

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676449	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/28/2024
NAME OF PROVIDER OR SUPPLIER  Ignite Medical Resort Fort Worth, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  6301 Oakmont Blvd Fort Worth, TX 76132	

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 0697</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48177</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure pain management was provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences for 3 of 9 residents (Resident #1, #2, and #3) reviewed for pain management.</p> <p>1. The facility failed to provide medication oxycodone Oral tablet 10 MG per doctor's order for Resident #1 on 6-5-2024 after Resident #1 complained of continued pain and requested medication. Resident #1 admitted to the facility on [DATE] at 3:30 PM and only received Acetaminophen Capsule 500 MG for pain at 11:55 PM. Resident #1 did not receive oxycodone oral tablet 10 MG until 6-6-2024 at 1:20 AM, at which time Resident #1's pain level was at an 8.</p> <p>2. The facility failed to provide effective medication for Resident #2 who admitted to the facility on [DATE] and received Tramadol oral tablet 50 MG per order starting on 5-13-2024 at 8:56 PM and Oxycodone oral tablet 5 MG for pain on 6-14-2024 at 1:59 PM. Resident #2's pain levels remained high from 6-14-2024 through 6-27-2024 without physician notification or intervention.</p> <p>3. The facility failed to provide effective pain medication for Resident #3, who admitted to the facility on [DATE]. Resident #3 received Oxycodone-Acetaminophen oral tablet 5-325 MG from 6-1-2024 through 6-17-2024 with pain levels ranging from 5-9 and received Acetaminophen-Codeine tablet 300-600 MG only one time a day as needed. Resident #3's pain levels stayed elevated from 6-1-2024 through 6-27-2024 without intervention or physician notification.</p> <p>An Immediate Jeopardy (IJ) situation was identified on 6-28-2024 at 12:52 PM. The IJ template was provided to the facility on [DATE] at 12:52 PM. While the IJ was removed on 6-28-2024 at 3:53PM, the facility remained out of compliance at a severity level of no actual harm with potential for more than minimal harm that was not immediate jeopardy and a scope of pattern due to the facility's need to evaluate the effectiveness of the corrective systems.</p> <p>This failure could place residents on controlled pain medication at risk of not receiving appropriate pain management resulting in pain.</p> <p>Findings included:</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 0697</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>1. Record review of Resident #1's face sheet dated 6-26-2024 revealed she was a [AGE] year-old female who admitted to the facility on [DATE]. Her diagnoses included fracture of the right acetabulum, fracture of shaft of right ulna, pain due to internal orthopedic prosthetic devices, implants, and grafts, intracapsular fracture of right femur, and pelvic and perineal pain.</p> <p>Record review of Resident #1's MDS indicated a BIMS score of 15, revealing Resident #1 was cognitively intact. Resident #1's pain assessment interview indicated she was at a level 7.</p> <p>Record review of Resident #1's care plan dated 6-11-2024, indicated she was planned for pain indicating the facility should anticipate resident's need for pain relief and respond immediately to any complaint of pain, identify and record previous pain history, and management of that pain and impact on function, and identify previous response to analgesia including pain relief, side effects, and impact on function.</p> <p>Record review of Resident #1's orders revealed her pain medications ordered on the day of admission were: Oxycodone oral tablet 10 MG given by mouth every 6 hours as needed for pain.</p> <p>Record review of Resident #1's nursing notes dated 6-5-2024 at 11:00 PM, revealed Resident #1 was upset as she was in pain and not getting relief. Resident #1 stated she was informed that her pain medications would be available upon discharge from the hospital to the facility. Resident #1 spoke to her family indicating her desire to leave the facility due to lack of pain relief. On 6-7-2024 at 5:48 AM, Resident #1's nursing notes stated she was complaining of not getting effective pain medication.</p> <p>Record review of Resident #1's MAR dated 6-26-2024, indicated Resident #1 did not receive Oxycodone oral tablet until 6-6-2024 at 1:20AM. Resident #1 only received Acetaminophen 500 MG two tablets, on 6-5-2024 at 11:55 PM with a pain level of 8. The MAR further revealed pain levels of Resident #1 remained at levels 5-9 from 6-5-2024 through 6-24-2024. On 6-22-2024 and 6-23-2024 the record indicated Resident #1 received no pain medication.