with the Administrato 2nd shift), CNC C (1st shift/rotating), L'3rd shift), RN I (2nd shift), CMA J (2nd th), CNA N (2nd shift), and RN O (3rd shegarding the facility's policy on abuse/s 0/25. All staff were able to identify abus, and who to report it to. All staff were a moving any residents who exhibited inapervision until further advised, immediag any new orders. The nurses were able DON. The SSD was able to state that residents' behaviors and ensure the carry. The Administrator and DON were abinvestigation any suspected or alleged DON understood it was their responsible to the carry.	VN E (1st shift), LVN F (1st shift), shift), CNA K (3rd shift/rotating), nift/weekends) indicated they all sexual abuse, neglect, and se/sexual abuse, neglect, and ble to state the updated procedure appropriate sexual behaviors from stely reporting the behaviors to the e to state that all behaviors had to she was responsible for monitoring re plans were updated and assist in alle to state it was the facility's abuse/sexual abuse, neglect, and	
	1			

			NO. 0936-0391
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 05/20/2025
NAME OF PROVIDER OR SUPPLIER  Dfw Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZI 900 W Leuda St Fort Worth, TX 76104	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0607  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some  Note: The nursing home is disputing this citation.	Observation, interview, and record #7, #8, #9, #10, and #11, who were concerns. Record review of resider psychosocial status or a lack in new signs of abuse or neglect. Interview exploitation.  Record review of an in-service title the facility's policy on recognizing at Record review of an in-service title and SSD were educated on implemabuse and neglect.  Record review of an in-service title recognizing and reporting any sign.  Record review of documents provice Exploitation-Pre/Post Test dated 5/2 recognizing and reporting abuse, in Record review of a progress note, psychiatric services to address sext.  Record review of documents provice QAPI/Corrective Action Pla Meeting correction plan for the facility's defining Record review of the facility's policy the following:  Policy Statement:  Our residents have the right to be fexploitation. This includes but is not verbal, mental, sexual, or physical resident's symptoms.  As part of the resident abuse prevents.	review on 5/20/25, 3:00 PM-4:00 PM, and exploits' EHRs reflected no concerns for charcessary goods and services. Observatives with residents and/or RPs revealed to the desire and Neglect, dated 5/19/25, reflected and neglect.  In Abuse and Neglect, dated 5/19/25, reflected and Reglect, dated 5/19/25, reflected the facility's policy to assess, in the desire and services and inappropriate set of sexual abuse and inappropriate set of sexual behaviors.  In Abuse Prevention Program, review of the Regional Nurse Consultant of the Regional Nurse Consultan	of Residents #1, #2, #3, #4, #5, #6, oitation, revealed no further anges in physical, mental, or on of the residents revealed no no concerns for abuse, neglect, or effected all staff were educated on effected the Administrator, DON, exestigate, and report any alleged ted all staff were educated on xual behaviors.  Ititled Abuse, Neglect, and ff over their knowledge on esident #1 was connected to esident #1 was connected to titled [Nursing Facility] eting was held regarding the ised January 2011, reflected in part etion of resident property and shment, involuntary seclusion, int not required to treat the

			10.0930-0391
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 05/20/2025
NAME OF PROVIDER OR SUPPLII	ER	STREET ADDRESS, CITY, STATE, Z	IP CODE
Dfw Nursing & Rehab		900 W Leuda St Fort Worth, TX 76104	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informat	ion)
F 0607  Level of Harm - Immediate jeopardy to resident health or safety	remained out of compliance at a so	e Immediate Jeopardy was removed of cope of pattern and severity level of no not immediate jeopardy due to the facil ems that were put into place.	actual harm with the potential for
Residents Affected - Some			
Note: The nursing home is disputing this citation.			
alopulary and ollarion.			

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455881	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2025
NAME OF PROVIDER OR SUPPLIER  Dfw Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZI 900 W Leuda St Fort Worth, TX 76104	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	l tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0609  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few  Note: The nursing home is disputing this citation.	Timely report suspected abuse, negathorities.  **NOTE- TERMS IN BRACKETS Hased on observation, interview an involving abuse, neglect, exploitation misappropriation of resident proper allegation was made, if the events injury to the administrator of the fact State law through established procreviewed for abuse, neglect and extended to report to the behaviors to prevent further abuse.  1. The facility failed to report to a large and used nonprescription drugs at transported to the local hospital who the facility on [DATE]. Faffects memory, thinking, and behat COPD (lung disease), type II diabet (lack of oxygen), end-stage renal faction for the facilities, reflected Resident #1's add 10, which indicated moderate cogn Abilities, reflected Resident #1 required was independent with most mobility Resident #1 did not have any physical Record review of Resident #1's car inappropriate behaviors: sexually in ordered, eliciting family input for be providing all care with another staff disruptive and/or unacceptable. Furfor sexually inappropriate behaviors.	glect, or theft and report the results of the IAVE BEEN EDITED TO PROTECT Condition of the property of the review the facility failed to ensor, or mistreatment, including injuries of the ty, were reported immediately, but no lithat caused the allegation involved abuility and to other officials including to the edures, for two of eleven residents (Resploitation).  State agency when Resident #1 exhibition or neglect towards Resident #1 and other officials including to the facility, was found exhibiting signs are the tested positive for marijuana.  It is at risk for continued abuse due to un allegate the facility to regulate blood sugar levalure (kidney disease), and hypertension in the signal for the partial to moderate assistance with the partial to moderat	che investigation to proper  CONFIDENTIALITY** 45054  sure that all alleged violations of unknown source and ater than 2 hours after the use or resulted in serious bodily ne State Agency in accordance with sident #1 and Resident #2)  ted sexually inappropriate hers.  ency when Resident #2 obtained of an overdose, and was  reported allegations of abuse.  AGE] year-old male who was ded: dementia (brain disorder that a disorder that causes confusion), vels), chronic respiratory failure on (high blood pressure).  25, reflected his BIMS score was not under Section GG-Functional the most ADLs, used a walker, and section E-Behaviors, reflected  esident had a history of socially cluded: administering medication as r demonstrating desired behavior, om public area when behavior was Resident #1 was not care planned

