DEPARTMENT OF HEALTH CENTERS FOR MEDICARE &	PRINTED:5/24/2014 FORM APPROVED OMB NO. 0938-0391		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER 455416	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/30/2013
NAME OF PROVIDER OF SU THE COURTYARDS AT FO		8001 WESTERN	
En information on the movies	h	FORT WORTH	
(X4) ID PREFIX TAG		cy, please contact the nursing home or the state surv DEFICIENCIES (EACH DEFICIENCY MUST BE MATION)	
F 0157	Immediately tell the residen resident of situations (injury/de	t, the resident's doctor and a family member of t cline/room, etc.) that affect the resident	
Level of harm - Immediate jeopardy	Based on observation, interview a	'S HAVE BEEN EDITED TO PROTECT CONFID ind record review, the facility failed to immediately a signifiant change in the resident's physical status.	consult one (Resident #1) of four
Residents Affected - Many	residents' physician when there is fire ants everywhere on her body with accuracy the number of fire #1's physician/NP with an accura appropriately with orders to send the resident returned from the ER 09/26/13 an Immediate Jeopardy was removed on 09/30/13, the faa and at a potential for more than n facility was monitoring the effect including Residents #1, #2, #3 an or [DIAGNOSES REDACTED]. further investigation of a current [AGE] year-old female who was Resident #1 had severe cognitive for activities of daily living to inc date of 08/11/13, reflected the fol transfers, dressing, eating, toiletir assistance as needed. b) [DIAGN [MEDICAL CONDITION] precautions. c) Re Approaches included to observe for non-verbs Turn/reposition, communicate, pn needs. Resident unable to commu The goal was for the resident's sk factors. Treat, reduce, eliminate r room, lying on her bed. She was is swollen, inflamed, red welts on a hairline, upper and lower extremi on her inner left thigh in an area is the surveyor on 09/12/13 at 11:30 except for her middle back, feedi count. During the assessment, Re 09/12/13 at 11:00 AM, during the as fire ant bites. The family memi received a telephone call on 09/0 resident's room and Resident #1, repeat notification of the ants obs the facility later that same mornin family member stated he/she becc; arrived, Resident #1 was in her rt and several staff members care to Resident #1 be sent to the hospita #1 could have led to her death. Rt shift was on 08/31/13), reflected assessment of the resident and no notified and an order was received transfer to a different room due to comfortably and there were no sij. The next nurse's notes entry for R come STAT (immediately) to roor resident's mother striping her bed had bites on both arms, along her The physician's NP was consulted and to apply [MEDICATION NA and at 4:00 PM, Resident #1 retun Worksheet, completed by LVN F 9:20 AM, the resident's mother cc; resident and applied cream with r confirmed she worked on 09/01/1 began at 6:00 AM. She stated sh		. When Resident #1 was found with head-to-toe assessment to determine citon and pain provide Resident he physician/NP to respond lent #1 was sent to the ER and when in the facility for over two hours. On accurate assessments. While the IJ l harm that is not immediate jeopardy re still being inserviced and the red the facility's 152 residents, [REDACTED]. in a delay in treatment trative review, the investigation was reopened for ussessment, dated 08/25/13, reflected a SES REDACTED]. The assessment reflected is, and required total dependence on staff e1's care plan with a current review dependent for bed mobility, ided to provide Resident #1 with ng safety measures and implementing to her [DIAGNOSES REDACTED]. , grimacing, withdrawal, etc.). food as needed. Staff must anticipate lated to bowel and bladder incontinence. he resident for presence of risk AM, Resident #1 was observed in her r arms, legs, and hands. She had and individual welts were around her ands and feet. A cluster of welts was 4.0 inches in width. Observation by elts, which appeared to be ant bites, the red welts were to numerous to as by opening her eyes and frowning. On er was present and identified the welts mily member further stated he/she en shim/her ants were found in the m. the family member indicated this was a us received another telephone call from of ants in the resident's room. The t. The family member stated when he/she er stated he/she began yelling for help ember revealed he/she had to insist aber of ant bites suffered by Resident both at 5:30 AM and 11:40 PM (start of bed. The nurse conducted an toms of pain. The resident's MD was ily was notified of the resident's ed the resident was resting en and observed two nurse aides and the r had ants all on her. The resident sidet her cleaned the ants off the 15 AM, during an interview with CNA E, she esident #1 reside. She stated her shift en th's room and bed during the previous o check for ants or perform any r enter the resident's room and then heard and the nevered into preform a