</p> <p>In an interview/observation on 6-26-2024 at 11:15 AM, Resident #1 stated she arrived at the facility on 6-5-2024 at 3:30 PM, was in pain, and did not get any pain medicine until around 11:30 PM. She stated it was a weaker medicine like Tylenol and she was still at a high pain level. Resident #1 stated she did not receive anything stronger until 6-6-2024 and was still at a high pain level. She stated her pain level was so bad that she sent a text message to the facility telling them she wanted to leave the facility as her pain level caused her to feel depressed.</p> <p>2. Record review of Resident #2's face sheet dated 6-26-2024 indicated she was a [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included fracture of right lower leg (tibia &amp; fibula) with surgery, pain due to internal orthopedic prosthetic devices, implants, and grafts, low back pain, compression fracture of third lumbar vertebra, and osteoarthritis.</p> <p>Record review of Resident #2's MDS dated [DATE] revealed a BIMS score of 15, indicating she was cognitively intact. In the pain assessment interview for Resident #2 revealed her pain rating at a level 8.</p> <p>Record review of Resident #2's care plan dated 6-3-2024, indicated she is planned for pain stating:</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> <li>o Anticipate the resident's need for pain relief and respond immediately to any complaint of pain.</li> <li>o Identify and record previous pain history and management of that pain and impact on function. Identify previous response to analgesia including pain relief, side effects and impact on function.</li> <li>o Monitor/document for probable cause of each pain episode. Remove/limit causes where possible.</li> </ul> <p>Record review of Resident #2's MAR dated 6-27-2024 indicated she was ordered to receive Tramadol oral tablet 50 MG to be given by mouth every 4 hours for pain on 6-13-2024 and was ordered to receive Oxycodone oral tablet 5 MG to be given by mouth one every 6 hours as needed for pain. Resident #2's pain levels stayed elevated on 6-13-2024 to 6-27-2024 from level 5 to 10.</p> <p>In an observation and interview on 6-28-2024 at 2:20 PM, Resident #2 was observed grimacing in pain. Resident #2 stated she was in pain. Resident #2 said she has been at the facility since 06-13-2024. Resident #2 stated she was an LVN, had a motor vehicle collision, had a fracture in her back, had a broken tibia and fibula, and was in pain at a level 8. Resident #2 said she used her call light when she was in pain but by the time a nurse got to her, she would be at a level 10 for pain. Resident #2 stated many times when she had asked a nurse for pain medicine, she was told it wasn't time to get it or they gave her something weak like Tramadol which did not effectively stop the pain. Resident #2 stated the night nurse argued with her when she has told her that her pain level was too high. The night nurse started raising her voice toward her and it made her feel scared. Resident #2 stated another staff member, an LVN, told her not to use the call light too much because the facility was short staffed, and she must deal with other patients. When most nurses have come into her room, they do not ask her what her pain level was. She stated when she was at a level 10, it was too much. When she had not received adequate pain relief, she had thought she did not want to live, which caused her depression and panic attacks. Resident #2 stated she has not been able to speak to a doctor about getting better pain relief. Many times, when her pain level was high, no one responded to her call light, and this caused her to have to scream out for a staff member to come bring her pain medicine.</p> <p>2. Record review of Resident #3's face sheet dated 6-27-2024 revealed a [AGE] year-old female who admitted to the facility on [DATE]. Her diagnoses included dislocation of the left shoulder joint, pain due to internal orthopedic prosthetic devices, implants, and grafts, atherosclerotic heart disease, chest pain, precordial pain (chest pain that can feel like a burning, stabbing, or throbbing sensation, and can occur under or in the left breast), and acute cystitis (urinary tract infection causing inflammation of the bladder).</p> <p>Record review of Resident #3's MDS dated [DATE], disclosed a BIMS score of 15, indicating being cognitively intact. During her pain assessment interview Resident #3 revealed she was at a level 7.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #3's care plan dated 6-3-2024, indicated she has the potential for pain and instructing staff to:</p> <ol style="list-style-type: none"> <li>1- Anticipate the resident's need for pain relief and respond immediately to any complaints of pain</li> <li>2- Identify and record previous pain history and management of that pain and impact on function.</li> <li>3- Identify previous response to analgesia including pain relief, side effects and impact on function.</li> <li>4- Monitor/document for probable cause of each pain episode. Remove/limit causes where possible.