

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2025
NAME OF PROVIDER OR SUPPLIER Immanuel's Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 4515 Village Creek Rd Fort Worth, TX 76119	

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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</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

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review, the facility failed to ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences for 3 (Res#1, Res#2, Res#3 of 4 residents reviewed. The facility failed to ensure that the nursing home staff provided adequate documentation for who received offsite HHD treatments at an ESRD unit. These failures could place dialysis residents at risk for not having adequate documentation of dialysis care in result in a decline in health and quality of care. Findings included:Record review of Resident#1's face sheet, dated 09/04/25 reflected [AGE] year old male who was originally admitted on [DATE] and readmitted on [DATE] and diagnosed not limited to: dependence on renal dialysis (Treatment for people whose kidneys are not working), end stage renal disease (occurs when chronic kidney disease progresses to a point where the kidneys lose nearly all their filtering ability.) acute on chronic diastolic (congestive) heart failure, chronic kidney disease (chronic kidney disease), body mass index [BMI] 45.0-49.9, adult. Record review of Resident#1's MDS, dated [DATE] reflected his BIMS score was 15 which indicated cognitive intact. The MDS reflected Resident#1 Section O - special treatments, procedures and programs reflected, no dialysis services on admission, while a resident or at discharge. Record review of Resident#1 care plan, dated 05/14/25 reflected, Resident#1 needs hemodialysis related to renal failure. Dialysis center M/W/F and enhanced barrier precautions. Interventions included: The resident will have immediate intervention should any complications from dialysis. Interventions included: Check and change dressing daily at access site. Document. Do not draw blood or take B/P in arm with graft, encourage resident to go for the scheduled dialysis appointments. Resident receives dialysis M,W, F, ensure enhanced barrier protection, monitor/document/report to MD PRN any s/sx of infection to access site: redness ,swelling, warmth or drainage and obtain vital signs and weight per protocol. Report significant changes in pulse, respirations and BP immediately. Record review of Resident#1's order summary, dated 09/04/25 reflected, order date 05/08/25, monitor right upper chest dialysis permacath site for s/s infection/irritation. Report any findings to MD ASAP.Record review of Resident#1 active order summary, dated 09/04/25 reflected no order for dialysis treatment at the center. Record review of Resident #1 vitals in the EHR dated 06/11/25 to 09/04/25 reflected no post dialysis weights. Record review of Resident#1's EHR's reflected Resident#1 did not have dialysis communication documentation uploaded from 07/03/25 to 09/04/25. Record review of Resident#1 TMAR dated 07/01/25 to 09/04/25 reflected, no active dialysis/ renal care treatment orders.Record review of Resident# 2's face sheet, dated 09/04/25 reflected [AGE] year-old male who was originally admitted on [DATE] and readmitted on [DATE] and diagnoses not limited to: cerebral infraction (stroke) unspecified, acquired absence of kidney, dependence of renal kidney(Treatment for people whose kidneys are not working), and end stage renal disease (occurs when chronic kidney disease progresses to a point where the kidneys lose nearly all their filtering ability.) Record review of Resident#2's MDS, dated [DATE] reflected his BIMS score was 12 which indicated moderate cognitive impairment. Review of Resident#2 MDS reflected under Section O - special treatments, procedures and programs reflected, dialysis while a resident. Record review of Resident#2 care plan, dated 07/31/25 reflected, date initiated 04/14/22 that Resident #2 goes to dialysis M/W/F.left arm shut.enhanced barrier precautions. Goals reflected, Resident #2 will go to appointments and return to facility without incident. Interventions reflected, educate [Resident #2] on help CNA can assist with, if needed, by accompanying him on dialysis transports, Educate [Resident#2] on reporting any incidents while out on dialysis appointments ensure enhanced barrier protection.ensure [Resident#2] leaves at scheduled time for dialysis. Record review of Resident#2's order summary, dated 09/04/25 reflected, Carvedilol Tablet 6.25 MG Give 1 tablet by mouth two times a day for Hypertension Take with meals, hold on dialysis days, hold for SBP (Top number) &lt;110, DBP (bottom number) &lt;60, or HR&lt;60. Record review of Resident#2 active orders revealed, there were no active orders for dialysis/renal treatment and care and no active orders for care treatment to dialysis access site. Record review of Resident#2's vitals dated 06/25/25 to 09/04/25 in the EHR reflected no post dialysis weights. Record review of Resident#2 EHR reflected Resident#2 did not have dialysis communication documentation uploaded for 06/20/25 to 09/04/25. Record review of Resident #2 TMAR dated August 2025 to September 2025 reflected no active dialysis/ renal care treatment orders. Record review of Resident #3's face sheet dated 09/04/25 reflected [AGE] year-old male who was admitted on</p>		