LABORATORY DIRECTOR'S REPRESENTATIVE'S SIGNA		TITLE	(X6) DATE

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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: YL1O11

Facility ID: 455416

If continuation sheet Page 1 of 18

CENTERS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES			PRINTED:5/24/2014 FORM APPROVED OMB NO. 0938-0391
TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER 455416	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/30/2013
AME OF PROVIDER OF SU	PPLIER		ET ADDRESS, CITY, STA	,
HE COURTYARDS AT FO	RT WORTH		VESTERN HILLS BLVD ' WORTH, TX 76108	
or information on the nursing (X4) ID PREFIX TAG		cy, please contact the nursing home or th DEFICIENCIES (EACH DEFICIENCY MATION)		FULL REGULATORY
F 0157	(continued from page 1)		tial interviewee (CD) states	he/she was present
Level of harm - Immediate jeopardy	when Resident #1's family memb Resident #1's brief during the inc.	returned from the hospital. The confider er arrived at the facility around 9:00 AM ident and could tell Resident #1 had not I s of the brief and pad, and the feeding re:	on 09/01/13, and called fo been provided incontinent of	r help. The CI removed are for a significant
Residents Affected - Many	confirmed). The CI believed the l	evel of wetness and amount of feeding re-	esidue indicated Resident #	1's sheets had not been
Residents Affected - Many	changed the night before when th filled with ants, and there were hu Resident #1 as being covered in b wheelchair for approximately an stated Resident #1 was then movo in a sheet and when he/she remov knew the sheets and the mattress he/she discovered the pad in the s shook the pad and approximately and Administrator. On 09/16/13 a 09/01/13, and her shift was 6:00 , included Resident #1. She stated the did a complete check of Res Resident #1's covers and checkin, stated that at approximately 9:20 great deal of ants; no more than 3 of her chest. She stated she did no not have blisters and Resident #1 both stated they saw hundreds of Resident #1's physician's answeri NP who prescribed Resident #1 both stated they saw hundreds of Resident #1's physician's answeri transport the resident. She stated was not sure if she had notified R physician upon the resident's retur physician or his NP were consult return to the facility.) On 09/17/1 9:30 AM to 10:00 AM, she was m sent out to the hospital due to the was notified of the incident but sl she conducted the investigation o accurate assessment of the numb her statement that Resident #1 on severity of Resident #1 sant bites physician nor the physician's NP that neither the physician nor his notes, dated 09/01/13 at 4:00 PM Keflex four times a day for seven package, and [MEDICATION NAME]/[MEDI teasponns) every 6 hours as needed for pain. The nur were notified of the request to tra new orders. On 09/13/13 at 10:15 midnight (12:00 AM) on 09/01/1 that morning, but was uncertain o telephone call was received from being in pain from some ant bites stated she was not informed of the required with information, On 09 wells observed by the surveyors v would have sent her to the hospital office received about the incident scenario would have been Reside physician stated Resident #1 coult another month for the bites to here is the base of the back of the calf. The ants bites are cluster of incident of multiple ant bites. The lateral calf. The ant bites in these bites to the neck, b	e ants where initially found in the resident indreds of ants on the resident, including ites. The C1 stated MeNR Resident #1 rett hour to an hour and a half because her be d to another unit. The C1 stated he/she wh were clean and free of ants, so he/she chu eat of the wheelchair had a hole with foo eight to nine ants came out of the pad. T it approximately 11:15 AM, during an in vAM to 2:00 PM. She stated she had been for she did a quick check of Resident #1 du ident #1 at approximately 8:30 AM. She g her body for ant bites and did not find a AM, she was called by a nurse aide to Re 0 ants. LVN F stated she observed ant bi t observe any ant bites on Resident #1's did not have any facial expression indice ants, and MA G stated he saw too many ng service and then spoke with the physi MEDICATION NAME] and Loritab, sai . Resident #1's family member requested bort company and was told that due to Re she then contacted an ambulance service esident #1's physician about Resident #1 w to tified of the incident involving Resident #1 so 10 berve Resident #1 until she 1 f the incident. she could ot explain why 1 r of Resident #1's number of ant bites. S ly received 30 ant bites. She stated she w when she consulted