</li> </ol> <p>Record review of Resident #3's orders revealed that her pain medications included:</p> <p>Acetaminophen-Codeine tablet 300-600 MG to be given every 12 hours as needed for pain ordered on 5-28-2024, Oxycodone-Acetaminophen tablet 5-325 MG given every 6 hours as needed for pain ordered on 5-27-2024, Ibuprofen tablet 600 MG tablet given every 8 hours for pain ordered on 5-30-2024, and Ibuprofen table 800 tables given for pain every 8 hours as needed ordered on 6-18-2024.</p> <p>Record review of Resident #3's MAR, for the month of June, dated 6-27-2024 revealed her pain levels ranged from 5-9 from 6-1-2024 through 6-27-2024.</p> <p>In an interview/observation on 6-28-2024 at 2:15 PM Resident #3 was observed lying in bed grimacing in pain. Resident #3 said she was in a lot of pain, had nerve damage, and could not use her left arm. She said the last few days her pain had been worse. Resident #3 said her pain level was at an 8 and it had been up to a 10. She stated she told the staff earlier in the day that her pain was at an 8 and it was still at an 8 after 2:00 PM. Resident #3 stated when her pain level was that high, she would not want to do any physical therapy or activities. When the facility changed pharmacies, it caused delays for her getting pain medication. Resident #3 stated over the last 4 or 5 days getting her pain medication had been a big problem and she had to contact the DON because a nurse would not contact the doctor to get effective pain medicine.</p> <p>In an interview on 6-28-2024 at 1:34 PM, RN A stated her process for pain management was when a resident expressed pain, she checked to see when the last time a resident had the pain medicine. If it was not time yet, she would let the resident know. If a resident still complained she would let the doctor know. RN A stated she thought a resident needs to be at a level 9-10 before she believed a pain medicine isn't effective. RN A stated she was a PRN nurse and was not so familiar with the residents at the facility. She stated when she gave a pain medicine, she would wait for 30 minutes to an hour to see if it was working. She said she would call the doctor's office and the office would get in contact with the doctor to let the doctor know the patient was still in pain after receiving medicine.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>In an interview with LVN A on 6-26-2024 at 4:00 PM she stated if a resident was at a pain level 3, but the resident says she was still in pain, then the pain medicine was considered not effective. Her process for pain management was to check the orders and assess the patient to see how bad the pain was. If the pain was high, she just followed the orders. LVN A stated the nurse covering the patient was responsible for monitoring the patient's pain levels. If a CNA saw that a patient was in pain, they should come and tell a nurse. The nurse, doctor or nurse practitioner work together to determine if a different pain medication would be more effective. After showing LVN A the MAR for Resident #1 for 6-6-2024 showing a pain level 8 from 1:20 AM through 7:39PM with her initials indicating she administered Oxycodone 10 MG at 7:40 AM without any reduction in the level of pain - she stated, I must have mis-charted the MAR. LVN A said she did not remember that day well, but Resident #1 was upset because her pain medicines were not at the facility and Resident #1 had a rough night. LVN A did not remember if a doctor was notified or not. LVN A stated when the pain levels are at the level the MAR was showing for Resident #1, (a constant 8) a doctor should be notified. She stated the risk to Resident #1 is her blood pressure could rise and other health problems could occur.</p> <p>In an interview with CNA A on 6-26-2024 at 4:25 PM, it was revealed she worked 12 hour shifts from 6AM-6PM. She stated her pain management protocol was if a patient was in pain, she asked the patient where the pain was and how bad does it hurt them. CNA A then would tell a nurse. The nurse knew what pain medication the patient could or could not have and gave the patient what they could have. CNA A stated the nurses were the ones in charge of monitoring a patient's pain levels. She stated a pain level higher than a 7 would indicate a patient might need a higher dose or different pain medicine to be effective. She stated an example would be if a patient received pain medicine at 7:00 AM and the patient was still in pain by 7:30 PM, the facility would need to try something different. CNA A stated the risk to the patient not getting adequate pain relief could be an infection problem, cause high vital signs, put them in a bad mood, cause them to not eat food, and can cause them to become non-compliant with the facility.