STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675779	A. Building B. Wing	01/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marine Creek Nursing and Rehabilitation	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)
F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide medically-related social services to help each resident achieve the highest possible quality of life. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to provide medically related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident for one of ten residents (Resident #1) reviewed for medically related social services. The facility failed to ensure a Social Worker assisted Resident #1that was under the age of 22, in obtaining additional resources and services related permanency. This failure could place all residents at risk of not having their needs and preferences met according to permanency planning regulations for those under the age of 22.Record Review of Resident #1's face sheet dated 12/31/2025, reflected she was [AGE] years old, admitted on [DATE]. The resident was diagnosed with Diffuse traumatic brain injury with loss of consciousness of unspecified duration, sequela (a head injury that injured their brain, loss of conscience for an unknown period of time with lasting problems.), Dependence on Respirator [Ventilator] (relies on a mechanical ventilator to breathe) Tracheostomy (surgical hole created in the windpipe for breathing), Other Reduced Mobility (unable to walk.) (GERD) Gastro-Esophageal Reflux Disease Without Esophagitis (where stomach contents frequently come up into the esophagus (the tube that food passes from to the throat to the stomach) causing symptoms like heartburn.), Generalized Anxiety Disorder (excessive worrying) that hard to control.), and Depression, Unspecified (a mood disorder causing persistent sadness.). Record Review of Resident #1's Quarterly MDS dated [DATE] reflected resident had no speech, sometimes understood others, BIMS score indicated the resident severely impaired cognition as staff was unable to conduct the interview. Section D: Mood severity score of 0, indicating that she had not been observed with a mood disorder. Section E: Behaviors indicated the residents had no behaviors.Section GG: Functional Status reflected the resident the resident was dependent on staff for all ADL's, two persons assist. Section J: Health Conditions reflected the resident was at risk of dehydration and SOB. Section K Swallowing/Nutritional Status reflected Resident #1 required the use of Parenteral/IV feeding and feeding tube. Section M skin: reflected the resident was at risk of PU. Resident #1 required the use of a Pressure reducing mattress, applications of nonsurgical dressing, and ointments. Section N Medications reflected the resident took an antidepressant, antibiotic, anticoagulant. Sections O: special treatments and procedures addressed that the resident required the use of oxygen, suctioning, tracheostomy care, invasive mechanical ventilator, IV - access, and had no restraints or alarms. Record Review of Resident 1's Care Plan dated 10/02/2025 reflected she was dependent on the ventilator for breathing, required oxygen therapy, Seizure disorder, bowel incontinence, enhance barrier precautions (Gloves and gown should be donned if any of the following activities occurred: linen change, resident hygiene, transfer, dressing, toileting/incontinent care, bed mobility, wound care, enteral feeding care, catheter care, trach care, bathing, or other high-contact activity), adverse medication effect and behavior monitoring (Each shift monitor for and report any potential medication side effects or behaviors in the kiosk. If noted, also verbally (continued on next page)

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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F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	purpose of the requested information. The SW said she searched for permanency planning and was unable to determine the legitimacy of the request or PPP and she did not want to violate confidentiality of resident records, per HIPPA. During the interview, the SW denied receiving emails from the PPP. The SW said she did not document the information nor forward emails to the DON or ADM, but that the call was fraudulent in nature. The SW said she does not recall the date of contact with PPP, nor the agency or person's name and credentials. The SW said she did not contact HHSC, PPP, or a PPP superior for further information to determine the validity of the request. The SW stated she had not contacted the PPP since that date. It was unclear whether the SW received a phone call or email requesting the documents, so the surveyor requested emails, soft file notes, and review of phone calls for the contact information of the PPP from the DON and the SW. The SW provided the email documentation on 01/12/2026 at 2:47 PM. During an interview on 01/12/2026 at 3:30 PM, the DON reported that she contacted the PPP prior to the interview and provided all the information requested. She stated that upon reviewing the email, the PPP provided reference website information and phone contacts for the SW to call; and gain clarity on the request and agency. The DON said the SW failed to communicate timely and accurate information to leadership regarding the permanency request. The DON said SW would receive an in-service and coaching, and it was her expectation for staff receiving requests (The) to gather all needed information or seek assistance from leadership, PPP, and HHSC to ensure the residents received accommodation and services. SW was further responsible ensuring all information in the email request and correspondences with the provider were accurate for to address Resident #1's permanency planning. During another observation on 01/12/2026 at 3:26 PM of Resident #1, the resident was not interviewable, due to DX of TBI. Resident #1 was observed lying in bed on a ventilator, dated tubing equipment, no odor or smell, clean environment. Resident #1's eyes were open, and she turned her head and eyes following the surveyor and blinking during the observation. During an interview on 01/12/2026 at 4:15 PM with the PPC she requested records on 12/11/2025, 12/12/2025, 12/13/2025, and 12/16/2025. He did not receive a response. PPC stated that the email attachments provided information about HHS guidance on Permanency planning. PPC informed SW that she had 3 days to send records. PPC called the ADM to check the status of the records request, then she was transferred to SW. The PPC said the negative PASSR would not prevent the service for permanency planning, although she was unsure how the residents were PASRR negative with a TBI diagnosis. PPC would review upon receival and make the proper referrals for review. Record review of the SW's employee file reflected a hire date of 03/06/2025 at a sister facility and she transferred to the current facility on 11/17/2025. The facility policy for permanency planning coordination was requested from the DON and the CD on 12/31/2025 at 10:26 AM. A second request was made for the facility's policy on 01/12/2026 at 4:00 PM as follows: Please provide the policy for guidance S483.70 Administration . Permanency Planning. Both directors reported not having a policy related to Permanency Planning.