regarding Resident #1 NP were notified when Resident #1 retur reflected the hospital's physician gave o days, 4 mg of [MEDICATION NAME] CATION NAME] ([MEDICATION NAME] CATION NAME] ([MEDICATION NA ses' notes provided no documented evide nsfer the resident to the hospital or of the she the consulted regarding Resident *109/02/13 at around midnight to inform 1/2/13 at 12:30 PM, during an interview when she consulted regarding Resident *109/02/13 at around midnight to inform is notes reflected the following entries re (no specific time provided), reflected Re e resident had been conveyed. The NP facility. She stated staff were not reportin *12/13 at 12:30 PM, during an interview when have and mites. He stated is he have so the incident had been conveyed. The NP facility. She stated staff were not reportin *13), but	nt's bed. The CI stated Resi when LVN F was in the rc urned from the hospital, she d, which had a new mattre- rent to check on the resident ert to check on the resident the cl stated this incident we terview with LVN F, she cc the charge nurse for the 20 und in Resident #1's room a ring walking rounds at appr stated the complete check i uny. During the interview we scident #1's room. She stated tes around Resident #1's co- trunk or vaginal area. She s ting she was in pain. (Note (ants) to count.) LVN F fuu- cian's NP regarding the ince d if Resident #1's family m the resident be sent to the esident #1 being total care, for a non-emergency trans; being sent to the hospital, notes for 09/01/13, provide to a local hospital or upon t he stated she did not interv as not aware LVN F had no NP. She was not aware the '1's transfer to the hospital. ned to the facility from the rders for the resident to rece (MEDICATION NAME] to ME]) 2.5 mg/167 mg per 5 ence the resident's physiciar resident #1's family member was was an the stated she did not interv as not aware LVN F had no NP. She was not aware the ME]) 2.5 mg/167 mg per 5 ence the resident's physiciar resident's return from the ican's NP, she stated she had the facility. The NP stated she had the facility from the rosident #1's transfer to the hospital na. The NP stated she had the facility. The NP stated she rthat Resident #1's famili an. The NP stated she had the facility. The NP stated she rthat Resident #1's famili an. The NP stated she had the facility. The NP stated she rthat Resident #1's physici as the that conter top with ston have caused the et out blows bilas of all filed pu concentration of redness had dis the was in abd with sock as the was in bed with sock as the was in bed with sock	dent #1's brief was from. The CI described bad to sit in her ss, was not ready. The CI it and she was wrapped he CI stated he/she hair. The CI stated r the pad. The CI r the pad. The CI sa reported to the DON onfirmed she worked on 0 and 300 halls, which nd the resident was roximately 6:00 AM, and ncluded pulling back //th LVN F, she further d she did not see a Jlarbone and the front stated the bites did :: CNA E and the CI ther stated she contacted ident. She stated the ember wanted her sent to the hospital so she they would be unable to port. LVN F stated she but did notify the ed no evidence the her resident's 09/01/13, between led that Resident #1 was vs hortly after she tal. The DON stated ot provide and iew LVN F regarding ot disclosed the at neither the She was not aware hospital. Nurse's reive 500 mg of take as directed on the ml solution, take 10 ml (two n or the physician's PA hospital with as first notified around telephone call later m. She stated a third vorried about Resident #1 EDICATION NAMEJ. She he received another y member did not want been unaware Resident #1 he stated the red er the incident, he he information his ne worst case massive infection. The could take up to sten to f (Resident) / dated 09/03/13 ill in stature and t bites are noted to s are in the following erior lateral / days after the as performed due to the eft posterior stules. The ant is decreased. s on her hand. Resident
	#1's family member was present a were observed on all of Resident ant bites were observed to have p her neck and shoulder area. Resid Resident #1's facial expression in attempt to scratch at areas with at 09/06/13, identified the category occurred on 09/01/13, and was re observed ants on the resident's dn were moved to another room and Staff continued to monitor throug resident. A nurse assessed Reside swollen. The Post-Investigation a 08/28/13, due to ants found in two	PM, of Resident #1 in her room, reveale and stated the socks were used to prevent #1's limbs, neck, shoulders, back, right ri ustules. The family member removed the ent #1 had several dark red scratch mark dicated she was distressed. Resident #1 r th bites. Review of the Provider Investiga of the incident involving