</p> <p>On 6-27-2024 at 10:15 AM an interview was conducted with LVN B revealed she had worked at the facility for 2 years as a PRN nurse. She stated her protocol for pain management was when a patient has asked for pain medicine and if it was time for them to have it, she would give the patient the pain medicine. If, however, it was not time for the patient to receive pain medicine, she would explain to the patient the last time they had the pain medicine and would tell them when they would be able to get some more. She stated the nurses monitor the patients for pain, then ask the patient what pain level they were experiencing and document the MAR. LVN B considered a pain level of 10 to prove that pain medicine is not working for a patient. She stated the nurse determined if a higher dose of medicine was needed or if another pain medication would be needed. If she determined a pain medicine was not effective, she would text the doctor or NP. After showing LVN B the MAR for Resident #1 indicating LVN B gave Oxycodone one tablet 10 MG each time and marked a pain level of 8 on 6-6-2024 at 1:20AM, a pain level of 8 on 6-6-2024 at 7:39 PM, on 6-14-2024 showing a pain level of 7 at 1:09 AM, and on 6-17-2024 showing a pain level of 9 at 9:10PM, LVN B stated she marked those levels of pain but Resident #1 never told her the medicine was not working. LVN B conveyed the reason Resident #1 stayed at such high pain levels was because she had hip surgery and a broken arm. She stated when someone was at high pain levels, as Resident #1, she just gave them the pain medicine ordered if the patient does not complain. LVN B said she was not sure what the risk would be for a patient to stay at high pain levels, but they could get high blood pressure or something else could be going on.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Attempted to call LVN H on 6-27-2024 at 2:00 PM and left a voice message but never received a call back. Record review of Resident #1's MAR, LVN H gave Resident #1 Oxycodone one tablet 10 MG each time and marked a pain level in the MAR on 6-8-2024 of 7 at 5:23 AM and level 7 at 10:20 PM, on 6-10-2024 a pain level of 5 at 1:00 AM, and on 6-13-2024 a pain level of 6 at 9:10 PM.</p> <p>In an interview on 6-27-2024 at 2:55 PM, the ADON said the process to follow for pain management was as soon as a patient comes into the facility, they receive their discharge orders and what pharmacy the resident uses. Then that information goes to the doctor, and they forward that information to the pharmacy. The ADON stated the facility used a newer system, that had a pharmacy, that is closer than the one in San [NAME]. She stated they followed the orders and the time frames of the orders. The ADON stated she could order pain medicine stat, if needed but it cost the facility more money. The ADON said Resident #1 was admitted to the facility on [DATE] between 3:00 PM-4:00 PM, learned about the stat fee, and got Resident #1's pain medicine sooner. She said the floor nurses are responsible for monitoring residents for pain. The ADON stated whenever she has been in a resident's room, she always asked how their pain is. If the patient was non-verbal, she looked at their blood pressure and other signs to see if they are in pain. She said the patient lets the staff know if the pain medicine isn't working. If a patient was constantly at a level 8, she would consider the pain medicine to be effective. She told the patients if you are hurting so bad you can't stand it, let her know. At that point, she would call the doctor and he would either strengthen the dose or shorten the time frames between doses. The doctors determine if a patient needs a different pain medicine or a different dose. After showing the ADON Resident #1's MAR from 6-5-2024 through 6-24-2024, she stated Resident #1's pain levels are somewhat high and she would consider increasing Resident #1's dosage for pain. The ADON said pain is subjective as some people take pain better than others. When asked why the physician was not called during the high pain levels recorded in Resident #1's MAR, the ADON said the only thing she can think of is when the nurses went back into Resident #1's room, Resident #1 did not complain of pain. The nurses do not pull of the MAR history the see the pain levels for patients. The ADON said the nurses should pull up the MAR history for patients to see the patterns of pain to adequately assess them. She stated when the patterns of pain are like that of Resident #1, she would have called a doctor to let him know and maybe get a dosage change or a change in medicine to be more effective. The ADON said the risk to patients if their pain isn't effectively managed would be they would not sleep well, would not do therapy, would be restless, and irritable.