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER (SUPPLIER)  (X2) MULTIPLE CONSTRUCTION  A. Building B. Wing  (X3) DATE SURVEY COMPLETED (05/20/2025   NAME OF PROVIDER OR SUPPLIER  Dfw Nursing & Rehab  STREET ADDRESS, CITY, STATE, ZIP CODE 900 W Leuda St Fort Worth, TX 76/104  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)  HPI:  LTC on therapy Today: . [Residents Affected - Few Note: The nursing home is disputing this citation.  (Residents Affected in a male only locked unit given behaviors. It believe patient would be more appropriate to reside in a male only locked unit given behavior.  Record review of Resident #1's progress note, dated 4/23/25 at 9.34 Mb by the SSD, reflected the following: [SSD] contacted [RP] to make her aware of [Resident #1's] behavior and what all took place during the activity with the high school students. [RP] shared that [Resident #1] had already told her he spanked a high [NAME] on the butt.  Record review of Resident #1's progress note, dated 4/23/25 at 9.53 AM by the DON, reflected the following: [DON] was notified by [Activity Director] stated that another student told him but didn't say who the student was [DON] asked if police was made aware, was told that they have already gone, [DON] tol director to notify abuse coordinator. Nursing placed [Resident #1'] a 10 firm monitoring, until alternate placement can be made, immediate discharge to be given, MD made aware.  Record review of Resident #1's progress note, dated 4/23/25 at 10:12 AM by the SSD, reflected the following:  [Resident #1's [RP] reached out and shared that she won't be able to properly care for [Resident #1] to she is not able to pick him up, [SSD] informed [RP] that she will be sending over clinical information to several nursing homes and facilities.  Record review of documen				NO. 0936-0391
Dfw Nursing & Rehab  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)  HPI: Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.  Resident ship in the fact of the resident will be resident will be a facility of the result aggression towards other residents. I believe patient is no longer safe to remain at the facility given sexual aggression towards other residents. I believe patient would be more appropriate to reside in a male only locked unit given behaviors.  Record review of Resident #1's progress note, dated 4/23/25 at 9:34 AM by the SSD, reflected the following:  [SSD] contacted [RP] to make her aware of [Resident #1's] behavior and what all took place during the activity with the high school students. [RP] shared that [Resident #1] had already told her he spanked a high [NAME] on the butt.  Record review of Resident #1's progress note, dated 4/23/25 at 9:34 AM by the DON, reflected the following:  [DON] was notified by [Activity Director] that [Resident #1] has inappropriately touched a student that was in facility for a activity. [Activity Director] stated that another student told him but didn't say who the student was. [DON] asked if police was made aware, was told that they have already gone, [DON] told director to notify abuse coordinator. Nursing placed [Resident #1] has inappropriately touched a student that was in facility for a activity. [RP] reached out and shared that she won't be able to properly care for [Resident #1] so she is not able to pick him up. [SSD] informed [RP] that she will be sending over clinical information to several nursing homes and facilities.  Record review of documents provided by the DON titled Resident 15 Minute Checks, dated 4/23/25-		IDENTIFICATION NUMBER:	A. Building	COMPLETED
SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)    F 0609			900 W Leuda St	P CODE
F 0609	For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few  Note: The nursing home is disputing this citation.  Resident #1] has had multiple complaints and issues regarding inappropriate sexual behavior with staff and residents, He currently has a sitter, Psychiatry also following, Vitals stable. I believe patient is no longer more appropriate to reside in a male only locked unit given behaviors.  Record review of Resident #1's progress note, dated 4/23/25 at 9:34 AM by the SSD, reflected the following:  [SSD] contacted [RP] to make her aware of [Resident #1's] behavior and what all took place during the activity with the high school students. [RP] shared that [Resident #1] had already told her he spanked a high [NAME] on the butt.  Record review of Resident #1's progress note, dated 4/23/25 at 9:53 AM by the DON, reflected the following:  [DON] was notified by [Activity Director] that [Resident #1] has inappropriately touched a student that was in facility for a activity. [Activity Director] stated that another student told him but didn'ts say who the student was. [DON] asked if police was made aware, was told that they have already gone, [DON] told director to notify abuse coordinator. Nursing placed [Resident #1] on Q15 min monitoring, until alternate placement can be made, immediate discharge to be given, MD made aware.  Record review of Resident #1's progress note, dated 4/23/25 at 10:12 AM by the SSD, reflected the following:  [Resident #1's] [RP] reached out and shared that she won't be able to properly care for [Resident #1] so she is not able to pick him up. [SSD] informed [RP] that she will be sending over clinical information to several nursing homes and facilities.  Record review of documents provided by the DON titled [Nursing Facility] Resident Safe Survey	(X4) ID PREFIX TAG			on)
from staff with no concerns. Further review of this document reflected there were no questions directly regarding concerns for sexual abuse by staff or other residents.  Record review of Resident #1's active consolidated physician orders, dated 5/20/25, reflected in part the following:  -Estradiol Oral Tablet 2 mg; give 1 tablet by mouth one time a day for hypersexuality. Start Date: 5/15/25. (continued on next page)	Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is	HPI:  LTC on therapy  Today:  . [Resident #1] has had multiple coand residents, He currently has a safe to remain at the facility given a more appropriate to reside in a mal Record review of Resident #1's profession [SSD] contacted [RP] to make her activity with the high school studen [NAME] on the butt.  Record review of Resident #1's profession [DON] was notified by [Activity Directive facility for a activity . [Activity Directive facility for a facility for a facility in profession facility for a facility facility for a facility for a facility for a facility facility for a f	omplaints and issues regarding inapproiter, Psychiatry also following, Vitals stexual aggression towards other reside e only locked unit given behaviors.  Igress note, dated 4/23/25 at 9:34 AM Is aware of [Resident #1's] behavior and the factor of the fa	priate sexual behavior with staff table. I believe patient is no longer nts. I believe patient would be by the SSD, reflected the following: what all took place during the already told her he spanked a high by the DON, reflected the following: ately touched a student that was in a but didn't say who the student ady gone, [DON] told director to bring, until alternate placement can by the SSD, reflected the following: perly care for [Resident #1] so she rer clinical information to several ate Checks, dated 4/23/25-5/04/25,  Resident Safe Survey ed regarding abuse and neglected re were no questions directly at 5/20/25, reflected in part the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455881	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2025
NAME OF PROVIDER OR SUPPLIER  Dfw Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZI 900 W Leuda St Fort Worth, TX 76104	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	ion)
F 0609  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few  Note: The nursing home is disputing this citation.	services.  Attempted interview on 5/16/25 at away from the facility at the dialysis. In an interview on 5/16/25 at 12:35 #1 had a history of exhibiting sexual have a policy that required the facil admission. The DON stated per regarding criminal background. The incident on 4/23/25 where he exhibit this interview.  In an interview on 5/16/25 at 1:35 Fishe called a sex offender, because stated a lot of female residents were Administrator and the DON, and the high school used to visit and paint touched one of the students inappround in an interview on 5/16/25 at 2:15 Figure to her room door and stick his to did that to a lot of other female resister eported this to her nurse; how being touched by Resident #1 but st	PM with the DON and Administrator, the ally inappropriate behaviors. The Administrator of the Administrator of the Administrator and polyper of the Administrator and DON failed to menified sexually inappropriate behavior by PM, Resident #3 stated she felt uncompleted always stared at her while making refunction and the always stared at her while making refunction and the female residents' fingernails; however the female residents' fingernails; however propriately last month. She denied ever the PM, Resident #11 stated Resident #1 wongue out, wink, and blow kisses at her dents, and they were all uncomfortable vever, Resident #1's behavior did not set attack the touched a student while they dents. Resident #11 stated after the increase.	the DON denied knowing Resident histrator stated the facility did not the sex offender registry prior to criminate against residents tion Resident #1 was involved in an a touching a student visitor during fortable around Resident #1, who sexual gestures. Resident #3 and it was reported to the hit #3 stated students from the local over, they stopped after Resident #1 opeing touched by Resident #1.  If was creepy because he would come of the resident #11 stated Resident #12 around him. Resident #11 stated top. Resident #11 denied ever were visiting the facility to

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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 05/20/2025		
NAME OF PROVIDER OR SUPPLIED Drw Nursing & Rehab	ER	STREET ADDRESS, CITY, STATE, ZII 900 W Leuda St Fort Worth, TX 76104	P CODE		
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 0609

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

Note: The nursing home is disputing this citation.

In an interview on 5/16/25 at 4:20 PM with the Administrator and DON, the DON stated she was aware of Resident #1 touching a student visitor inappropriately. The DON stated she did not know the state surveyor was referring to that incident during the earlier interview. The DON stated the Activity Director reported to her the students were in the dining room areas doing an activity with the residents when one of the students ran out upset and another student reported she was touched inappropriately by Resident #1. The DON stated Resident #1 was placed on Q 15-minute supervision and issued an immediate discharge notice; however, they were unable to find placement and Resident #1's RP stated she could not care for the resident. The DON stated she was responsible for reviewing clinical notes before admitting a resident; however, she did not remember seeing in Resident #1's clinical notes that he had a history of exhibiting sexually inappropriate behaviors or that it was recommended he be placed on an all-male secured unit. The DON stated if she saw the recommendation, she probably would not have admitted Resident #1, or she would have put appropriate interventions in place. The DON stated the MD recently placed Resident #1 on medication for his hypersexual behaviors and he was care planned to have 2 staff when care was being provided. The Administrator stated he was aware of the incident and after reviewing the camera footage he was unable to determine exactly what happened due to a pole blocking the view. He stated he only saw the student jump back then get up and run from the area. The Administrator stated since he could not determine what happened from the footage, he did not proceed with a full investigation or report it to the state agency. The Administrator stated it was the facility's policy to investigate and report abuse and neglect; however, he did not think he needed to investigate or report the incident based on the information he had. He stated the risk of not investigating and reporting incidents of alleged abuse or neglect could place the residents at risk of being harmed.

In an interview on 5/16/25 at 4:40 PM, the Ombudsman stated she had an open case for Resident #1 regarding the resident being sexually inappropriate with a student who was visiting the facility. The Ombudsman stated Resident #1's RP called her because the facility was trying to discharge the resident to a group home which was inappropriate for his level of care. The Ombudsman stated the RP informed that Resident #1 was unaware of his actions and the consequences of it due to his dementia and did not feel it was right for him to be punished. The Ombudsman stated she never received a discharge notice Resident #1. She stated she visited the facility to investigate and felt the facility should have reported the incident to the state agency. The Ombudsman stated she reviewed Resident #1's clinical notes from the previous facility and found that it was recommended the resident be placed on a male secured unit. The Ombudsman stated Resident #1 should not have been admitted to the current nursing facility if they could not accommodate his care needs as they did not have a male secured unit. The Ombudsman expressed deep concerns that the incident was not reported, and the facility had considered discharging the resident to a group home.

In an interview on 5/20/25 at 1:25 PM, CNA C stated she worked with Resident #1 and he was always sexually inappropriate with staff. She stated Resident #1 would grab at her breast and thighs while she was showering him, and it made her very uncomfortable. CNA C stated she reported this to the DON, and she placed the resident on 2-person assist with care but there was not always an extra staff to help when needed. CNA C stated she was aware of the incident that happened on 4/23/25 when Resident #1 touched a student inappropriately. CNA C stated later that evening, a man who said he was the student's father came to the facility and asked to speak to someone about the incident. CNA C stated that made the staff concerned for the safety of everyone in the facility. CNA C stated it was reported to the Administrator and DON.

(continued on next page)

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 455881

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			NO. 0936-0391
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 05/20/2025
NAME OF PROVIDER OR SUPPLIE	R	STREET ADDRESS, CITY, STATE, ZI 900 W Leuda St Fort Worth, TX 76104	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0609  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few  Note: The nursing home is disputing this citation.	admitted to the facility on [DATE]. If multiple sclerosis (nerve disorder), Record review of Resident #2's Qu had a BIMS score of 11, which indi Section GG-Functional Abilities, ref ADLs. The MDS Assessment unde under the high-risk drug class that Record review of Resident #2's car behavior related to substance abust Record review of Resident #2's profollowing:  [Social Worker] reached out to [Resident will be ability of the second review of Resident #2's profollowing:  [Record review of Resident #2's profollowing to sell to other residents.  Record review of Resident #2's profole [Resident #2] 30-day discharge not Record review of Resident #2's profole [SSD] spoke with [Resident #2's profole [SSD] spoke with [Resident #2's] [Find look for housing.  Record review of Resident #2's profole [LVN A] was notified by staff that [Find observed resident with the folic limpness noted to both sides of both side of the bed. [Resident #2] asked current MD, resident shook his head evaluation. This nurse attempted to MD aware.	ce sheet, dated 5/16/25, reflected a [A Resident # 2 had diagnoses which inclubipolar disorder (mood disorder), and I arterly Minimum Data Set (MDS) asset cated moderate cognitive impairment. Elected Resident #2 required partial to r r Section N-Medications, reflected Resincluded an antidepressant, diuretic, ar re plan, dated 2/20/25, did not reflect a sec.  Agress notes, dated 2/06/25 at 10:01 All sident #2's] Parole Officer to inform her regress notes, dated 2/11/25 at 2:36 PM regress notes, dated 2/11/25 at 3:01 PM regress notes, dated 2/13/25 at 3:01 PM regress notes, dated 2/13/25 at 3:01 PM regress notes on 2/15/25 at 8:00 AM by	aded: COPD (lung disease), egal blindness.  ssment, dated 5/02/25, reflected he The MDS Assessment under moderate assistance with most ident #2 was prescribed medication and anticonvulsant.  care plan for the resident's  Why the SSD, reflected the  That he is bringing drugs into the  by the SSD reflected the following:  of facility compliance.  by the SSD, reflected the following:  his discharge process and help  LVN A, reflected the following:  This nurse assessed [Resident #2]  from baseline with moments of talking and supporting self on the tions or anything not prescribed by esident out to ER for further #2] transferred to [local hospital]