Resident #1 as of ported to the State Agency on 09/01/13. Seser and on her bed on 08/31/13 at appre both residents were assessed and no obss hout the shift. On 09/01/13 at 9:30 AM, nt #1 and observed multiple ant bits on F ction section reflected facility staff had ho o rooms. Resident #1 was moved to anot wheelchair cushion. A head-to-toe assess	Resident #1 from scratchi ib cage, and left inner thigh s socks and Resident #1 inn s on both her upper arms a nade slight groaning noises tion Report, signed by the Other: Ant Bites. It reflecte The summary of the investi xximately 11:40 PM. The revations of ants were note the resident's mother obser lesident #1 and the areas w her monitoring for ants in her room, and her previous	ng herself. Ant bites . Several of the mediately began scratching nd shoulder area. and continued to DON and dated d the incident igation reflected: A nurse esident and her roommate d on either resident. ved ants on the ere closed and slightly the facility since room was deep cleaned,

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NAME OF PROVIDER OF SUF			STREET ADDRESS, CITY, STA	ATE ZID	
[· · · · · · · · · · · · · · · · · · ·			· · · ·	·	
THE COURTYARDS AT FORT WORTH 8001 WESTERN HILLS BLVD FORT WORTH, TX 76108					
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 0157	(continued from page 2)	6.4 6 11. (751 - 61.111 - 6	
Level of harm - Immediate jeopardy	08/09/13, 08/13/13, 08/16/13, 08/20/1 maintenance, housekeeping and admir	or of the facility. (The copies of billing from 3, 08/21/13, 08/26/13, 08/27/13, and 09/06/ istration, were educated on monitoring room	13.) Staff, including nursing staff, ms for ant activity, implementing safety
Residents Affected - Many	beds/linens. Daily monitoring continu assessments of residents and ensuring physician. It furthermore did not provi physician when a resident is being trat treatment orders from the hospital to a plan or change it. Review of the facilit 08/31/13 at 11:49 PM, Resident #3 wa assessment of the resident and found r the same room covered with ants.) Re following: 08/20/13 at 2:30 p.m Ent	vent of finding ants, and how to respond if a ed for observation of ants. The plan did not nurses provide complete and accurate inform de information regarding how they address sterred to a hospital and again when they re llow the attending physician to determine if y's Patient/Resident Incident/Accident Inve s found in her room with ants on her dresse to ant bites. (Note: This incident occurred the view of the facility's Service Request Log fo tre unit needs to be sprayed. Bugs and ants is bed B have ants. On 8/21/13 (no time). A	address ensuring nurses conduct accurate mation when consulting with a resident's ed ensuring nurses consult/notify a eturn with an order to review the the wants to approve the new treatment stigation Worksheets revealed on r. The nurse conducted a head-to-toe the day before Resident #1 was found in or the contract exterminator revealed the
	clothes. On 09/01/13 (no time) - Ants in resident r (station not specified). Review of the p 08/13/13: room [ROOM NUMBER] v during service. A Fire Ant mound was was in regard to cockroaches in the kit treated. Ants were noted during servic were treated for [REDACTED]. 08/21 were treated. Ants were noted during servic were treated. Ants were noted during servic serviced. room [ROOM NUMBER]. The facility's perimeter was treated an on exterior of building. Trees/shrubs v suggested the facility trim back vegeta room [ROOM NUMBER]. On 09/13/ mound was found after the incident th two weeks ago. It will sometimes driv service provider and the facility are w Administrator revealed the facility are vadministrator revealed the facility did in-service conducted after the incident revealed prior to the incident on 09/01/13, of areas in tf identified repairs were completed foll not provided at that time. Any ants see nurses' station. The log books are chee the nurses' station that is monitored by sighted the maintenance staff will trea exterior wall of the room. Maintenanc untitled document attached to the Faci resident rooms in the facility with env undated handwritten document as a lis where repairs were needed to address around the windows. The following at 59-60, 200-213, 215-226, 228, 301-30 included 20 rooms that needed caulk a 35-36, 40, 44, 48-49, 51-58, and 310. bathroom only: 9, 10, 12, 19, and 411 35, 35, and 406. The list also identifie- widow screen was identified. In room [ROOM NUMBER]	oom [ROOM NUMBER] and restroom. On best control service provider's receipts for tr vas treated. The facility's exterior was treate noted near an exit door. Ants were noted in chen and the treatment of [REDACTED]. 