

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675622	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2026
NAME OF PROVIDER OR SUPPLIER Cityview Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5801 Bryant Irvin Rd Fort Worth, TX 76132	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents were provided with a clean and comfortable environment by providing clean bed linens that are in good condition for 1 of 7 resident (Resident #1) reviewed for safe environment. The facility failed to ensure Resident #1's bedding was changed when it was saturated in urine. This failure could place the resident at risk of skin breakdown and decreased feelings of self-worth. Findings included: Record review of Resident #1's admission MDS assessment, dated 12/05/25, indicated Resident #1 was a [AGE] year-old male admitted to the facility on [DATE]. Diagnoses included cancer of the intestines that had spread throughout the body, mass on the left kidney requiring the placement of a drainage tube, and acute kidney failure. His BIMS score was 14, indicating his cognition was intact. His Functional Ability assessment indicated he was dependent on staff for his toileting hygiene. His Bowel and Bladder assessment indicated he was occasionally incontinent of urine. Record review of Resident #1's care plan, dated 12/17/25, reflected Resident #1 had an ADL self-care deficit related to functional decline, he was incontinent of bowel and bladder, and was on a diuretic (medication use to remove excessive fluid from the body). Interview and observation on 01/29/26 at 11:09 AM revealed Resident #1 lying in bed the draw sheet under him was saturated with dried urine, as indicated by the brown color. The resident stated his bedding had not been changed since the previous evening. He stated no one had checked on him that morning. He stated he did not realize the bedding was wet, and was not sure when it happened, so he had not notified staff. Interview on 01/29/26 at 11:14 AM CNA-A she stated she had not checked on Resident #1 yet; she had been busy with other residents. She was unaware the resident was incontinent of urine. She did not feel overworked as there were other CNAs on the hall. Interview on 01/29/26 at 11:19 AM the ADON stated there was no reason Resident #1 should have been left on dirty linen. He stated the night shift should have noticed it and changed it, or CNA-A should have noted it earlier in her shift when she made rounds on all her residents. He stated his expectation was for the CNAs and nurses to round on all their residents at the beginning of their shift to assess for needs. He stated the risk of a resident lying in urine-soaked linen could result in skin breakdown or irritation. Observation on 01/29/26 at 11:25 AM of Resident #1's peri area and buttocks revealed no skin breakdown or excoriation. There was some redness present from lying on his back. Interviews on 01/29/26 from 11:35 AM to 12:00 PM with residents of the hall revealed no complaints about linen not being changed when dirty. Staff checked on them regularly, and needs were being met. Review of the facility's policy Activities of Daily Living, dated 5/26/23, did not address changing linen specifically. It did address: Care and services will be provided for the following activities of daily living: 1. Bathing, dressing, grooming and oral care. 3. Toileting.</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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