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 05/20/2025
NAME OF PROVIDED OR CURRU		CTDEET ADDRESS SITV STATE 7	D CODE
NAME OF PROVIDER OR SUPPLI	ER	STREET ADDRESS, CITY, STATE, ZI	P CODE
Dfw Nursing & Rehab		900 W Leuda St Fort Worth, TX 76104	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0609	Reason for Visit: Drug / Alcohol As	sessment	
Level of Harm - Minimal harm or potential for actual harm	Diagnosis: Bladder infection		
Residents Affected - Few			
Residents Affected - Few	Labs:		
Note: The nursing home is disputing this citation.	Marijuana (Cannabinoid)- Positive		
	Record review of Resident #2's pro	ogress notes, dated 2/17/25 at 9:57 AM	by the SSD, reflected the following:
	[SSD] reached out to [Resident #2's	s] [PO] to inform her of his resent [sic]	drug overdose hospital visit.
	Record review of Resident #2's cor	nsolidated physician orders, dated 5/20	1/25, reflected in part the following:
	-Gabapentin Capsule 300 mg-give to equal 90 mg. Start date: 5/16/25	3 capsule by mouth three times a day .	for nerve pain give (3) 300 mg caps
	-Hydrocodone-Acetaminophen Tab date: 5/15/25.	olet 7.5-325 mg-give 1 tablet by mouth	three times a day for pain. Start
	-Tylenol Oral Tablet 325 mg (Aceta	nminophen)-give 2 tablets by mouth thr	ee times a day for pain.
	Further review of this document ref	lected Resident #2 did not have an ord	ler for medical marijuana.
	He stated there was a lot of talk go other residents. Resident #10 state	Resident #10 stated he was the Reside ing around the facility about residents led it was never said which resident was ed marijuana in the facility. He stated t	oringing in drugs to use and give to bringing drugs into the facility.
	(continued on next page)		

			No. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455881	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2025
NAME OF PROVIDER OR SUPPLIER  Dfw Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZI 900 W Leuda St Fort Worth, TX 76104	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0609  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few  Note: The nursing home is disputing this citation.	concerns the residents were using a week ago there was a smell of m and there had been other reports of marijuana in the facility and the sm was a day a package arrived at the admitted there was THC in the packacepted at the facility and it was n used a vape that she was very profiquestioned about it. The Administrat Resident #3's rights by searching haware of any concerns for staff using staff were drug tested upon hire. The getting in. The Administrator stated if residents showed any obviscreening. The Administrator stated marijuana was smelled during the stated if residents showed any obviscreening. The Administrator stated marijuana was smelled during the stated if residents showed any obviscreening. The Administrator stated marijuana was smelled during the stated facility. He could not state why  In an interview on 5/16/25 at 1:35 Fith facility, and nothing had been do contained THC that she ordered frogoing to visit family and was going stated she knew it was wrong to has She stated she would not order TH.  In an interview on 5/16/25 at 2:15 Fifacility and residents would do other smell what type of drug was being sometimes in resident rooms, and concerns to the DON; however, it was concerns to the DON; however, it was marined at the same and concerns to the DON; however, it was marined at the same and t	PM with the Administrator and DON, the drugs in the facility. The Administrator arijuana, and he gave staff permission of marijuana being smelled. The Administrator arijuana, and he gave staff permission of marijuana being smelled. The Administrator and the facility for Resident #3 that had to be skage, but it was for her family. The DO not opened to confirm if it was THC. The factive of and would become verbally a lator stated he did not know what was in the belongings. The Administrator and and or bringing illegal drugs into the facility stated if there were drugs in the facility had several residents who went of the did not initiate an investigation or a smoke break or when Resident #3 administrator and he did not investigate or report these in PM, Resident #3 stated she had concern by staff and other residents. She state the state of the package delivered to the facility of the package delivered to the facility C to the facility again.  PM, Resident #11 stated there was alword the did not investigate in the facility again.  PM, Resident #11 stated it mostly hall she just tried to stay away from it. Resives still going on. She stated the nurses still going on. She stated the nurse in the package and the nurse in the package, and the nurse still going on. She stated the nurse still going on. She stated the nurse in the package and the nurse still going on. She stated the nurse stated in the nurse still going on. She stated the nurse stated in the nurse stated she nurse stated the nurse stated the stated in the nurse stated she	stated during a smoke break about to stop the smoke break that day, istrator stated he had never seen he area. The DON stated there signed for, and Resident #3 N stated the package was not a Administrator stated Resident #3 ggressive towards staff when the vape and could not violate DON both stated they were not lity. The Administrator stated all cility, they were unsure how it was but into the community. The DON not out to the hospital for a drug report to the state agency when itted to having THC delivered to incidents.  The about residents using drugs in the Administrator and DON had a meeting with the encerns, which included the drugs in the delivered to the facility that or her. Resident #3 stated she was tallow her to get the package. She to the smell of marijuana in the lent #11 stated she could tell by the opened during smoke breaks and dent #11 stated she reported her that were supposed to be drug

certiers for Medicare & Medic	and Services		No. 0938-0391
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 05/20/2025
NAME OF PROVIDER OR SUPPLIE	ER	STREET ADDRESS, CITY, STATE, ZI 900 W Leuda St Fort Worth, TX 76104	P CODE
For information on the nursing home's	plan to correct this deficiency, please conf	Lact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	EIENCIES full regulatory or LSC identifying informati	on)
F 0609  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few  Note: The nursing home is disputing this citation.	Resident #2 being sent out to the loscreening. The DON stated the MD order to drug screen any resident was residents the day it smelled like mastaff were not in-serviced on recogn Administrator stated the facility was informed he was either going to find stated the facility was waiting on the Administrator stated not addressing interventions could place residents cause serious harm.  Record review of the facility's policy the following:  Policy Statement:  Our residents have the right to be find exploitation. This includes but is no verbal, mental, sexual, or physical a resident's symptoms.	DPM with the Administrator and DON, local hospital after showing signs of drup discontinued all of Resident #2's pain who exhibited s/sx of drug use. The DO rijuana during the smoke break and conizing s/sx of drug use and reporting it is waiting on Resident #2's PO to find pid another facility or Resident #2 would be PO to find something since the incide of the concerns for drug use at the facility at risk of being able to obtain and use of titled Abuse Prevention Program, reverse from abuse, neglect, misappropriated the timited to freedom from corporal punicabuse, and physical or chemical restrategations of abuse within timeframes as regations of abuse within timeframes as	g use and failing his drug medication and put in a standing N stated she did not drug test any uld not state why. She also stated after the incidents. The acement for him. He stated the PO go back to jail. The Administrator ent happened on 2/15/25. The try or implementing effective drugs at the facility that could issed January 2011, reflected in part ion of resident property and shment, involuntary seclusion, int not required to treat the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X3) PROVIDER/SUPPLIER/CLIA A Building B. Wing  STREET ADDRESS, CITY, STATE, ZIP CODE DESCRIPTION DE		74.4 35. 7.653		No. 0938-0391
DIW Nursing & Rehab  900 W Leuda St. For 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.  SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be preceded by full regulatory or LSC identifying information)  Respond appropriately to all alleged violations.  "NOTE-TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY" 45054  Based on observation, interview and record review the facility failed to ensure in response to allegations of abuse, neglect, exploitation, or mistreament have evidence that all alleged violations were throughly investigated and prevent further potential abuse, neglect, exploitation, or mistreament have evidence that all alleged violations were throughly investigated and prevent further potential abuse, neglect, exploitation, or mistreament have evidence that all alleged violations were throughly investigated and prevent further abuse or neglect towards Resident #1 and others.  2. The facility failed to investigate when Resident #8 obtained and used nonprescription drugs at the facility was found exhibiting signs of an overdose, and was transported to the local hospital where he tested position for marijuana.  This failure could place all residents at an increased risk for abuse and neglect.  Findings included:  1.  Record review of Resident #1's face sheet, dated 5/20/25, reflected a [AGE] year-old male who was admitty to the facility on [DATE] with diagnoses that included; dementia (brain disorder that affects memory, thinkin and behaviory), metabolic encephalopathy (brain disorder that causes confusion) CDPD (fung disease), by II diabetes (inability to regulate blood sugar levels), chronic respiratory failure (lack of oxygen), end-stage renal failure (kidney disease), and hyperferison (high blood pressure).  Record review of Resident #1's admission MDS assessment under Section E-Behaviors, reflected Resident #1 did not have any physical or vehal behaviors.  Record review of Resid		IDENTIFICATION NUMBER:	A. Building	COMPLETED
SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)   F 0610		ER	900 W Leuda St	P CODE
F 0610  Respond appropriately to all alleged violations.  ***NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45054  Based on observation, interview and record review the facility failed to ensure in response to allegations of abuse, neglect, exploitation or mistreatment have evidence that all alleged violations were thoroughly investigated and prevent further potential abuse, neglect, exploitation, or mistreatment have evidence that all alleged violations were thoroughly investigated and prevent further potential abuse, neglect, exploitation, or mistreatment while the investigate was in progress for two of eleven residents (Resident #1 and Resident #2) reviewed for abuse, neglect and exploitation.  1. The facility failed to investigate an alleged violation when Resident #3 exhibited sexually inappropriate behaviors to prevent further abuse or neglect towards Resident #1 and others.  2. The facility failed to investigate when Resident #2 obtained and used nonprescription drugs at the facility was found exhibiting signs of an overdose, and was transported to the local hospital where he tested positif for marijuana.  This failure could place all residents at an increased risk for abuse and neglect.  Findings included:  1.  Record review of Resident #1's face sheet, dated 5/20/25, reflected a [AGE] year-old male who was admitt to the facility on [DATE] with diagnoses that included: dementia (brain disorder that affects memory, thinkin and behavior), metabolic encephalopathy (brain disorder that causes confusion) COPD (lung disease), byp II diabetes (inability to regulate blood sugar levels), chronic respiratory failure (lack of oxygen), end-stage renal failure (kidney disease), and hypertension (high blood pressure).  Record review of Resident #1's admission MDS assessment under Section GS-Functional Abilities, reflected Resident #1 required partial to moderate assistance with most ADLs, used a walker, and was independent with most mobility tasks. The MDS Assessment under Section E-Behaviors,	For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few  Note: The nursing home is disputing this citation.  1. The facility failed to ensure in response to allegations of abuse, neglect, exploitation or mistreatment have evidence that all alleged violations were thoroughly investigated and prevent further potential abuse, neglect, exploitation, or mistreatment while the investigatic was in progress for two of eleven residents (Resident #1 and Resident #2) reviewed for abuse, neglect and exploitation.  1. The facility failed to investigate an alleged violation when Resident #1 exhibited sexually inappropriate behaviors to prevent further abuse or neglect towards Resident #1 and others.  2. The facility failed to investigate when Resident #2 obtained and used nonprescription drugs at the facility was found exhibiting signs of an overdose, and was transported to the local hospital where he tested positive for mariguna.  This failure could place all residents at an increased risk for abuse and neglect.  Findings included:  1.  Record review of Resident #1's face sheet, dated 5/20/25, reflected a [AGE] year-old male who was admitted to the facility on [DATE] with diagnoses that included: dementia (brain disorder that affects memory, thinkin and behavior), metabolic encephalopathy (brain disorder that causes onison) COPD (fung disease), yet II diabetes (inability to regulate blood sugar levels), chronic respiratory failure (lack of oxygen), end-stage renal failure (kidney disease), and hypertension (high blood pressure).  Record review of Resident #1's admission MDS assessment, dated 4/08/25, reflected his BIMS score was 10, which indicated moderate cognitive impairment. The MDS Assessment under Section GG-Functional Abilities, reflected Resident #1 required partial to moderate assistance and a walker, and was independent with most mobility tasks. The MDS Assessment under Section GG-Functional Abilities, reflected Resident #1 care plan, revised 4/22/25, reflected the resident had a histor	(X4) ID PREFIX TAG			on)
	Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few  Note: The nursing home is	Respond appropriately to all alleger  **NOTE- TERMS IN BRACKETS H  Based on observation, interview an abuse, neglect, exploitation or mist investigated and prevent further po was in progress for two of eleven reexploitation.  1. The facility failed to investigate a behaviors to prevent further abuse  2. The facility failed to investigate w was found exhibiting signs of an ovfor marijuana.  This failure could place all residents  Findings included:  1.  Record review of Resident #1's fact to the facility on [DATE] with diagnorand behavior), metabolic encephale II diabetes (inability to regulate bloomenal failure (kidney disease), and I require was independent with most mobility Resident #1 did not have any physical Record review of Resident #1's car inappropriate behaviors: sexually in ordered, eliciting family input for be providing all care with another staff disruptive and/or unacceptable. Fur for sexually inappropriate behaviors  Record review of Resident #1's clin facility reflected in part the following HPI:	d violations.  AVE BEEN EDITED TO PROTECT Conductor of record review the facility failed to ensure the treatment have evidence that all alleged tential abuse, neglect, exploitation, or residents (Resident #1 and Resident #2 or neglect towards Resident #1 and other or neglect #1 and neglect #1 a	Sure in response to allegations of diviolations were thoroughly mistreatment while the investigation previewed for abuse, neglect and exhibited sexually inappropriate hers.  Comprescription drugs at the facility, all hospital where he tested positive explect.  SE] year-old male who was admitted proder that affects memory, thinking, fusion) COPD (lung disease), type lure (lack of oxygen), end-stage explected his BIMS score was at under Section GG-Functional the most ADLs, used a walker, and section E-Behaviors, reflected esident had a history of socially cluded: administering medication as a demonstrating desired behavior, compublic area when behavior was Resident #1 was not care planned