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>In an interview on 6-27-2024 at 3:26 PM, the DON stated she had worked at the facility for 2 years. The DON said the process the facility follows for pain management was to follow the doctor orders. Most of the orders come from the hospital and the facility follows them. She said sometimes the pain medicine works and sometimes it doesn't. It is a hot topic and varies with individuals. If a pain medicine was not working, the facility would know it sooner than later. The doctors and PA come to the facility twice a week, the NP is at the facility on Mondays and Fridays, and the PA is at the facility several times a week. If a patients pain medicine is not being managed, the doctors will change it. It is a team effort if pain management isn't working to make adjustments as needed. The DON stated whoever has the care of the patient at the time (the charge nurse) is responsible for monitoring the pain levels of the patient. When asked what level of pain a patient had to reach for the facility to consider pain management not being effective, the DON said the facility doesn't judge pain by a number on the pain scale. Pain is an individual thing. It depends on whether one is dealing with chronic pain opposed to someone who had surgery. The DON said the patient determines if the patient needs a different pain medicine. The nurse on duty only has what is in front of them and isn't looking at the MAR history of the patient. The nursing staff doesn't have time to do a full MAR history review of the patient. When the DON was shown the MAR for Resident #1, #2, and #3, showing high pain levels from 6-1-2024 through 6-27-2024 said without knowing who the patients are, she wouldn't know why those levels were as high as they were. When asked was a doctor called for Resident #1, #2, or #3 during the MAR levels of pain from 6-1-2024 to 6-27-2024 ranging from level 4-10, she said no - but they have been called now. As of today, the facility is doing in-servicing on pain management and all nurses have signed a pain management course. The DON said she will inform the nursing staff of how to look for more signs of pain after a patient has had surgery, and then follow up with residents to see how effective the pain medicine was. The DON stated she believes the doctor was not called for pain management being ineffective for Resident #1, #2, and #3, from 6-1-2024 through 6-27-2024, when the MAR indicated pain levels ranging from level 5-10 because the nursing staff did not connect the dots to realize they should. After showing the MAR for Resident #1, #2, and #3 with the pain levels being mostly above a 5 all the way to a 10 from 6-1-2024 through 6-27-2024, the DON said the nursing staff should have asked the patients where the pain was at, when did the pain start, was the pain medicine working, and was this a new pain. She said there should have been a more in-depth assessment of Resident #1, Resident #2, and Resident #3. The DON said the risk to the patient having levels of pain such as Resident #1, #2, and #3, was more of a mental thing. It would depend on where the pain was an acute pain or a continuation of what has already been there.</p> <p>Record review of the facility's Pain Management Policy dated 10-2022 (revised 5-2023) states:</p> <p>Policy:</p> <p>It is the policy of this facility to respect and support the resident's right to optimal pain assessment and management .Effective pain management can remove the adverse psychological and physiological effects of unrelieved pain .It is the responsibility of all clinical staff to assess and periodically reassess the resident for pain and relief from pain</p> <p>During the initial nursing assessment, the resident will be screened for identification of pain</p> <ul style="list-style-type: none"> <li>o If the resident does not indicate present or chronic pain, this will be noted on the initial assessment form.</li> <li>o The resident will have routine reassessments performed per policy weekly.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>o Admission assessment will include but is not limited to:</p> <ul style="list-style-type: none"> <li>? History of pain and its treatment including non-pharmacological interventions</li> <li>? History of addiction, past and/or ongoing and related treatment of OUD</li> <li>? Characteristics of pain</li> <li>? Impact of pain on quality of life</li> <li>? Factors such as activities, care or treatment that precipitate or exacerbate pain as well as those that reduce or eliminate pain</li> <li>? Additional symptoms associated with pain</li> <li>? Physical and psychosocial issues</li> <li>? Current medical conditions and medications including medication assisted treatment for OUD</li> <li>? Resident's goals for pain management and resident's satisfaction with current level of pain control .