STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676052	A. Building B. Wing	06/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Immanuel's Healthcare	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to develop and implement a comprehensive person-centered care plan for each resident that included measurable objectives and timeframes to meet a resident's medical, nursing and mental and psychosocial needs for one (Resident #1) of five residents reviewed for comprehensive care plans. The facility failed to complete a comprehensive care plan within 21 days of Resident #1's admission to the facility. This failure could place residents at risk of not receiving effective, person-centered care, and maintaining his or her highest practicable quality of life. Findings included: Record review of Resident #1's admission MDS assessment, dated 05/17/26, revealed he was a [AGE] year-old male who admitted to the facility on [DATE]. Resident #1's primary diagnoses included stage four chronic kidney disease (the kidneys are severely damaged and function at less than 29% of their capacity) and required dialysis (filters waste, toxins and excess fluid from the blood), depression (serious mood disorder) and neuropathy (numbness and tingling in extremities). Additionally, Resident #1 was incontinent of bowel and bladder, and required moderate assistance for transfers. A record review of Resident #1's chart revealed there was not a comprehensive care plan in the facility's electronic health records (EHR) system. During an interview with the MDS Nurse on 06/03/26 at 1:00pm, the MDS Nurse was asked when Resident #1's comprehensive care plan should have been completed. The MDS Nurse stated that when a resident admitted to the facility, they had 14 days to complete the CAA, and 7 days after that to complete the care plan. She further stated they were behind on Resident #1's. She stated his MDS was signed on 05/17/26, and she should have had it done by 05/25/26. The MDS Nurse stated there was a risk for the resident if the comprehensive care plan was not completed, because there was a specific timeframe for a purpose, although they did have other guidelines in place for care needs. A record review of the facility's Comprehensive Care Plan Policy, revised March 2022, stated The comprehensive, person-centered care plan is developed within seven (7) days of the completion of the required MDS assessment (Admission, Annual or Significant Change in Status), and no more than 21 days after admission.

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