0 e. The courtyard of the secured unit, 200 ha /l3: Patient/guest rooms were treated. The t service under cold base in rooms [ROOM N ted. The targeted pest was ants. The areas v aseboards, was treated. Ants were noted duri d ants were the target. Ants were noted duri vere contacting the facility creating a path fa tion to eliminate contact. 09/06/13: The ext l3 at 3:20 PM, interview with the Pest Cont at occurred on 09/01/13. The service provid e the insects into the facility where they will orking on controlling the issue. On 09/13/13 not have a specific policy regarding ants, ju on 09/01/13. On 09/13/13 at 2:50 PM, inter /l3, the facility had been calling the exterm niffied the undated handwritten document a e facility where repairs were needed to add wing the compilation of the list of repairs r n in the facility are logged by staff in a mai k twice a day. Insect sightings are also logg the pest control service provider on a mont t the area himself. If it is a resident room he e staff also monitor outside for ant mounds' lity's Provider Investigation Report involvir frommental issues. On 09/13/13 at 2:50 PM, it compiled by staff members after the incid ants in the building. The list included a total e the rooms identified: 1, 3, 11, 18, 20-22, 2 , 9, 311-313, 315, 401-408, 412-415, 418-42 round the windows and in the bathroom. Tf Also identified on the list were the followin The list identified seven rooms where ants 1 other environmental issues in resident room (ROOM NUMBER] the window doesn't sh still broken, and room [ROOM NUMBER]	09/03/13 (no time) - Ants at nurses' station eatment revealed the following: dd. Ants were the targeted pest. Ants were noted n room [ROOM NUMBER]. 08/16/13: this visit 8/20/13: The facility's exterior area was 11, was treated. rooms [ROOM NUMBERS] targeted pest was ants. rooms [ROOM NUMBERS] targeted pest was not the service provider reiro of the widnoew and ground near rol Service: Provider revealed only one fire ant ler completed a power spray approximately 1 ingest the poison and then die. The 3 at 2:28 PM, interview with the ust the statement written for the rview with the Maintenance Director inator when ants were found in the is a list compiled by staff members after ress ants in the building. The needed, however completion dates were ntenance log book located at each ged in a pest control book located at thy basis. Review of an undated, ag Resident #1 revealed a list of the Maintenance Director identified the ent on 09/01/13, of areas in the facility 1 of 82 resident rooms that needed caulk 24-25, 28-30, 33-34, 38-39, 41-42, 45, 0, 422-424, 426-427, and 429. The list also the identified rooms were: 4, 23, 26, 31-32, g five rooms that needed caulking in the
	type of repair. On 09/13/13 at approxi address the ants in the facility included daily checks on residents' rooms by cl for ant mounds. Logs of the resident a for housekeeping. Staff documents any Assistant Administrator stated he has rooms are impacted. The Administrato begin their logs until 09/02/13. Maintet once a day. Maintenance treats any sig control service providers. Review of tl Hall, The Terrace, and The Verandah 09/01/13 in Rooms 211, 213, 310, and the 300 Hall. Ants were noted on 09/04/13 400 Hall Shower Room. Ants were noted on 09/14/13 in rooms [ROOM NUMBER]. Ants were noted on 09/10/13 in room noted on 09/14/13 in rooms [ROOM NUMBER following: If a resident is found to hay resident, shower the resident, change g well. One hour ant round logs are to b included: Physician Communication/C improve communication between phys nursing staff with guidelines for makin changes in a patient's/resident's condit but is not limited to: B. Current physic stable). E. Vital signs, TPR (temperatu [REDACTED]. L. Any interventions/ in medical condition. (The physician fue condition requiring an emergent transf notifying the physician and reflected: nurse feels uncomfortable with a situa a life-threatening event. An Immediatt assessments. On 09/26/13 at 1:00 PM,	B in rooms [ROOM NUMBERS]. Ants were on 09/05/13 in room [ROOM NUMBER]. A [ROOM NUMBER]. Ants were noted on 09/ S]. Review of the in-service regarding ants, e ants in the room the following should be of own and linens. If the resident is needed to e completed by each shift. The facility's cur- hange in Condition, revised September 201 sicians and nursing staff in order to promote ng decisions regarding appropriate and time ion. PROCEDURES: 1. Complete assessme cal condition C. Patient's/resident's previous tre), BP (blood pressure).Lung Sounds, N/V first aide (sic) provided to the patient/reside otification grid may be used as a reference all assessments and changes in the patient's pond within an acceptable time frame, the M nt's family member/legal representative wilf er to the hospital. A Physician Communicat These guidelines are not intended to substitu- tion