

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675779	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/29/2024
NAME OF PROVIDER OR SUPPLIER Marine Creek Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 Angle Ave 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)
<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46403</p> <p>Based on interviews and record review, the facility failed to ensure before a facility transfers or discharges a resident the facility must send a copy of the notice of transfer or discharge and the reasons for the transfer or discharge in writing to the Office of the State Long-Term Care Ombudsman for one (Resident #1) of eight residents reviewed for transfer and discharge.</p> <p>The facility failed to send a transfer or discharge notice in writing to the facility's Ombudsman as soon as practicable when Resident #1 was discharged to hospital on 07/10/24.</p> <p>This failure could affect residents by placing them at risk of being discharged and not having access to available advocacy services, discharge/transfer options, and the appeal processes.</p> <p>Findings included:</p> <p>Record review of Resident #1's admission record dated 07/26/24 revealed she was a [AGE] year-old female who was original admitted to the facility on [DATE] and readmitted on [DATE]. Her diagnosed included: chronic respiratory failure (condition that affects your ability to breathe and exchange oxygen and carbon dioxide) unspecified whether with hypoxia (below-normal level of oxygen in your blood) or hypercapnia (elevated levels of carbon dioxide (CO2) in the bloodstream), candidiasis(overgrowth of a type of yeast that lives in the body) unspecified, chronic obstructive pulmonary disease (persistent respiratory symptoms) with (acute) lower, respiratory infection(infection in the lungs or below the voice box encounter for attention to tracheostomy(a hole in the neck that helps you breathe when your airway is blocked or reduced.) and abnormalities of gait and mobility(a person walks differently due to injuries, conditions, or issues with the legs or feet). Under miscellaneous information Resident#1 was discharge on 07/10/2024 to acute care hospital.</p> <p>Record review of progress report on 07/10/24 revealed Resident#1 reported shortness of breath and chest pain. Resident left facility on a stretcher and was transported to the hospital. The progress notes [NAME] written by the LVN.</p> <p>Record review of Residents #1 optional MDS dated [DATE] revealed she had a BIMS score of 15 which meant cognitive intact.</p> <p>Record review of Resident #1's hospital records dated 07/10/24 revealed she was admitted on [DATE] at 8:49 PM.</p> <p>(continued on next page)</p>

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675779	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/29/2024
NAME OF PROVIDER OR SUPPLIER Marine Creek Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 Angle Ave 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)		
<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of facility Daily census dated 07/26/24 revealed Resident#1 was not on the census.</p> <p>In an interview with Resident#1 on 07/26/24 at 7:30 AM at the hospital revealed that the facility called her family member and told her she had to come and pick up her belongings. Resident#1 revealed she had not received any paperwork from the facility that stated she had been discharged .</p> <p>Telephone interview on 07/26/24 at 1:05pm, the ombudsman revealed she has not received any discharge notifications for Resident #1.</p> <p>Interview on 07/26/24 with the social worker at 1:45 PM revealed she does not work on resident discharges when they go to the hospital. The Social Worker revealed nursing was responsible for hospital discharges. The Social Worker revealed Corporate or administration has the authority to discharge residents. The Social worker revealed she does the discharges when residents are going home and does the 30 - day notice.</p> <p>Telephone interview on 07/26/24 at 2:54 pm with the Marketing Manager revealed transfer/discharges out of the facility are completed by the nursing staff.</p> <p>Interview on 07/26/24 at 3:49 PM the Administrator stated the facility does not send out discharge notifications. The administration stated they are the closet vent and trach unit in the area and they had to get referrals into the facility has soon as a spot was available. The Administrator revealed the unit is a trauma unit and they have to get residents in and out. Resident was sent to the hospital because she requested to go.</p> <p>Telephone interview on 07/26/24 at 4:24 PM with family member revealed the marketing manager called on 07/18/24 while she was out of the county and stated that she needed to pick up Resident#1's belongings because she was going to a different facility. Family member revealed that since Resident#1 wanted to go out to the hospital that she could loss her room. Family member never received any other information from the facility.</p> <p>Interview on 07/29/24 at 10:00 AM the DON revealed the facility does not discharge every resident that was transferred to the hospital. The DON revealed in electronic monitoring program reflected Resident#1 was discharged but she was not really discharged . The DON revealed Resident#1 did not have a Hard discharge which meant she was not anticipating a return. The DON revealed the reason she was not on the census was because she was not in the building. The DON revealed she does not send discharge notices to resident or ombudsman that the social worker did.</p> <p>Interview on 07/29/24 10:12 AM the business office manager revealed residents are discharged from the system the same day they go to the hospital. The Business office manager revealed she does not send out 30 - day discharge notices to residents or ombudsman. Business Office Manager revealed that she was not sure who was responsible for sending out notices.</p> <p>Interview on 07/29/24 at 10:00 AM the DON was asked for policy on a hard discharge the policy was not received before exiting.</p> <p>Record review of facility admission packet policy dated 04/13/22 titled, transfer and discharges, receive 30 day written notice sent to you, your legally authorized representative or family member .appeal the discharge within 90 days of receiving notice in a Medicaid facility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675779	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/29/2024
NAME OF PROVIDER OR SUPPLIER Marine Creek Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 Angle Ave 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)		
