

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676101	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2026
NAME OF PROVIDER OR SUPPLIER Ridgmar Medical Lodge		STREET ADDRESS, CITY, STATE, ZIP CODE 6600 Lands End Court Fort Worth, TX 76116	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interviews, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food safety in the facility's only kitchen. 1. The facility failed to ensure the stand-by freezer food items were dated, labeled, and secured. 2. The facility failed to ensure the stand-by refrigerator food items were dated with the date opened or expiration date, labeled with the contents in the clear package or box, and secured and tightly sealed according to the facility policy. 3. The grease in the deep fryer was dirty with blackened grease and food particles around edges. These failures could place residents at risk for foodborne illness and foodborne intoxication. Findings included: Observation on 02/18/2026 at 9:30 AM of the walk-in refrigerator revealed:- Open carton of 30 eggs located on bottom shelf not in dated box.- 1 cup of labeled prune juice on shelf with no date that had turned clear. Cup was leaking.- 2 bags of chicken that were not labeled and dated.- Box of lemons not labeled and dated. 1 rotten lemon in box. Observation of 02/18/2026 at 9:40 AM the walk-in freezer revealed:- 6 bags of frozen mini pizzas not labeled and dated. In an interview with the RD revealed that the DM was out on leave and the RD had been making visits to the facility to monitor the dietary department. The RD will follow up with the dietary staff to make sure food is properly labeled and dated. Observation on 02/18/2026 at 9:50 AM, revealed the deep fryer had a thick build-up of brown and black grease with food particles around the inside edges. There was grease that had run off the edges and down the sides and front of the deep fryer. The deep fryer was stationed beside the stove in the kitchen. In an interview on 02/18/2026 at 9:55 AM, the Dietary cook C acknowledged the deep fryer had old grease in it. Dietary cook C revealed the deep fryer should be cleaned once a week. The dietary cook stated that the kitchen had been short staffed, and the grease had not been changed for two weeks. Dietary staff is responsible for cleaning the deep fryer every week. In an interview on 02/18/2026 at 10:00 AM, with RD revealed she acknowledged the deep fryer needed to be cleaned. The RD stated that the dietary aide is assigned to clean the deep fryer. [NAME] D is working as the dietary aide today in the kitchen and will clean the fryer today. The RD will monitor this when she makes her visits to the facility. The RD revealed she has not been the RD at the facility very long. The DM has been out on leave and had been making more visits to the facility to monitor the dietary department. In an interview on 02/20/2026 at 4:00 PM with Administrator revealed that he was not aware of the deep fryer was not being cleaned by dietary staff. The Administrator's expectation is that there will be a cleaning schedule implemented, and the deep fryer will be cleaned on a regular basis. Administrator's expectations are for all food to be labeled and dated in the walk-in refrigerator and freezer. Review of the facility's Food Storage policy, revised 06/01/19, reflected, To ensure that all food served by the facility is of good quality and safe for consumption, all food will be stored according to the state, federal and US Food Codes and HACCP guidelines. Policy Interpretation and Implementation.- Date, label and tightly seal all refrigerated foods using clean, non-absorbent, covered containers that are approved for food storage. - Store all frozen meats, poultry, seafood, fruits and vegetables, and some dairy products, such as ice cream, in the freezer at a temperature that maintains the frozen state of the foods. Policy did not reveal dating, labeling, sealing all freezer foods. Review of the facility's General Kitchen Sanitation, dated (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
--	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676101	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2026
NAME OF PROVIDER OR SUPPLIER Ridgmar Medical Lodge		STREET ADDRESS, CITY, STATE, ZIP CODE 6600 Lands End Court Fort Worth, TX 76116	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	10/01/18, reflected: The facility recognizes that food-borne illness has the potential to harm elderly and frail residents. All Nutrition & Foodservice employees will maintain clean, sanitary kitchen facilities in accordance with the state and US Food Codes to minimize the risk of infection and food borne illness. Clean food-contact surfaces of grills, griddles and similar cooking devices and the cavities and door seals of microwave ovens at least once a day; except for hot oil cooking equipment and hot oil filtering systems Record review of facility policy Cleaning Services dated 10/01/18, reflected: The facility will maintain a cleaning schedule prepared by the Nutrition & Foodservice Manager and followed by employees as assigned in order to ensure that the kitchen is clean and free of hazards. The Nutrition & Foodservice Manager will develop a cleaning schedule for daily, weekly and monthly cleaning. Sample forms for daily cleaning, weekly cleaning and monthly cleaning follow this policy. Record review of the U.S. FDA Food Code 2022 reflected: 3-302.12 Food Storage Containers, Identified with Common Name of Food: Except for containers holding FOOD that can be readily and unmistakably recognized such as dry pasta, working containers holding food or food ingredients that are removed from their original packages for use in the food establishment, such as cooking oils, flour, herbs, potato flakes, salt, spices, and sugar shall be identified with the common name of the food. Section 3-501.17 . Commercial processed food: Open and hold cold . B . 