he/she should not delay contacting the e Jeopardy was identified on 09/26/13 in the the Assistant Administrator and DON were	istant Administrator revealed the plan to re residents by direct care staff, cks by maintenance outside the facility ation, one for direct care staff and one s well as the other identified logs. The l on a floor plan so he can monitor which but some of the nurses' stations did not ogs kept at the nursing stations at least tes further treatments with the pest led rooms on the 200 Hall, 300 Hall, 400 //28/13 to 09/14/13. Ants were noted on ed on 09/01/13 in room [ROOM NUMBER], and e noted on 09/04/13 in Rooms 310, and 417, and ants were noted on 09/06/13 in room [ROOM 9/12/13 in room [ROOM NUMBER]. Ants were /residents, conducted on 09/04/13, revealed the done; head-to-toe assessment done on the change rooms the bed must be changed as rent Nursing Policies and Procedures 11 and reflected the following; POLICY: 1. To e optimal patient/resident care. 2. To provide ly notification of medical staff regarding ent of the patient/resident care. 2. To provide to loregarding acceptable notification // Abdominal Assessment, PainH. allergies ent. 2. Notify the physician of the change tool regarding acceptable notification //residents condition in the medical Medical Director and Director of Nursing 1 be notified of any change in tion Grid was provided as guidelines for tue for good nursing judgment. If the physician or call 911 if it appears to be e area of Quality of Care and accurate e informed an Immediate Jeopardy (IJ) had been
	Event ID: YL1011	IJ was requested The Plan of Removal for Facility ID: 455416	If continuation sheet

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NAME OF PROVIDER OF SU	455416 PPLIER	STREET ADDRE	ESS, CITY, STATE, ZIP
THE COURTYARDS AT FO	RT WORTH	8001 WESTERN	HILLS BLVD
For information on the nursing	home's plan to correct this deficien	FORT WORTH, cy, please contact the nursing home or the state surv	
(X4) ID PREFIX TAG		DEFICIENCIES (EACH DEFICIENCY MUST BE F	
E 0157	OR LSC IDENTIFYING INFORM	MATION)	
F 0157 Level of harm - Immediate jeopardy Residents Affected - Many	revealed there were no ant bites. 09/01/13 at 8:30 AM, ants were f record was not an accurate descri stripping the bed and wiping ants	Resident #1's bed was found with ants on 08/31/13 a The resident was moved to another room, which shar ound on Resident #1. LVN F was informed, but her ption of the number of ants. MA G and CNA E, alor off the resident. LVN F documented ants were unde ind front of the legs. There was no evidence of a con	red a wall with her first room. On documentation in the resident's clinical ng with Resident #1's family member were er the resident as well as having been
	Information provided to the NP w NAME] 7.5 mg per [DEVICE] and to apply [1 of the resident's family member.]	vas unknown. Orders were received to give [MEDIC MEDICATION NAME] cream. Resident #1 was trau LVN F provided no other reason for Resident #1 bei	ATION NAME] 50 mg and [MEDICATION nsferred to the ER for treatment at the insistence
E 0224	to the facility the same day and w	vas taken to a ro	
F 0224	of residents' property.	id mistreatment, neglect and abuse of residents an	
Level of harm - Immediate jeopardy	Based on observation, interview a	TS HAVE BEEN EDITED TO PROTECT CONFID and record review, the facility failed to implement th	ne policies and procedures, which
	Based on observation, interview a prohibit neglect for one (Residemi everywhere on her body and was accuracy the number of fire ant b physician/NP with an accurate as with orders to send her to the hos returned from the ER with new of Immediate Jeopardy (11) was ider (9/30/13, the facility remained or potential for more than minimal H monitoring the effectiveness of th Residents #1, #2, #3 and #4, at ris [DIAGNOSES REDACTED]. Fit further investigation of a current (AGE) year-old female who was Resident #1 had severe cognitive for activities of daily living to inc date of 08/11/13, reflected the fol transfers, dressing, eating, toiletir assistance as needed. b) [DIAGN [MEDICAL CONDITION] precautions. c) Re Approaches included to observe for non-verba Turn/reposition, communicate, pr needs. Resident unable to commu The goal was for the resident's sk factors. Treat, reduce, eliminate r room, Jying on her bed. She was i swollen, inflamed, red welts on al hairline, upper and lower extremi on her inner left thigh in an area a the surveyor on 09/12/13 at 11:33 except for her middle back, feedii count. During the assessment, Re 09/12/13 at 11:00 AM, during the as fire ant bites. The family memi received a telephone call on 09/0 resident's room and Resident #1, repeat notification of the ants obs the facility later that same mornif family member stated he/she becci