STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675018	A. Building B. Wing	06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Oaks Health and Rehabilitation Center	2416 NW 18th St Fort Worth, TX 76106

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation, interview and record review the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public for 1 of 1 kitchen (1 kitchen) reviewed for environment. The facility failed to clean puddles of water throughout the kitchen and puddles in the dining area. This failure could place residents at risk of falls. Findings included: During an observation of the dining area on 06/10/26 at 8:30 A.M., puddles of water were revealed from the entry way of the kitchen to the exit door that led to the dining area. No caution signs were placed in the dining area or kitchen area. During an observation on 06/10/26 at 12:00 P.M., plumbers revealed the hole in the back of the kitchen. During an interview on 06/10/26 at 8:35 A.M., the cook stated there was a leak in the kitchen for the last couple of weeks. The cook stated the plumbers came yesterday (06/09/26) and started working on the leak from outside. The cook stated she was not able to find the caution signs for the dining area to prevent residents from getting in the water. The cook stated staff already mopped this morning and the water was already back and everywhere. The cook stated the puddles of water could be a hazard because a resident could slip. During an interview and observation on 06/10/26 at 8:41 A.M., the Dietary Manager stated she reported the leak to the Maintenance Director a couple of weeks ago, but she could not determine what day. The Dietary Manager showed where the water was coming from the wall and now there were multiple puddles of water throughout the kitchen. The Dietary Manager did not believe it would be an infection control concern because the water was clean and on the ground. The Dietary Manager stated this could be an accident and hazard because residents could fall in the dining area Observed multiple puddles from the entry and exit area of the kitchen that led to the dining area. The Dietary Manager stated she would find the caution signs. During an interview on 06/10/26 at 9:40 A.M., the Maintence Director stated there was a leak under the slab in the kitchen. The Maintence Director stated the plumbers were drilling a tunnel so they would not have to cut the slab open. The Maintenance Director stated the facility had a water leak over the last couple of weeks. The Maintence Director stated they had to get bids for the plumbers and the plumbers started on 06/09/26. During an interview on 06/10/26 at 11:36 A.M., the Dietary Aide stated the plumbers started to drill in the back since 06/09/26. The Dietary Aide stated the kitchen had a leak for the last couple of weeks, but she did not know the exact date. During an interview on 06/10/26 at 4:16 P.M., the administrator stated the caution signs were important to have out to prevent residents from falling. The Administrator stated kitchen staff were responsible for keeping absorbing blankets and towels to keep water out of the dining area. Record review of facility's Maintenance Service policy, revised December 2009, reflected The Maintenance Department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times . 1. Functions of maintenance personnel include, but are not limited to .a. Maintaining the building in compliance with current federal, state, and local laws, regulations, and guidelines .b. Maintaining the building in good repair and free from hazards

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