1. The day the original container is opened in the food establishment shall be counted as Day 1. 2. The day or date marked by the food establishment may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on food safety . C. 2. Marking the date or day of preparation, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded as specified under (A) of this section. 3. Marking the date or day the original container is opened in a food establishment, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded as specified under (B) of this section. Definitions 3 . Food Receiving and Storage - When food, food products or beverages are delivered to the nursing home, facility staff must inspect these items for safe transport and quality upon receipt and ensure their proper storage, keeping track of when to discard perishable foods and covering, labeling, and dating all PHF/TCS foods stored in the refrigerator or freezer as indicated. 3-501.16 Time/Temperature Control for Safety Food, Hot and Cold Holding. (A) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under S3-501.19, and except as specified under (B) and in (C) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be maintained: (1) At 57 C (135 F) or above. (2) At 5 C (41 F) or less .4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, cleanable, properly designed, constructed, and used:47. Proper installation and location of equipment in the food establishment are important factors to consider for ease of cleaning in preventing accumulating of debris and attractants for insects and rodents.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676101	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2026
NAME OF PROVIDER OR SUPPLIER Ridgmar Medical Lodge		STREET ADDRESS, CITY, STATE, ZIP CODE 6600 Lands End Court Fort Worth, TX 76116	
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 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Dispose of garbage and refuse properly. Based on observation and interview, the facility failed to dispose of garbage and refuse properly for 1 of 2 (Dumpster #1) dumpster sites. The facility failed to ensure the doors were completely shut on Dumpster #1. This failure could place residents at risk of an unsanitary environment and could attract pests, rodents and other animals. Findings included: Observation on 02/18/2026 at 10:15 AM near the facility's dumpsters, revealed the lid was closed and one door was open on dumpster #1, exposing trash. Dumpster D the lid was closed and doors were closed. Interview on 02/18/2026 at 10:15 AM, the Dietary [NAME] D stated kitchen staff took out the trash from the kitchen. He stated the dumpster doors and lids were supposed to be closed, and the area should be clean. He stated if not, it could look bad, be unsanitary and could bring pests. Interview on 02/20/2026 at 4:00 PM, the Administrator stated staff were responsible for taking trash outside to the dumpsters. The Administrator stated his expectations are the dumpster doors should be closed all the way and trash should be picked up. With the doors being open, it would bring in rodents. Record review of the facility's Garbage Receptacles policy, revised 06/01/19, reflected: The facility will maintain garbage receptacles in a clean and sanitary manner to minimize the risk of food hazards. It shall be constructed to have tight fitting lids, doors or covers and stored in a manner that is inaccessible to insects and rodents with doors/lids kept closed and no waste outside of the receptacle.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676101	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2026
NAME OF PROVIDER OR SUPPLIER Ridgmar Medical Lodge		STREET ADDRESS, CITY, STATE, ZIP CODE 6600 Lands End Court Fort Worth, TX 76116	
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 0559 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to provide written notice, including the reason for the change, before the resident's room or roommate in the facility is changed for 1 of 5 (Resident #23) residents reviewed for room changes. The facility failed to notify Resident #23's RP of room changes on 11/25/25. This failure could place residents at risk for decreased quality of life being in a new environment. Findings included: Record review of Resident #23's annual MDS assessment, dated 12/24/25, reflected Resident #23 was a [AGE] year-old male, who admitted to the facility on [DATE]. The resident's diagnoses included neurological conditions (any disorder of the nervous system), cerebral palsy (a group of disorders that affect movement and muscle tone or posture), and seizure disorder or epilepsy (a chronic brain disorder in which groups of nerve cells, or neurons, in the brain sometimes send the wrong signals and cause seizures). Resident #23's BIMS score was not completed due to the resident being rarely/never understood. Record review of Resident #23's progress notes dated 11/25/25 10:27 AM completed by LVN A revealed Resident adjusting to the room change, no changes in sleep or behavior. Observation and an attempted interview on 02/18/25 at 1:40 PM revealed Resident #23 was in his room lying in bed. An interview was attempted with Resident #23, but the resident did not respond. The resident did not exhibit any signs of distress. Interview on 02/20/26 at 10:52 AM, Resident #23's RP revealed she had visited Resident #23 in January 2026. RP stated she went to Resident #23's room, but the resident was not in