</li> </ul> <p>Pain Recognition</p> <p>o Expressions of pain may be verbal or nonverbal and are subjective to the resident including but not limited to:</p> <ul style="list-style-type: none"> <li>? Negative verbalizations and vocalizations (groaning, crying, whimpering, screaming)</li> <li>? Facial expressions (grimacing, frowning, fright, clenching of jaw)</li> <li>? Changes in gait, skin color, vital signs, perspiration</li> <li>? Behavior such as resisting care, distressed pacing, irritability, depressed mood or decreased participation in usual physical and/or social activities</li> <li>? Loss of function or inability to perform ALDs</li> <li>? Difficulty eating or loss of appetite</li> <li>? Difficulty sleeping</li> </ul> <p>All other clinical department staff will also question the resident regarding pain during initial resident assessment activities and reassessment activities performed by the department's care provider</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER  Ignite Medical Resort Fort Worth, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  6301 Oakmont Blvd Fort Worth, TX 76132	

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<p>F 0697</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>If the resident has been identified with pain, the resident will undergo reassessment of pain at least once per shift and before and after every pain control mechanism employed by the resident's care providers. Healthcare providers from any department, that have implemented a pain control mechanism, will reassess the resident timely to determine the amount of pain control or relief achieved. Pain control mechanisms may include, but are not limited to:</p> <ul style="list-style-type: none"> <li>o Medications administered for the control or relief of pain</li> <li>o Medications administered for the control or relief of anxiety</li> <li>o Repositioning of the resident</li> <li>o Ambulation of the resident</li> <li>o Heat or cool therapy</li> <li>o Mild resident exercise</li> <li>o Therapeutic massage, i.e., back rub, etc.</li> <li>o Bathing or whirlpool bath</li> <li>o Diversion techniques, i.e., television or video tape viewing, reading, etc.</li> <li>o Therapeutic communication</li> <li>o Spiritual counseling</li> <li>o Visitation from family/significant others.</li> </ul> <p>Management of the resident's pain is an interdisciplinary process and is to be included on the resident's interdisciplinary care plan</p> <p>o Inclusion of this component of the resident's care process will alert and educate all members of the healthcare team regarding the resident's pain experience</p> <p>o Pain management issues will be included in topics of discussion during interdisciplinary care planning conferences and discharge planning .</p> <p>An Immediate Jeopardy (IJ) was identified on 6-28-2024 at 12:52 PM. The Administrator and DON were notified. The IJ template was provided to the administrator via email on 6-28-2024 at 12:52 PM and a POR was requested.</p> <p>The following Plan of Removal was submitted by the facility and accepted on 6-28-2024 at 3:53 PM:</p> <p>F697 - Pain Management</p> <p>Immediate Interventions:</p> <p>(continued on next page)</p>

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<p>F 0697</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>1. Notification made to [Physician Name] and [Physician Name], physicians and Medical Directors, of Immediate Jeopardy on 6-28-2024 at 1:12 PM.</p> <p>2 . Emergent Meeting conducted with action plan developed. This occurred at 1:15 PM on 6-28-2024. Attendance included:</p> <p>[Administrator Name] - Administrator</p> <p>[DON Name] - Director of Nursing</p> <p>Action Plan: Daily Pain Assessment will be completed on patients</p> <p>3. Direct Care Nursing Staff in-serviced on Pain Management, pain medication follow up on effectiveness after medication administration, physician notification if no improvement in pain level after medication administration on 6-28-2024 by [DON], DON, [ADON A] ADON, and [ADON B] ADON.</p> <ul style="list-style-type: none"> <li>- All PRN Pain Medications require a pre and post administration pain assessment number (or Wong-Baker Scale)</li> <li>- This must be documented</li> <li>- All guest who have received PRN pain medication must have a follow-up to determine level of pain relief achieved.</li> <li>- If there was a little to no improvement with the level of pain, a call must be make to the guest's physician for further intervention.</li> <li>- Please document this in clinical record</li> <li>- If a guest is asking for pain medication sooner than ordered, a call must be made to the physician for further intervention.</li> <li>- Please document this in clinical record.