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455881	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2025
NAME OF PROVIDER OR SUPPLIED Drive Nursing & Rehab	ER	STREET ADDRESS, CITY, STATE, ZI 900 W Leuda St Fort Worth, TX 76104	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0610  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few  Note: The nursing home is disputing this citation.	LTC on therapy  Today:  . [Resident #1] has had multiple or and residents, He currently has a safe to remain at the facility given a more appropriate to reside in a maximum resident with the facility given and resident with the facility given and resident with the facility given and the facility given and the facility with the high school student [NAME] on the butt.  Record review of Resident #1's profession for a activity. [Activity Direct was. [DON] asked if police was manotify abuse coordinator. Nursing puber made, immediate discharge to be record review of Resident #1's profession for the facilities.  Record review of Resident #1's profession for the facilities.  Record review of documents provided resident with the facilities.  Record review of documents provided resident with no concerns. Further regarding concerns for sexual abuse following:	omplaints and issues regarding inapprositer, Psychiatry also following, Vitals is sexual aggression towards other reside the only locked unit given behaviors.  Ogress note, dated 4/23/25 at 9:34 AM is aware of [Resident #1's] behavior and its. [RP] shared that [Resident #1] had aware of that [Resident #1] has inappropriately that [Resident #1] has inappropriately that another student told him ide aware, was told that they have alrest acced [Resident #1] on Q15 min monitoring given, MD made aware.  Ogress note, dated 4/23/25 at 10:12 AM indicated that she won't be able to proformed [RP] that she will be sending over the ded by the DON titled Resident 15 Minu Q15 monitoring during this time.  Ided by the DON titled [Nursing Facility] (25, reflected 30 residents were survey review of this document reflected the	apriate sexual behavior with staff table. I believe patient is no longer ints. I believe patient would be by the SSD, reflected the following: what all took place during the already told her he spanked a high by the DON, reflected the following: ately touched a student that was in but didn't say who the student ady gone, [DON] told director to bring, until alternate placement can by the SSD, reflected the following: perly care for [Resident #1]so she rer clinical information to several ately touched, dated 4/23/25-5/04/25, Resident Safe Survey ed regarding abuse and neglected re were no questions directly and 5/20/25, reflected in part the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455881	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2025
NAME OF PROVIDER OR SUPPLIER  Dfw Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZI 900 W Leuda St Fort Worth, TX 76104	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	ion)
F 0610  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few  Note: The nursing home is disputing this citation.	services.  Attempted interview on 5/16/25 at away from the facility at the dialysis. In an interview on 5/16/25 at 12:35 #1 had a history of exhibiting sexual have a policy that required the facil admission. The DON stated per regarding criminal background. The incident on 4/23/25 where he exhibit this interview.  In an interview on 5/16/25 at 1:35 Fishe called a sex offender, because stated a lot of female residents were Administrator and the DON, and the high school used to visit and paint touched one of the students inappround in an interview on 5/16/25 at 2:15 Figure to her room door and stick his to did that to a lot of other female resister eported this to her nurse; how being touched by Resident #1 but st	PM with the DON and Administrator, the ally inappropriate behaviors. The Administrator of the Administrator of the Administrator and polyper of the Administrator and DON failed to menified sexually inappropriate behavior by PM, Resident #3 stated she felt uncompleted always stared at her while making refunction and the always stared at her while making refunction and the female residents' fingernails; however the female residents' fingernails; however propriately last month. She denied ever the PM, Resident #11 stated Resident #1 wongue out, wink, and blow kisses at her dents, and they were all uncomfortable vever, Resident #1's behavior did not set attack the touched a student while they dents. Resident #11 stated after the increase.	the DON denied knowing Resident histrator stated the facility did not the sex offender registry prior to criminate against residents tion Resident #1 was involved in an a touching a student visitor during fortable around Resident #1, who sexual gestures. Resident #3 and it was reported to the hit #3 stated students from the local over, they stopped after Resident #1 opeing touched by Resident #1.  If was creepy because he would come of the resident #1 stated Resident #1 around him. Resident #11 stated top. Resident #11 denied ever were visiting the facility to

Printed: 07/31/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2025		
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)

#### F 0610

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

Note: The nursing home is disputing this citation.

In an interview on 5/16/25 at 4:20 PM with the Administrator and DON, the DON stated she was aware of Resident #1 touching a student visitor inappropriately. The DON stated she did not know the state surveyor was referring to that incident during the earlier interview. The DON stated the Activity Director reported to her the students were in the dining room areas doing an activity with the residents when one of the students ran out upset and another student reported she was touched inappropriately by Resident #1. The DON stated Resident #1 was placed on Q 15-minute supervision and issued an immediate discharge notice; however, they were unable to find placement and Resident #1's RP stated she could not care for the resident. The DON stated she was responsible for reviewing clinical notes before admitting a resident; however, she did not remember seeing in Resident #1's clinical notes that he had a history of exhibiting sexually inappropriate behaviors or that it was recommended he be placed on an all-male secured unit. The DON stated if she saw the recommendation, she probably would not have admitted Resident #1, or she would have put appropriate interventions in place. The DON stated the MD recently placed Resident #1 on medication for his hypersexual behaviors and he was care planned to have 2 staff when care was being provided. The Administrator stated he was aware of the incident and after reviewing the camera footage he was unable to determine exactly what happened due to a pole blocking the view. He stated he only saw the student jump back then get up and run from the area. The Administrator stated since he could not determine what happened from the footage, he did not proceed with a full investigation or report it to the state agency. The Administrator stated it was the facility's policy to investigate and report abuse and neglect; however, he did not think he needed to investigate or report the incident based on the information he had. He stated the risk of not investigating and reporting incidents of alleged abuse or neglect could place the residents at risk of being harmed.