the room. The RP stated she had to look around and had to ask staff where Resident #23 was moved too. The RP stated she was never notified via phone or received a notice that resident was moved to a different room. The RP stated when staff were asked why Resident #23 was moved, staff only stated it was due to safety concerns but no actual answer. Interview on 02/20/26 at 12:04 PM, LVN A revealed Resident #23 had been in her previous room for a while. She stated Resident #23 was moved closer to the nurses' station due to safety concerns, resident tends to have behaviors like messing with his g-tube or putting himself on the floor. LVN A stated she did not notify the family of Resident #23 room change, she stated it would have been the Social Worker's responsibility. Interview on 02/20/26 at 12:26 PM, the Social Worker revealed it was her and the ADON's responsibility to notify the family of resident's room change. She stated she could not recall or was not aware of Resident #23 room change. The Social Worker stated she had not contacted Resident #23's RP to notify them of any room change. She stated maybe the nursing staff contacted the RP when Resident #23 was moved. She stated family should be notified prior to a resident moving to another room and document that family was made aware. She stated family should be made aware so that when they visit, they know where the resident was located. Interview on 02/20/26 at 1:52 PM, ADON B revealed Resident #23's room change happened months ago. She stated she could not recall the exact month. ADON B stated the resident's family should be notified when a resident moved to another room and it was the responsibility of the Social Worker to notify family. She stated she was not sure if Resident #23's RP was notified of his room change. She stated family or RP should be notified so that family is okay with the room change. Interview on 02/20/26 at 2:46 PM, the DON revealed it was the responsibility of the Social Worker to notify family when a room change occurs. She stated Resident #23 was moved due to room temperature problems, and they wanted the resident closer to the nurses' station. The DON stated she was not sure if Resident #23's RP was made aware of the room change. She stated family should be notified because they had to give consent to the move. Interview on 02/20/26 at 4:20 PM, the Administrator revealed his expectations were for the resident, the resident's family/RP to be notified prior to a room change. Record review of facility Admissions - Room Assignments/Room Changes policy, revised March 2017, reflected the following: A resident will be admitted to the first available room that meets his/her medical needs. Room assignments are made without regard to race, (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676101	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2026
NAME OF PROVIDER OR SUPPLIER Ridgmar Medical Lodge		STREET ADDRESS, CITY, STATE, ZIP CODE 6600 Lands End Court Fort Worth, TX 76116	
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 0559 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	color, creed, national origin, or payment source.9. Room changes are made for the following reasons: a. Change in level of care; b. Incompatibility with roommates; c. Resident or Resident Representative request; and d. Medicare eligibility (if applicable)10. All needs and requests for room changes will be handled by Social Services and/or the DON and supporting documentation will be maintained in the resident's medical record to include the reason for the room change.11. The resident or resident's representative when applicable, will receive notice to include the reason for the change before the resident's room or roommate in the facility is changed or a new admission by using the ROOM CHANGE/NOTIFICATION FORM AD-166. A note will be provided in the medical record when a notice has been given as to who was given the notice and the reason for the change in resident's room or roommate.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676101	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2026
NAME OF PROVIDER OR SUPPLIER Ridgmar Medical Lodge		STREET ADDRESS, CITY, STATE, ZIP CODE 6600 Lands End Court Fort Worth, TX 76116	
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that residents received treatment and care in accordance with professional standards of practice for 1 of 25 residents (Resident #23) reviewed for quality of care. The facility failed to complete a swallow study referral for Resident #23 when it was requested during a care plan meeting on 01/29/26. This failure could place all residents at risk of not being provided adequate care and treatment. Findings included: Record review of Resident #23's quarterly MDS assessment, dated 12/24/25, reflected Resident #23 was a [AGE] year-old male, who admitted to the facility on [DATE]. The resident's diagnoses included neurological conditions (any disorder of the nervous system), cerebral palsy (a group of disorders that affect movement and muscle tone or posture), and seizure disorder or epilepsy (a chronic brain disorder in which groups of nerve cells, or neurons, in the brain sometimes send the wrong signals and cause seizures). Resident #23's BIMS score was not completed due to the resident being rarely/never understood. The MDS Section K - Swallowing/Nutritional Status indicated the resident's nutritional approach was a feeding tube. Record review of Resident #23's care plan, revised date 02/02/26 reflected, Focus: [Resident #23] has a swallowing problem r/t Cerebral Palsy. NPO, tube feeding status. Mild protein calorie malnutrition. Goal: The resident will maintain weight and nutritional