</li> </ul> <p>4. Meeting with the following managers to review Immediate Jeopardy on 6-28-2024. We reviewed Pain Management, notifying physician when Pain Medications are not effective. The following managers attended:</p> <ul style="list-style-type: none"> <li>a. [Administrator Name], Administrator</li> <li>b. [DON Name], Director of Nursing</li> <li>c. [DOR], Director of Rehabilitation</li> <li>d. [ADON A] Assistant Director of Nursing</li> <li>e. [ADON B], Assistant Director of Nursing</li> </ul> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>f. [Activities Director], Activities Director</p> <p>g. [Dietary Manager], Dietary Manager</p> <p>h. [SW] Social Services</p> <p>i. [LVN Name], MDS Nurse</p> <p>j. [LVN Name], MDS Nurse</p> <p>Training:</p> <ol style="list-style-type: none"> <li>[DON] Director of Nursing, to be in-serviced by [Corporate Nurse] [NAME] President of Clinical Services. [NAME] will be in-serviced on Pain Management, Physician Notification, Monitoring Pain management, and reviewing Pain Assessments.</li> <li>An immediate in-service was initiated on 6/27/24 and 6/28/24 By [DON], Director of Nursing, on Pain Management and physician notification.</li> <li>Beginning 6/28/2024 and on-going: A posttest will be completed by direct care nursing staff to ensure competency on Pain Management. Staff must answer all questions correctly before returning to work.</li> <li>New staff will receive in-servicing prior to orientation on the floor. PRN staff will not be allowed to work in the facility until they have completed in-service training and post-test.</li> <li>A payroll report listing current employees will be used to track in-service completion.</li> </ol> <p>Monitoring:</p> <ol style="list-style-type: none"> <li>Nursing Administration ([DON], [ADON A], and [ADON B]) will interview random patients that receive pain medication to ensure effective pain management is in place.</li> <li>[Administrator], Administrator, or appointed designee will review this process in the Clinical Meeting scheduled 5 times per week (Monday through Friday) to monitor for compliance, and to make changes based on the interdisciplinary team's decision. This will be on-going.</li> </ol> <p>[Facility Name] requests that the measures we have implemented be reviewed and that our allegation of removal of jeopardy be accepted as of 6/ 28/ 24.</p> <p>The facility was monitored for compliance with the POR on 6-28-2024 as follows:</p> <p>(continued on next page)</p>

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<p>F 0697</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>In an interview on 6-28-2024 at 3:28 PM, it was discovered that LVN C has worked at the facility for one year, was on vacation, returned today from vacation, and was not in-serviced on pain management yet. She said her procedure for pain management was to know when it is scheduled, give the medicine within a one-hour timeframe. If the medicine is PRN, she would only give it as the patient request it. She checks back 30 minutes to an hour to see if the pain level decreases. If the pain level was still above a level 6, she would call the doctor. LVN C stated the risk to a patient for having constant levels of pain above a 6 is the patient might not be able to do their therapy, it would affect their blood pressure, and the patient may have an infection. The nurses and CNAs are responsible for monitoring patient's pain levels by asking the patients where the pain is and how bad the pain is using the 0-10 pain scale.</p> <p>In an interview on 6-28-2024 at 3:45 PM RN B disclosed she had been in-serviced on pain management. RN B stated the procedure for pain management depends on whether it is a scheduled medicine or PRN. If the medicine is PRN, she would determine whether it was the right time to give it or not. If the medicine was scheduled, she would just follow the schedule. If the pain was a break through pain, occurs in less than 24 hours, and is at least a level 7, then the pain medicine would not be working, and changes would need to be made. RN B said he would notify a doctor if the pain medicine would not bring the patient's level of pain below a level 7. The risk to the patient for not getting pain relief would be increased vital signs, increased blood pressure, and unreliable statistics. RN B conveyed the nursing staff are responsible for monitoring patients pain levels by verbal communication, looking at vital signs, seeing sweating, agitation, and grasping at the same spot.</p> <p>In an interview on 6-28-2024 at 3:57 PM LVN D revealed he has worked at the facility for 3 months and was in-serviced on pain management. He stated the procedure for pain management was to assess a patient using a scale of 0-10. If a patient has more than one pain medication ordered, start with the weaker one and see if it reduces the pain level. LVN D said they he would check back with the patient and if the pain level did not decrease, he would notify the doctor. He stated the risk to patients for having constant pain levels was having behavioral problems, agitation, high blood pressure, or could be a sign of something else going on. The nurses are responsible for monitoring pain levels by looking for grimacing, groaning, breathing hard, and verbal communication.</p> <p>In an interview on 6-28-2024 at 4:20 PM, RN C stated she had been in-serviced on pain management. She[TRUNCATED]</p>		