In an interview on 5/16/25 at 4:40 PM, the Ombudsman stated she had an open case for Resident #1 regarding the resident being sexually inappropriate with a student who was visiting the facility. The Ombudsman stated Resident #1's RP called her because the facility was trying to discharge the resident to a group home which was inappropriate for his level of care. The Ombudsman stated the RP informed that Resident #1 was unaware of his actions and the consequences of it due to his dementia and did not feel it was right for him to be punished. The Ombudsman stated she never received a discharge notice Resident #1. She stated she visited the facility to investigate and felt the facility should have reported the incident to the state agency. The Ombudsman stated she reviewed Resident #1's clinical notes from the previous facility and found that it was recommended the resident be placed on a male secured unit. The Ombudsman stated Resident #1 should not have been admitted to the current nursing facility if they could not accommodate his care needs as they did not have a male secured unit. The Ombudsman expressed deep concerns that the incident was not reported, and the facility had considered discharging the resident to a group home.

In an interview on 5/20/25 at 1:25 PM, CNA C stated she worked with Resident #1 and he was always sexually inappropriate with staff. She stated Resident #1 would grab at her breast and thighs while she was showering him, and it made her very uncomfortable. CNA C stated she reported this to the DON, and she placed the resident on 2-person assist with care but there was not always an extra staff to help when needed. CNA C stated she was aware of the incident that happened on 4/23/25 when Resident #1 touched a student inappropriately. CNA C stated later that evening, a man who said he was the student's father came to the facility and asked to speak to someone about the incident. CNA C stated that made the staff concerned for the safety of everyone in the facility. CNA C stated it was reported to the Administrator and DON.

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(continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X3) DATE SURVEY COMPLETED OSCIDIZOS  NAME OF PROVIDER OR SUPPLIER Dfw Nursing & Rehab  STREET ADDRESS, CITY, STATE, ZIP CODE 900 W Leuda SI Fort 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 (Esch deficiency must be preceded by full regulatory or LSC identifying information)  Residents Affected - Few Residents Affected - Few Note: The nursing home is Note: The nursing home is Subjuring this citation.  Record review of Resident #25 Ouarterly Minimum Data Set (MDS) assessment, dated 5/02/25, reflected the seldent was a [AGE] year-old male admitted to the facility on (DATE) with diagnoses that included: COPD fung disease), multiple sclerosis (narve disorder). The nursing home is ADLs. The NDS Assessment under Section N-Medications, reflected Resident #25 acquained partial to moderate assessment under Section GSP Linctional Abillities. The Included an anticepressent, disrect, and anticionvillation under the highly-risk drog dasses his included an anticepressent, disrect, and anticionvillation.  Record review of Resident #2's progress notes, dated 2/06/25 at 10:01 AM by the SSD reflected the following:  [Social Worker] reached out to [Resident #2's] Parole Officer to inform her that he is bringing drugs into the building to sell to other residents.  Record review of Resident #2's progress notes, dated 2/11/25 at 2:36 PM by the SSD reflected the following:  [Social Worker] reached out to [Resident #2's] Parole Officer to inform her that he is bringing drugs into the building to sell to other residents.  Record review of Resident #2's progress notes, dated 2/11/25 at 2:36 PM by the SSD reflected the following:  [Resident #2's] 30 day discharge notice was issued and signed due to lack of facility compliance.  Record review of Resident #2's progress notes, dated 2/11/25 at 8:00 AM by LVN A reflected the following:  [LVN A] was notified				NO. 0936-0391
Dfw Nursing & Rehab  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]  Record review of Resident 2's face sheet, dated 5'16'25, reflected the resident was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses that included: COPD (lung disease), multiple sclerosis (nerve disorder), bipolar disorder (mood disorder), and legal blindness.  Record review of Resident #2's Quarterly Minimum Data Set (MDS) assessment, dated 5'02'/25, reflected had a BIMS score of 11, which indicated moderate cognitive impairment. The MDS Assessment under Section GG-Functional Abilities, reflected Resident #2'required partial to moderate assistance with most ADLs. The MDS Assessment under Section N-Medications, reflected Patient #2'was prescribed medication under the high-risk drug disas that included an antidepressant, durretic, and anticonvulsant.  Record review of Resident #2's care plan, dated 2'/20'/25, did not reflect a care plan for the resident's behavior related to substance abuse.  Record review of Resident #2's progress notes, dated 2'/11/25 at 2:36 PM by the SSD reflected the following: [Social Worker] reached out to [Resident #2's] Parole Officer to inform her that he is bringing drugs into the building to self to other residents.  Record review of Resident #2's progress notes, dated 2'/13/25 at 3:00 AM by LVN A reflected the following: [SSD] spoke with [Resident #2's progress notes, dated 2/13/25 at 8:00 AM by LVN A reflected the following: [LVN A] was notified by staff that [Resident #2] is not acting like himself. This nurse assessed [Resident #2's and observed resident with the following symptoms. Weakness abnormal from baseline with moments of limpness noted to both sides of body, pinpoint pupils, Confusion, difficulty talking and supporting self		IDENTIFICATION NUMBER:	A. Building	COMPLETED
(X4) ID PREFIX TAC  SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)  Resord review of Resident 2's face sheet, dated 5/16/25, reflected the resident was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses that included: COPD (lung disease), multiple solerosis (nerve disorder), bipolar disorder (mood disorder), and legal biindness.  Residents Affected - Few Resident #2's Quarterly Minimum Data Set (MDS) assessment, dated 5/02/25, reflected he had a BIMS score of 11, which indicated moderate cognitive impairment. The MDS Assessment under Section GG-Functional Ablittes, reflected Resident #2's required partial to moderate assistance with most ADLs. The MDS Assessment under Section N-Medications, reflected Resident #2'was prescribed medication under the high-risk drug class that included an antidepressant, diuretic, and anticonvulsant.  Record review of Resident #2's care plan, dated 2/20/25, did not reflect a care plan for the resident's behavior related to substance abuse.  Record review of Resident #2's progress notes, dated 2/10/25 at 10:01 AM by the SSD reflected the following:  [Social Worker] reached out to [Resident #2's] Parole Officer to inform her that he is bringing drugs into the building to sell to other residents.  Record review of Resident #2's progress notes, dated 2/11/25 at 2:36 PM by the SSD reflected the following:  [Resident #2] 30 day discharge notice was issued and signed due to lack of facility compliance.  Record review of Resident #2's progress notes, dated 2/13/25 at 3:01 PM by the SSD reflected the following:  [SSD] spoke with [Resident #2's progress notes, dated 2/15/25 at 8:00 AM by LVN A reflected the following:  [LVN A] was notified by staff that [Resident #2] is not acting like himself. This nurse assessed [Resident #2] and observed resident with the following symptoms: Weakness abnormal from baseline with moments of limpness noted to both sides of body, pinpoint pupils, Confusion or anything		ER	900 W Leuda St	P CODE
F 0610	For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
Admitted to the facility on IDATE) with diagnoses that included: COPD (lung disease), multiple sclerosis (nerve disorder), bipolar disorder (mood disorder), and legal blindness.  Residents Affected - Few Residents Affected - Few Assessment under Section GG-Functional Ablities, reflected Resident #2* equired partial to moderate assistance with most ADLs. The MDS Assessment under Section GG-Functional Ablities, reflected Resident #2* equired partial to moderate assistance with most ADLs. The MDS Assessment under Section N-Medications, reflected Resident #2* was prescribed medication under the high-risk drug class that included an antidepressant, diuretic, and anticonvulsant.  Record review of Resident #2*s care plan, dated 2/20/25, did not reflect a care plan for the resident's behavior related to substance abuse.  Record review of Resident #2*s progress notes, dated 2/06/25 at 10:01 AM by the SSD reflected the following:  [Social Worker] reached out to [Resident #2*s] Parole Officer to inform her that he is bringing drugs into the building to sell to other residents.  Record review of Resident #2*s progress notes, dated 2/11/25 at 2:36 PM by the SSD reflected the following:  [Resident #2] 30 day discharge notice was issued and signed due to lack of facility compliance.  Record review of Resident #2*s progress notes, dated 2/13/25 at 3:01 PM by the SSD reflected the following:  [SSD] spoke with [Resident #2*s progress notes, dated 2/15/25 at 8:00 AM by LVN A reflected the following:  [LVN A] was notified by staff that [Resident #2] is not acting like himself. This nurse assessed [Resident #2] and observed resident with the following symptoms: Weakness abnormal from baseline with moments of limpess noted to both sides of body, inpionit pulpis, Confusion, difficulty talking and supporting self on the side of the bed, [Resident #2] asked by staff if he's taken any new medications or anything not prescribed by current MD, resident shook his helden Ablo MD advare.  Record review of Resident #2*s hospital records, date	(X4) ID PREFIX TAG			on)
	Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few  Note: The nursing home is	admitted to the facility on [DATE] w (nerve disorder), bipolar disorder (r Record review of Resident #2's Qu had a BIMS score of 11, which indi Section GG-Functional Abilities, rei ADLs. The MDS Assessment unde under the high-risk drug class that Record review of Resident #2's car behavior related to substance abus Record review of Resident #2's pro following:  [Social Worker] reached out to [Rei building to sell to other residents.  Record review of Resident #2's pro [Resident #2] 30 day discharge not Record review of Resident #2's pro [SSD] spoke with [Resident #2's pro [SSD] spoke with [Resident #2's] [F him look for housing.  Record review of Resident #2's pro [LVN A] was notified by staff that [F and observed resident with the folic limpness noted to both sides of bor side of the bed. [Resident #2] aske current MD, resident shook his hea evaluation. This nurse attempted to MD aware.  Record review of Resident #2's hos Today's Visit (continued)	with diagnoses that included: COPD (lumood disorder), and legal blindness.  arterly Minimum Data Set (MDS) assess cated moderate cognitive impairment. If lected Resident #2 required partial to run Section N-Medications, reflected Resincluded an antidepressant, diuretic, and re plan, dated 2/20/25, did not reflect a section of the sect	In grand disease), multiple sclerosis  In sament, dated 5/02/25, reflected he The MDS Assessment under moderate assistance with most ident #2 was prescribed medication and anticonvulsant.  In care plan for the resident's  In that he is bringing drugs into the standard by the SSD reflected the following:  In the standard for the resident's  In that he is bringing drugs into the following:  In the standard for the following:  In the standard for the following:  In the standard for the following self on the standard for the following and supporting self on the standard for further standard