<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of nursing policy and procedure manual effective 12/2017 revised 4/2024 AD 03-1,0 revealed Notification of Discharge For a facility-initiated non-emergent transfer or discharge of a resident, the facility will notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand with at least 30 days' notice prior to discharge. Additionally, the facility will send a copy of the notice of transfer or discharge to the representative of the Office of the State Long-Term Care (LTC) Ombudsman. Emergency Transfers. When a resident is temporarily transferred on an emergency basis to an acute care facility, this type of transfer is considered to be a facility-initiated transfer and a notice of transfer will be provided to the resident and resident representative as soon as practicable. Copies of notices for emergency transfers will also still be sent to the ombudsman, but they may be sent when practicable, such as in a list of residents on a monthly basis.</p> <p>In situations where the facility has decided to discharge the resident while the resident is still hospitalized , the facility will send a notice of discharge to the resident and resident representative and will also send a copy of the discharge notice to a representative of the Office of the State LTC Ombudsman.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675779	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/29/2024
NAME OF PROVIDER OR SUPPLIER Marine Creek Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 Angle Ave 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)		
<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46403</p> <p>Based on interview and record review the facility failed to ensure, before a resident was transferred to a hospital or the resident went on therapeutic leave, provided written information to the resident or the resident representative that specified the duration of the bed-hold policy, if any, during which the resident was permitted to return and resume residence in the nursing facility for 1 of 1 residents (Resident #1) reviewed for transfers:</p> <p>The facility failed to provide Resident #1 with a written bed-hold policy when the resident was transferred out to the hospital.</p> <p>This failure could place residents at risk for not receiving notice of the facility's bed hold policy before being transferred; at risk for of being improperly discharged and placed in unsafe conditions.</p> <p>Findings included:</p> <p>Record review of Resident #1's admission record, dated 07/26/24 revealed she was a [AGE] year-old female who was original admitted to the facility on [DATE] and readmitted on [DATE]. Her diagnosed included: chronic respiratory failure (condition that affects your ability to breathe and exchange oxygen and carbon dioxide) unspecified whether with hypoxia (below-normal level of oxygen in your blood) or hypercapnia (elevated levels of carbon dioxide (CO2) in the bloodstream), candidiasis(overgrowth of a type of yeast that lives in the body) unspecified, chronic obstructive pulmonary disease (persistent respiratory symptoms) with (acute) lower, respiratory infection(infection in the lungs or below the voice box encounter for attention to tracheostomy(a hole in the neck that helps you breathe when your airway is blocked or reduced.) and abnormalities of gait and mobility(a person walks differently due to injuries, conditions, or issues with the legs or feet). Under miscellaneous information Resident#1 was discharge on 07/10/04 to acute care hospital.</p> <p>Record review of Residents#1 optional MDS dated [DATE] revealed she had a BIMS score of 15 which meant cognitive intact.</p> <p>Record review of care plan dated reflected Focus: Discharge from the facility is not feasible as evidenced by (reason discharge is not feasible). Goal: Resident will be provided an opportunity to receive information on returning to community unless the resident has chosen not to be asked this question on the MDS. Interventions: Respect resident's right to view nursing facility as his/her home.</p> <p>Record review of Resident #1's hospital record r07/10/24 revealed she was admitted on [DATE] at 8:49 PM. Further review revealed she was medically cleared to return to the facility on [DATE].</p> <p>Record review of the facility Daily census dated 07/26/24 revealed Resident#1 was not on the census.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675779	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/29/2024
NAME OF PROVIDER OR SUPPLIER Marine Creek Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 Angle Ave 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)		
<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the census list dated 07/29/24 reflected Resident #1's billing was stopped on 7/10/24 at 2:29 PM for room [ROOM NUMBER]A (semi-private)</p> <p>Record review of the census list dated 07/29/24 reflected Resident #2 effective date as 07/11/24 at 11:00 AM had a room change to 316 A (semi-private)</p> <p>In an interview with Resident#1 on 07/26/24 at 7:30 AM at the hospital revealed that the facility called her family member and told her she had to come and pick up her belongings. Resident#1 revealed she had not received any paperwork from the facility that stated she had been discharged .</p> <p>Telephone interview on 07/26/24 at 9:50 AM with hospital social worker revealed resident was ready to be discharged on [DATE] and the facility stated they did not have a bed for her. The Hospital Social Worker revealed the resident had candida auris (fungus that can cause serious illness) and used a trach and vent, it was hard to find placement somewhere else for her.</p> <p>Telephone interview on 07/26/24 at 2:54 pm the Marketing Manager revealed the facility cannot hold beds in the trach unit if they receive a referral, they must take the resident if they have an available bed. The next closet facility was in another city.</p> <p>Interview on 07/26/24 at 3:49 PM the Administrator revealed Resident#1 must be in a C positive (+) (candida auris) room because of her infection. The Administrator revealed the facility had one female room that was C+ and one male room that was C+. The administrator revealed the facility was the closet vent and trach unit in the area. The Administrator revealed when they get referrals in, the residents are admitted if we have an open spot. The Administrator revealed it cost two thousand a day for a resident in the trach unit and would have to be paid in advanced. The Administrator revealed the facility did not hold beds in the unit.</p> <p>Interview on 07/29/24 at 10:00 AM with DON revealed the facility does not hold beds in the facility.</p> <p>Interview on 07/29/24 at 10:12 AM the business office manager revealed the facility does not hold beds in the trach unit or general unit.</p> <p>Record review of the facility admission packet revised 04/13/22 revealed bed hold information and practices guidelines .2. First notice is given at admission and is re-issued in the event that the bed hold policy was to change .3. The second notice is provided at the time of transfer for hospitalization .4. In the event of an emergency transfer, the facility representative are provided written notice within 24 hours of the transfer, which can include sending a copy of the notice with other documents accompanying the resident to the hospital.7. Bed hold days in excess of the state plan are considered non-covered services.</p>		