

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676255	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/13/2024
NAME OF PROVIDER OR SUPPLIER Fort Worth Transitional Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 850 12th Avenue Fort Worth, TX 76104	

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 0729</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining.</p> <p>45054</p> <p>Based on interview and record review, the facility failed to conduct pre-employment nurse aide registry check to determine if the individual met competency evaluation requirements for 1 of 3 nurse aides (CNA A) whose personnel files were reviewed for registry verification.</p> <p>The facility failed to conduct a pre-employment nurse aide registry (NAR) check on CNA A.</p> <p>This failure could place residents at risk of being exposed to staff with histories of misconducts that were unemployable, increasing the risk for abuse or neglect.</p> <p>Finding included:</p> <p>Record review of CNA A's employee file reflected a hire date of 11/18/2024. A Texas Criminal History Registry check was completed on 12/09/24 and EMR and NAR checks were completed on 12/13/24.</p> <p>Record review of CNA A's time sheet dated 11/16/24-11/30/24, reflected the aide's first effective work day was on 11/18/24, and she worked a total of 60 hours during this time period.</p> <p>Record review of the facility's document titled Daily Nursing Assignment, dated 11/18/24, reflected CNA A was assigned to work Hall 200 from 3:00 PM-10:00 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
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<p>F 0729</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 12/13/24 at 3:56 PM, the HRC stated she worked at the facility since June 2024. The HRC stated it was her responsibility to complete criminal background checks, EMR, and NAR checks on all new hires, including re-hires. She stated background checks had to be completed and cleared prior to staff working on the floor with the residents. The HRC stated CNA A worked for the company previously and was being re-hired. She stated CNA A's re-hire paperwork was being processed and needed further approval by the Administrator since she was a re-hire; however, the Administrator at the time left the company before completing the process. The HRC stated there was a miscommunication between herself and the staffing coordinator, and CNA A was placed on the schedule before her background checks were completed. The HRC stated she somehow forgot to follow up and it was not brought to her attention again until it was time for CNA A to be paid at the end of pay period 11/16/24-11/30/24 and she was not in the system for payroll. The HRC stated the company completed a criminal background check on CNA A on 12/09/24. The HRC stated she completed CNA A's EMR and NAR checks on 12/13/24 after the Investigator requested it because they were not in the personnel file. The HRC stated not completing background checks on staff before they start working with the residents could increase the risk of abuse and neglect.</p> <p>In an interview on 12/13/24 at 4:43 PM with the Interim Administrator and DON, the Interim Administrator stated he received an email on 12/12/24 for approval to complete the re-hiring process for CNA A. He stated the HRC was responsible for ensuring background checks were completed and personnel files were updated; however, the Administrator was ultimately responsible for overseeing everything in the facility. The Interim Administrator stated although the facility did a background check on all employees, the company over the facility ran checks on all employees separately to ensure compliance; however, CNA A's background had not been checked prior to her working on the floor. The DON stated CNA A started working with the residents on 11/18/24 and nursing was not aware there was an issue with her hiring paperwork. The Interim Administrator stated not completing all background checks of staff prior to them working with the residents could cause the risk of important information falling through the cracks and ineligible staff working.</p> <p>Record review of the facility's current, undated Hiring Policy reflected in part the following:</p> <p>Policy Interpretation and Implementation</p> <p>The employment process will consist of the following three phases:</p> <p>.Phase Two-Post Employment</p> <p>1. Post-Offer of Employment Forms (Background Checks)</p> <p>Explain to the new hire (after employment has been made) that background checks must be completed before he/she can officially be hired or begin work</p>		