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 05/20/2025
NAME OF PROVIDER OR SUPPLIE	-n	CTDEET A DDDEEG OUT/ CTATE TO	D CODE
NAME OF PROVIDER OR SUPPLIE	:R	STREET ADDRESS, CITY, STATE, ZI	P CODE
Dfw Nursing & Rehab		900 W Leuda St Fort Worth, TX 76104	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	ion)
F 0610	Reason for Visit: Drug / Alcohol Ass	sessment	
Level of Harm - Minimal harm or potential for actual harm	Diagnosis: Bladder infection		
Desidents Affected Ferr			
Residents Affected - Few	Labs:		
Note: The nursing home is disputing this citation.	Marijuana (Cannabinoid)- Positive		
	Record review of Resident #2's progress notes, dated 2/17/25 at 9:57 AM by the SSD reflected the following:		
	[SSD] reached out to [Resident #2's	s] [PO] to inform her of his resent drug	overdose hospital visit.
	Record review of Resident #2's cor	nsolidated physician orders, dated 5/20	0/25, reflected in part the following:
	-Gabapentin Capsule 300 mg-give to equal 90 mg. Start date: 5/16/25	3 capsule by mouth three times a day .	for nerve pain give (3) 300 mg caps
	-Hydrocodone-Acetaminophen Tab date: 5/15/25.	olet 7.5-325 mg-give 1 tablet by mouth	three times a day for pain. Start
	-Tylenol Oral Tablet 325 mg (Aceta	nminophen)-give 2 tablets by mouth thr	ee times a day for pain.
	Further review of this document ref	lected Resident #2 did not have an ord	ler for medical marijuana.
	He stated there was a lot of talk go other residents. Resident #10 state	Resident #10 stated he was the Reside ing around the facility about residents led it was never said which resident was ed marijuana in the facility. He stated t	bringing in drugs to use and give to sbringing drugs into the facility.
	(continued on next page)		

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			110. 0700 0071
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2025
NAME OF PROVIDER OR SUPPLIER  Dfw Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZI 900 W Leuda St Fort Worth, TX 76104	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0610  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few  Note: The nursing home is disputing this citation.	In an interview on 5/16/25 at 12:35 PM with the Administrator and DON, they both stated being awar concerns the residents were using drugs in the facility. The Administrator stated during a smoke brea a week ago there was a smell of marijuana, and he gave staff permission to stop the smoke break the and there had been other reports of marijuana being smelled. The Administrator stated he had never marijuana in the facility and the smell could be coming from anywhere in the area. The DON stated it was a day a package arrived at the facility for Resident #3 that had to be signed for, and Resident #3 admitted there was THC in the package, but it was for her family. The DON stated the package was a accepted at the facility and it was not opened to confirm if it was THC. The Administrator stated Resis used a vape that she was very protective of and would become verbally aggressive towards staff whe questioned about it. The Administrator stated he did not know what was in the vape and could not vic Resident #3's rights by searching her belongings. The Administrator and DON both stated they were aware of any concerns for staff using or bringing illegal drugs into the facility. The Administrator stated they had several residents who went out into the community. The stated if residents showed any obvious s/sx of drug use they would be sent out to the hospital for a d screening. The Administrator stated he did not initiate an investigation or report to the state agency w marijuana was smelled during the smoke break or when Resident #3 admitted to having THC deliver the facility. He could not state why he did not investigate or report these incidents.  In an interview on 5/16/25 at 1:35 PM, Resident #3 stated she had concerns about residents using drug the facility that was being brought in by staff and other residents. She stated the Administrator and Divere aware and were not doing anything about it. Resident #3 stated she had a meeting with the Administrator, DON, and SSD on 5/12/25 where she expressed all her concerns,		stated during a smoke break about to stop the smoke break that day, istrator stated he had never seen he area. The DON stated there signed for, and Resident #3 N stated the package was not a Administrator stated Resident #3 ggressive towards staff when a the vape and could not violate DON both stated they were not ity. The Administrator stated all bility, they were unsure how it was but into the community. The DON not out to the hospital for a drug report to the state agency when itted to having THC delivered to acidents.  The administrator and DON had a meeting with the neerns, which included the drugs in the delivered to the facility that or her. Resident #3 stated she was at allow her to get the package. She, but they allowed everything else.  The advance of the state and the state and the state and the package of the package of the package. She are stated of the stated she could tell by the opened during smoke breaks and dent #11 stated she reported her that were supposed to be drug

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(continued on next page)

Facility ID: 455881

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455881	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2025
NAME OF PROVIDER OR SUPPLIER  Dfw Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZI 900 W Leuda St Fort Worth, TX 76104	P CODE
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state surve			agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0610  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few  Note: The nursing home is disputing this citation.	Resident #2 being sent out to the loscreening. The DON stated the MD order to drug screen any resident versidents the day it smelled like mastaff were not in-serviced on recogn Administrator stated the facility was informed he was either going to fine stated the facility was waiting on the Administrator stated not addressing interventions could place residents cause serious harm.  Record review of the facility's policy the following:  Policy Statement:  Our residents have the right to be fexploitation. This includes but is not verbal, mental, sexual, or physical resident's symptoms.	D PM with the Administrator and DON, ocal hospital after showing signs of drug of discontinued all of Resident #2's pain who exhibited s/sx of drug use. The DO drijuana during the smoke break and conizing s/sx of drug use and reporting it is waiting on Resident #2's PO to find pld another facility or Resident #2 would be PO to find something since the incide of the concerns for drug use at the facility at risk of being able to obtain and use by titled Abuse Prevention Program, reviewed the form abuse, neglect, misappropriate the limited to freedom from corporal punisabuse, and physical or chemical restrained as a segations of abuse within timeframes as a segations of abuse within timeframes as	g use and failing his drug medication and put in a standing N stated she did not drug test any uld not state why. She also stated after the incidents. The acement for him. He stated the PO go back to jail. The Administrator ent happened on 2/15/25. The try or implementing effective drugs at the facility that could seed January 2011, reflected in part ion of resident property and shment, involuntary seclusion, and not required to treat the

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455881	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2025
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.			agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0656  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some  Note: The nursing home is disputing this citation.	that can be measured.  **NOTE- TERMS IN BRACKETS H  Based on interview and record reviperson-centered care plan for each measurable objectives and timefranceds that were identified in the concept Resident #2) reviewed for care pland.  1. The facility failed to identify Resiperson assessment dated [DATE] or developerson.  2. The facility failed to develop a care This failure could place residents and Findings include:  1.  Record review of Resident #1's fact to the facility on [DATE]. Resident #1's fact to the facilities, reflected Resident #1's add 10, which indicated moderate cogn Abilities, reflected Resident #1 requipment with most mobility. Resident #1 did not have any physical Record review of Resident #1's care inappropriate behaviors: sexually in ordered, eliciting family input for be providing all care with another staff	dent #1 had physical and/or verbal behop a care plan to address the behavior are plan to address Resident #2's substant risk of not receiving appropriate care esheet, dated 5/20/25, reflected a [AG#1 had diagnoses which included: demetabolic encephalopathy (brain disordability to regulate blood sugar levels), old dney disease), and hypertension (high mission MDS assessment, dated 4/08/2 itive impairment. The MDS Assessment under Sical or verbal behaviors.  The MDS Assessment under Sical or verbal behaviors.  The plan, revised 4/23/25, reflected the repapropriate behavior. Interventions included the resident for member, and removing the resident for their review of this document reflected	confidentiality** 45054 colement a comprehensive rights set forth that included ing, and mental and psychosocial coresidents (Resident #1 and naviors on his Admission MDS trance abuse trance abuse trance abuse trance abuse trance abuse trance abuse trance (Jack of Elementa (Brain disorder that affects er that causes confusion) COPD concil respiratory failure (Jack of Blood pressure).  25, reflected his BIMS score was trance trance abuse trance abuse trance abuse confusion) copports and confusion of the most ADLs, used a walker, and dection E-Behaviors, reflected desident had a history of socially cluded: administering medication as redemonstrating desired behavior, om public area when behavior was

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2025
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
Dfw Nursing & Rehab		900 W Leuda St Fort Worth, TX 76104	
For information on the nursing home's	plan to correct this deficiency, please conf	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	X TAG  SUMMARY STATEMENT OF DEFICIENCIES  (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0656  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some  Note: The nursing home is disputing this citation.	updating care plans after every can The DON stated she assisted with a Resident #2's history of drug use at ER after exhibiting signs of drug use his behavior regarding drug use; he plans updated to include any new in resident's care needs and intervent. In an interview on 5/20/25 at 12:24 completion of MDS Assessments a it. The MDS Nurse stated he update were any changes in the residents' entire IDT. The MDS Nurse stated their care needs met by the facility 2.  Record review of Resident 2's face who was admitted to the facility on disease), multiple sclerosis (nerve of 11, which indicated moderate conditions), reflected Resident #2's Quant of 11, which indicated moderate conditions, reflected Resident #2's can behavior related to substance abus Record review of Resident #2's can behavior related to substance abus Record review of Resident #2's profollowing:  [Social Worker] reached out to [Resident worker] residents.  Record review of Resident #2's profollowing:  [Social Worker] reached out to [Resident wor	PM, the MDS Nurse stated some of hind to ensure triggers on corresponding ed care plans during comprehensive M condition; however, updating the care not updating care plans could place the second trigger. Sheet, dated 5/16/25, reflected the rese [DATE]. Resident #2 had diagnoses wild disorder), bipolar disorder (mood disorder), bipolar disorder	are were any significant changes. DON stated she was aware of 5 when he was transported to the esident #2 was not care planned for ed it was important to keep care taff would be aware of all the serious responsibilities included timely a MDS had a care plan to address and when there plans were the responsibility of the eresidents at risk of not getting der) and legal blindness.  5, reflected he had a BIMS score that included: COPD (lung der) and legal blindness.  5, reflected he had a BIMS score that most ADLs. The MDS scribed medication under the ulsant.  care plan for the resident's  M by the SSD, reflected the  that he is bringing drugs into the that he is bringing drugs into the this nurse assessed [Resident #2] from baseline with moments of talking and supporting self on the tions or anything not prescribed by sident out to ER for further