balance through the review date. The resident will have clear lungs, no signs and symptoms of aspiration through the review date. Interventions: Diet to be followed as prescribed. NPO, Tube feeding status. Record review of Resident #23's progress notes dated 01/29/26 10:27 AM completed by Social Worker revealed A care plan meeting and PASRR meeting was held for [Resident #23] today with MDS Nurses, PASRR Habilitation and ILS Coordinators, DOR and SW in attendance as well as [Resident #23] guardian [name] via telephone. [Resident #23] remains in long term care under Medicaid coverage. [Guardian Name] provided an updated copy of [Resident #23] Guardianship papers. [Resident #23] will continue monthly Hab services and weekly ILS services as well as therapy services including PT, OT and ST. [Resident #23] was seen by Podiatry on 1/15/26. [Guardian Name] requested a new MBSS study on [Resident #23] through Speech Therapy services. She had no other concerns. Observation and an attempted interview on 02/18/26 at 1:40 PM revealed Resident #23 was in his room laying in bed. Resident #23 was not able to answer questions due to his condition. The resident did not appear to be in distress or discomfort. Interview on 02/20/26 at 10:52 AM, Resident #23's RP revealed a care plan meeting was held on 01/29/26 and requested for a swallowing study to be completed for Resident #23. RP stated she would like to know if Resident #23 was able to eat and if so maybe Resident #23's g-tube could be removed. RP stated she had not heard back from the facility and would like the swallow study to be completed. Interview on 02/20/26 at 12:04 PM, LVN A revealed she was the nurse assigned to Resident #23. She stated Resident #23 had a g-tube. LVN A stated she was not aware of any swallow study request. Interview on 02/20/26 at 12:18 PM, the DOR revealed Resident #23 was receiving PT and OT services. He stated he was not aware of any swallowing study being requested. The DOR stated he attended the care plan that was held for Resident #23 on 01/29/26. He stated he does not recall a swallowing study being requested during the care plan meeting. The DOR stated he reached out to Speech Therapist and confirmed that no request for a swallow study had been made. The DOR stated if a swallow study had been requested it would usually take about a week for the referral to be completed. Interview on 02/20/26 at 12:26 PM, the Social Worker revealed she attended Resident #23's care plan meeting that was held on 01/29/26. She stated a swallow study was requested by Resident #23's RP. She stated that since the DOR attended the meeting, she assumed the DOR would have followed up on the request. She stated each department attends the care plan meetings and was aware of what needed to be done. The Social worker stated each department was responsible for each service request. She stated request for services should be completed prior to the next care plan meeting and it was not (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676101	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2026
NAME OF PROVIDER OR SUPPLIER Ridgmar Medical Lodge		STREET ADDRESS, CITY, STATE, ZIP CODE 6600 Lands End Court Fort Worth, TX 76116	
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	acceptable if not done. Interview on 02/20/26 at 1:52 PM, ADON B revealed she does not attend care plan meetings unless asked too. She stated she was not aware of any swallow study request for Resident #23. She stated therapy attends care plan meeting and they would have been responsible for putting in a referral or if she was made aware she could have done the referral. ADON B stated a referral time frame would be completed within a week of request. She stated there was no potential risk to the resident; however, if family request a service it should be followed on and completed. Interview on 02/20/26 at 2:46 PM, the DON revealed she sometimes attends care plan meeting if needed but usually the MDS Coordinator attends. She stated she did not attend the care plan meeting for Resident #23 on 01/29/26. She stated she was not aware Resident #23's RP requested a swallow study. She stated usually the nurses would be notified of the request, they would put in a referral and provide it to therapy. The DON stated if a service was requested during a care plan meeting it would be the responsibility of the team to notify the department. She stated her expectation was for someone to notify the department of the request of service and to follow up on it. She stated there was no potential risk; however, it should have been completed or followed up on the request. Interview on 02/20/2026 at 3:32 PM, Speech Therapist revealed Resident #23 was not receiving speech therapy services. She stated she was not aware of any swallow study request for Resident #23. She stated usually the nursing staff would notify her, and a referral would be completed. Speech Therapist stated the DOR did not mention any swallow study request during a care plan meeting to her. Interview on 02/20/26 at 4:20 PM, the Administrator revealed when a family requested a swallow study his expectations were for the facility staff to follow up, notify the DOR and complete the referral. Record review of facility Resident rights policy, received October 4, 2022, reflected the following: Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: z. perform services for the facility if he or she chooses, or refuse to perform services for the facility. Record review of facility Speech Therapy policy, revised 2013, reflected the following: The purpose of this procedure is to identify, assess and treat speech and language problems including swallowing disorders.		