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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 05/20/2025
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Dfw Nursing & Rehab		900 W Leuda St Fort Worth, TX 76104	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0656  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some  Note: The nursing home is disputing this citation.	In an observation and interview on and showed no s/sx of drug use or 2/15/25 due to his stupid ways of u he had a long history of heavy drug Resident #2 stated he had been cle going back to prison and it caused residents were always bringing dru aware that drugs were being broug In an interview on 5/20/25 at 11:20 updating care plans after every car The DON stated she assisted with Resident #2's history of drug use a ER after exhibiting signs of drug us his behavior regarding drug use; he plans updated to include any new is resident's care needs and intervent In an interview on 5/20/25 at 12:24 completion of MDS Assessments as it. The MDS Nurse stated he updat were any changes in the residents' entire IDT. The MDS Nurse stated their care needs met by the facility Record review of the facility's policy following:  Policy Statement: A comprehensive by OBRA and PPS requirements.  Policy Interpretation and Implement 1. The Resident Assessment Coord timely and appropriate resident assess a. OBRA required assessments - cut (1) Initial Assessment (Comprehen the facility)  (3) Significant Change in Status Assignificant change in the resident's	5/19/25 at 9:14 AM, Resident #2 was vintoxication. Resident #2 admitted to us guse but stopped and had only been use an since, because his PO found out at the MD to take him off his pain medicar gis into the facility, but he did not state the him to the facility.  AM, the DON stated the MDS Nurse we plan conference and as needed if the creating and updating care plans. The not the incident that occurred on 2/15/2 is e. She stated she did not know why Residents and changes in condition so is stions in place.  PM, the MDS Nurse stated some of him to ensure triggers on corresponding ed care plans during comprehensive M condition; however, updating the care not updating care plans could place the stidents and changes in condition; however, updating the care not updating care plans could place the stidents and reviews according to the sessments and reviews according to the conducted for all residents in the facility: sive) - Conducted within fourteen (14) of the sessment (Comprehensive) - Conducted sessment (Comprehensive) - Conducted condition.	well-groomed, alert and oriented, ded up at the local hospital on ing marijuana. Resident #2 stated sing marijuana sometimes. Sout the incident, and it risked him tion temporarily. Resident #2 stated who. He stated the staff were also was ultimately responsible for are were any significant changes. DON stated she was aware of 5 when he was transported to the esident #2 was not care planned for ed it was important to keep care taff would be aware of all the sresponsibilities included timely and MDS had a care plan to address in a care plan to a care plan to address in a care plan to a
	A 'comprehensive assessment'     (continued on next page)	поличес.	

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID:

If continuation sheet Page 40 of 50

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455881	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2025
NAME OF PROVIDER OR SUPPLIER  Dfw Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZI 900 W Leuda St Fort Worth, TX 76104	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0656  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some  Note: The nursing home is disputing this citation.	a. Completion of the Minimum Data b. Completion of the Care Area As c. Development of the comprehens 3. A Significant Change in Status A team determining that the resident  5. A SCSA is required when a resi  d (9) Emergence of a condition/disea Record review of the CMS's RAI Ve Section E-Behaviors E0200: Behavioral Symptom-Prese Note presence of symptoms and the Coding: 0. Behavior not exhibited 1. Behavior of this type occurred 1 2. Behavior of this type occurred 4 3. Behavior of this type occurred da A. Physical behavioral symptoms of abusing others sexually) B. Verbal behavioral symptoms dire at others) C. Other behavioral symptoms not scratching self, pacing,	a Set (MDS); sessment (CAA) Process; and sive care plan. ssessment (SCSA) is completed withir meets the guidelines for major improve dent  ase in which a resident is judged to be ersion 3.0 Manual dated October 2024; ence & Frequency eir frequency-  to 3 days to 6 days, but less than daily	unstable.  reflected in part the following:  sing, pushing, scratching, grabbing,  others, screaming at others, cursing
	(continued on next page)		

			No. 0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455881	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2025
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, Z	IP CODE
Dfw Nursing & Rehab		900 W Leuda St Fort Worth, TX 76104	
For information on the nursing home's	plan to correct this deficiency, please con	l tact 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)		ion)
F 0656	rummaging, public sexual acts, disiverbal/vocal symptoms like scream	robing in public, throwing, or smearing	food or bodily wastes, or
Level of Harm - Minimal harm or potential for actual harm	disruptive sounds) .	(9)	
Residents Affected - Some			
Note: The nursing home is disputing this citation.			

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 05/20/2025	
NAME OF PROVIDER OR SUPPLI	NAME OF PROVIDED OR SUPPLIED		P CODE	
	ER	STREET ADDRESS, CITY, STATE, ZI 900 W Leuda St	PCODE	
Dfw Nursing & Rehab		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.			agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0689	Ensure that a nursing home area is accidents.	free from accident hazards and provid	les adequate supervision to prevent	
Level of Harm - Immediate jeopardy to resident health or	**NOTE- TERMS IN BRACKETS H	NAVE BEEN EDITED TO PROTECT CO	ONFIDENTIALITY** 45054	
safety Residents Affected - Some	1	nd record review the facility failed to ens ce devices to prevent accidents for one		
Note: The nursing home is disputing this citation.	-The facility failed to ensure Resident #2 was provided with adequate supervision to prevent the resident from using nonprescription drugs at the facility. On 2/15/25 Resident #2 was found exhibiting signs of an overdose and was transported to the local hospital where he tested positive for marijuana.			
	An Immediate Jeopardy (IJ) situation was identified on 5/19/25. While the IJ was removed on 5/20/25, the facility remained out of compliance at a scope of pattern with a potential for more than minimal harm that was not immediate jeopardy due to the facility's need to evaluate the effectiveness of the corrective systems.			
	This failure could place residents at risk for accidents that could lead to serious injury or harm.			
	Findings include:			
	Record review of Resident 2's face sheet, dated 5/16/25, reflected the resident was a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #2 had diagnoses which included: COPD (lung disease), multiple sclerosis (nerve disorder), bipolar disorder (mood disorder) and legal blindness.			
	Record review of Resident #2's Quarterly MDS assessment, dated 5/02/25, reflected he had a BIMS score of 11, which indicated moderate cognitive impairment. The MDS Assessment under Section GG-Functional Abilities, reflected Resident #2 required partial to moderate assistance with most ADLs. The MDS Assessment under Section N-Medications, reflected Resident #2 was prescribed medication under the high-risk drug class which included an antidepressant, diuretic, and anticonvulsant.			
	Record review of Resident #2's profollowing:	gress notes, dated 2/06/25 at 10:01 AN	M by the SSD, reflected the	
	[Social Worker] reached out to [Rebuilding to sell to other residents.	sident #2's] Parole Officer to inform her	that he is bringing drugs into the	
	Record review of Resident #2's pro	gress notes, dated 2/11/25 at 2:36 PM	by the SSD reflected the following:	
	[Resident #2] 30-day discharge not	tice was issued and signed due to lack	of facility compliance.	
	Record review of Resident #2's progress notes, dated 2/13/25 at 3:01 PM by the SSD reflected the follow			
	(continued on next page)			

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 05/20/2025		
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE		
Dfw Nursing & Rehab		900 W Leuda St Fort Worth, TX 76104	1 6052		
For information on the nursing home's	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 0689	[SSD] spoke with [Resident #2's] [PO]. [PO] shared she would be help to his discharge process and help				
Level of Harm - Immediate	him look for housing.				
jeopardy to resident health or safety	Record review of Resident #2's pro	gress notes, dated 2/15/25 at 8:00 AM	by LVN A, reflected the following:		
Residents Affected - Some		Resident #2] is not acting like himself. Towing symptoms: Weakness abnormal			
Note: The nursing home is disputing this citation.	and observed resident with the following symptoms: Weakness abnormal from baseline with moments of limpness noted to both sides of body, pinpoint pupils, Confusion, difficulty talking and supporting self on the side of the bed. [Resident #2] asked by staff if he's taken any new medications or anything not prescribed by current MD, resident shook his head no. MD notified new order to send resident out to ER for further evaluation. This nurse attempted to contact RP and LVM [sic]. [Resident #2] transferred to [local hospital] MD aware.				
	Record review of Resident #2's hos	spital records, dated 2/15/25, reflected	in part the following:		
	Today's Visit (continued)				
	Reason for Visit: Drug / Alcohol As:	sessment			
	Diagnosis: Bladder infection				
	Labs:				
	Marijuana (Cannabinoid)- Positive				
	Record review of Resident #2's pro	gress notes, dated 2/17/25 at 9:57 AM	by the SSD, reflected the following:		
	[SSD] reached out to [Resident #2's	s] [PO] to inform her of his resent [sic]	drug overdose hospital visit.		
	Record review of Resident #2's car behavior related to substance abus	e plan, dated 2/20/25 , did not reflect a ee.	care plan for the resident's		
	Record review of Resident #2's cor	nsolidated physician orders, dated 5/20	/25, reflected in part the following:		
	-Gabapentin Capsule 300 mg-give 3 capsule by mouth three times a day for nerve pain give (3) 300 mg caps to equal 90 mg. Start date: 5/16/25.				
	(continued on next page)				

			NO. 0936-0391
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 05/20/2025
NAME OF PROVIDER OR SUPPLIER  Dfw Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZI 900 W Leuda St Fort Worth, TX 76104	P CODE
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0689  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some  Note: The nursing home is disputing this citation.	-Hydrocodone-Acetaminophen Tabdate: 5/15/25.  -Tylenol Oral Tablet 325 mg (Aceta Further review of this document ref Interview on 5/16/25 at 11:45 AM, I He stated there was a lot of talk go other residents. Resident #10 stated Resident #10 stated he often smell aware of this problem.  In an interview on 5/16/25 at 12:35 concerns the residents were using a week ago there was a smell of m and there had been other reports of marijuana in the facility and the sm was a day a package arrived at the admitted there was THC in the pactaccepted at the facility and it was not used a vape that she was very proficuestioned about it. The Administrate Resident #3's rights by searching haware of any concerns for staff using staff were drug tested upon hire. The getting in. The Administrator stated stated if residents showed any obvice screening. The Administrator stated marijuana was smelled during the stated if residents showed any obvice stated in the facility. He could not state why in an interview on 5/16/25 at 1:35 Fithe facility that was being brought if were aware and were not doing an Administrator, DON, and SSD on 5 the facility, and nothing had been donated THC that she ordered frogoing to visit family and was going	olet 7.5-325 mg-give 1 tablet by mouth aminophen)-give 2 tablets by mouth the flected Resident #2 did not have an orce Resident #10 stated he was the Residering around the facility about residents led it was never said which resident was ed marijuana in the facility. He stated the facility. He stated the facility and the facility. The Administrator arijuana, and he gave staff permission of marijuana being smelled. The Administrator arijuana, and he gave staff permission of facility for Resident #3 that had to be seen that the facility for Resident #3 that had to be seen the facility for Resident #3 that had to be seen that the facility for Resident #3 that had to be seen that the facility for Resident #3 that had to be seen that the facility for Resident #3 that had to be seen that the facility for Resident #3 administrator and for stated he did not know what was in the belongings. The Administrator and fing or bringing illegal drugs into the facility had several residents who went of the facility had several residents who went of the facility had several residents who went of the facility had not investigate or report these in the facility staff and other residents. She stated the had a package of the facility did not the facil	three times a day for pain. Start  ee times a day for pain.  der for medical marijuana.  ent Council President at the facility.  oringing in drugs to use and give to  bringing drugs into the facility.  he Administrator and DON were  hey both stated being aware of stated during a smoke break about to stop the smoke break that day, istrator stated he had never seen he area. The DON stated there signed for, and Resident #3  N stated the package was not a Administrator stated Resident #3  ggressive towards staff when he the vape and could not violate DON both stated they were not lity. The Administrator stated all cility, they were unsure how it was but into the community. The DON and out to the hospital for a drug report to the state agency when inted to having THC delivered to incidents.  The about residents using drugs in ed the Administrator and DON had a meeting with the incerns, which included the drugs in the delivered to the facility that or her. Resident #3 stated she was t allow her to get the package. She

			No. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2025
NAME OF PROVIDER OR SUPPLIER  Dfw Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZI 900 W Leuda St Fort Worth, TX 76104	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0689  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some  Note: The nursing home is disputing this citation.	that was brought to their attention be were on parole and must complete and drug use. The SSD stated the SSD stated Resident #2 failed a drudischarged from the facility for bring drug screening that was positive for facility for Resident #2 to transfer to In an interview on 5/16/25 at 2:15 F facility and residents would do other smell what type of drug was being a sometimes in resident rooms, and a concerns to the DON; however, it was tested if they were suspected of using and would just let it go.  Attempted interview on 5/16/25 at 2 to the hospital on 2/15/25, was unsivoicemail.  In an observation and interview on and showed no s/sx of drug use or 2/15/25 due to his stupid ways of use had a long history of heavy drug Resident #2 stated he had been cleding back to prison and it caused residents were always bringing drug aware drugs were being brought in Further interview on 5/19/25 at 3:00 Resident #2 being sent out to the loscreening. The DON stated the MD order to drug screen any resident was the day it smelled like mas staff were not in-serviced on recogn Administrator stated the facility was informed he was either going to find stated the facility was waiting on the Administrator stated not addressing interventions could place residents cause serious harm.	PM, the SSD stated to her knowledge, to yo other residents. The SSD stated the drug screenings. She stated Resident parole officers informed the facility of a ug screening on 2/11/25 and his PO was ging drugs into the facility. She stated for marijuana on 2/06/25. The SSD state on but it was difficult due to his backgrowth of the part of th	re were residents in the facility who #2 was on parole for a sex offense ny failed drug screenings. The as informed he would be Resident #2 had already failed a d the facility was trying to find a und.  ays the smell of marijuana in the lent #11 stated she could tell by the opened during smoke breaks and dent #11 stated she reported her ents were supposed to be drug ses would not force them to do it  Resident #2 when he was sent out callback information was left on the well-groomed, alert and oriented, died up at the local hospital on ing marijuana. Resident #2 stated sing marijuana sometimes. Sout the incident, and it risked him tion temporarily. Resident #2 stated who. He stated the staff were also the DON stated she was aware of g use and failing his drug medication and put in a standing N stated she did not drug test any uld not state why. She also stated after the incidents. The accement for him. He stated the PO go back to jail. The Administrator ent happened on 2/15/25. The ty or implementing effective drugs at the facility that could

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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 05/20/2025	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	STREET ADDRESS CITY STATE ZID CODE	
Dfw Nursing & Rehab		900 W Leuda St Fort Worth, TX 76104		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)	
F 0689 Level of Harm - Immediate	This facility is an illegal drug-free facility. Illegal drugs are defined for the purpose of this policy as possession or distribution of any substance which is unlawful under the Controlled Substances Ac			
jeopardy to resident health or safety	This facility reserves the right to ins	spect staff only areas, conduct staff alc	ohol and drug testing, and	
Residents Affected - Some	terminate staff employment for viola			
Note: The nursing home is disputing this citation.	Policy Explanation and Compliance Guidelines:			
disputing this citation.	No one is allowed to possess, be under the influence of, or use any of said illegal drugs on the premises of this facility.			
	No one is allowed to sell, buy, transfer, distribute or use said illegal drugs on the premises of this			
	facility.			
	No one is allowed to sell, buy, tra- facility.	ansfer, distribute or use any drug parap	phernalia on the premises of this	
	Anyone that is under a physiciar must follow these rules:	n's care and requires the use of prescri	otion or over-the-counter drugs	
	a. Use prescription drugs only if a	licensed health care provider has pres	cribed them within the last year.	
	b. Directions must be followed as	written by the physician.		
	c. Prescribed drugs must be in the	original container.		
	5. The facility reserves the right to risk.	consult with said physician if prescription	on or over-the counter drugs create	
	6. All facility staff that enter the facility may be subject to an investigation of substance abuse to			
	include tests that detect the use of alcohol or any substance which is unlawful under the Controlled Substance Act .			
	This was determined to be an Immediate Jeopardy (IJ) on 05/19/25 at 3:22 PM. The Administrator and DON were notified. The Administrator was provided with the IJ template on 05/19/25 at 3:25 PM			
	The following Plan of Removal sub	mitted by the facility was accepted on	05/20/25 at 1:32 PM:	
	[Nursing Facility]			
(continued on next page)				

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 05/20/2025	
NAME OF PROVIDER OR SUPPLIER		CTDEET ADDRESS CITY STATE 71D CODE		
		STREET ADDRESS, CITY, STATE, ZI 900 W Leuda St	PCODE	
Dfw Nursing & Rehab		Fort Worth, TX 76104		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		ion)	
F 0689	F689 IJ plan of removal			
Level of Harm - Immediate jeopardy to resident health or safety	The facility failed to ensure Resident #2 received adequate supervision to prevent a serious accident when the resident went to the hospital on 2/15/25 and was found to have marijuana in his system, after the facility was made aware that he was bringing nonprescription drugs into the facility.			
Residents Affected - Some	completed 5/19/25. MD was notified	found to not have any signs or symptor d of the use of illegal drugs related to t		
Note: The nursing home is disputing this citation.	tested on [DATE]. Drug test was no	egative. o be affected although no other resider	nts have been affected	
	3. All residents will be in-serviced on the facility policy regarding illegal drug use. (5/20/2025). All residents will be assessed upon return from any leave from the facility to look for signs and symptoms of illegal drug use to include limpness on both sides of body, pinpoint pupils, confusion, and difficulty talking. All nursing staff will be in-serviced to perform and document the assessment upon return and if any signs and symptot are noted the Administrator and DON will be notified, and the facility will follow the illegal drug use policy. 5/20/2025  4. The DON/designee will monitor the documentation for each resident return to ensure the assessments.			
	complete. This will be completed or	n 5/20/25.	tam to choose the accessment are	
	5. Resident is still being discharged			
		the effectiveness of assessments comp	pleted of residents .	
	7. QAPI meeting will be held month	3,		
	8. A pre/posttest will be completed ongoing.	by staff on signs/symptoms of drug us	e Completion 5/20/2025 and	
	9. Trainings and in-service will be penew staff, or staff that has not particular.	provided to staff before the start of their cipated in training.	shift, and ongoing for any PRN,	
	Monitoring of the POR included the	e following:		
	(continued on next page)			

			No. 0936-0391
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 05/20/2025
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	agency.		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0689  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Some  Note: The nursing home is disputing this citation.			

			10.0930-0391
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 05/20/2025
NAME OF PROVIDER OR SUPPLII	FR	STREET ADDRESS, CITY, STATE, Z	IP CODE
Dfw Nursing & Rehab		900 W Leuda St Fort Worth, TX 76104	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0689  Level of Harm - Immediate jeopardy to resident health or safety	The Administrator was informed the Immediate Jeopardy was removed on 05/20/25 at 4:34 PM. The facility remained out of compliance at a scope of pattern and severity level of no actual harm with the potential for more than minimal harm that was not immediate jeopardy due to the facility's need to evaluate the effectiveness of the corrective systems that were put into place.		
Residents Affected - Some			
Note: The nursing home is disputing this citation.			