arrived, Resident #1 was in her ro and several staff members came t Resident #1 be sent to the hospita #1 could have led to her death. Ro shift was on 08/31/13), reflected 1 assessment of the resident and no notified and an order was receive transfer to a different room due to comfortably and there were no si The next nurse's notes entry for R come STAT (immediately) to roo resident's mother striping her bed had bites on both arms, along her The physician's NP was consulted and to apply [MEDICATION NA and at 4:00 PM, Resident #1 retui Worksheet, completed by LVNF or resident shamily member call He stated he focused on helping y staff interview, he/she stated	and record review, the facility failed to implement th t#1) of four residents reviewed for neglect. When R being bitten, LVN F failed to: conduct a head-to-tites she sustained, assessing for an allergic reaction a sessment of Resident #1's status and allowing the pital notify the physician/NP Resident #1 was ser rders until the resident had been back in the facility futified in the area of quality of care and accurate asse to for compliance at a level of actual harm that is not i arm and scope of pattern. because staff were still be heir plan of removal. These failures placed the facility sh for not being adequately assessed with [REDACT ndings included: On 09/26/13, based on administrati Immediate Jeopardy situation. Resident #1's MDS an admitted to the facility on [DATE], with [DLGMO2 impairment, received nourishment via tube feeding, blue bed mobility and personal hygiene. Resident #1's MDS admitted to the facility and personal hygiene. Resident was set routed of followin OSES REDACTED]. Approaches include OSES REDACTED]. Approaches included followin OSES REDACTED]. Approaches included followin is it or emain intact. Approaches included to assess th isk factors to extent possible. On 09/12/13 at 11:00 / an a fetal position and had severe contractures of her it visible areas of her body. Small clusters of welts a ties, neck, and upper shoulder blades, plus on her ha approximately 6.0 to 8.0 inches in length and 3.0 to 4 / A revealed Resident #1 was covered with red wen g tube area, vaginal area, and under her breasts. The sident #1 responded to verbal and physical stimulus for the seident, a family member ber stated the incident occurred on 09/01/13. The family member informing him/her of and beem moved to another roor erved on 08/31/13. The family member informing him/her of and occided to check on the resident, so that the ass of the body. The resident #1 was not and the sing of an to set and a symptid d to move the resident so the sing and ther day the resident #1 was not and the fare informing him/	ne policies and procedures, which esident #1 was found with fire ants to eassessment to determine with and pain provide Resident #1's hysician/NP to respond appropriately nt to the ER and when the resident for over two hours. On 09/26/13 an essments. While the IJ was removed on immediate jeopardy and at a eing inserviced and the facility was ty's 152 residents, including TED]. in a delay in treatment or ive review, the investigation was reopened for ssessment, dated 08/25/13, reflected a SES REDACTED]. The assessment reflected , and required total dependence on staff 1's care plan with a current review dependent for bed mobility, ded to provide Resident #1 with g safety measures and implementing to her [DIAGNOSES REDACTED]. grimacing, withdrawal, etc.). food as needed. Staff must anticipate ated to bowel and bladder incontinence. he resident for presence of risk AM, Resident #1 was observed in her arms, legs, and hands. She had mol individual welts were around her unds and feet. A cluster of welts was 4.0 inches in width. Observation by etts, which appeared to be ant bites, e red welts were too numerous to by opening her eyes and frowning. On r was present and identified the welts mily member further stated he/she g him/her ants were found in the n. the family member stated when he/she r stated he/she began yelling for help ember revealed he/she had to insist ber of ant bites suffered by Resident both at 5:30 AM and 11:40 PM (start of bed. The nurse conducted an oms of pain. The resident's MD was ily was notified of the resident both at 5:30 AM and 11:40 PM (start of bed. The nurse conducted an oms of pain. The resident's d the resident was resting ed a wall with Resident #1's old room). e nurse heard a nurse aide calling n and observed two nurse aides and the had ants all on her. The resident eas were slightly swollen and red. ME] and 7.5 mg of Loratab via her feeding tube, ted her transferred to a hospital, at 10:00 AM, ident Incident/Accident Investigation Resident #1 was found to have ant bites. At staf
	staff interview, he/she stated he/s for the resident when the resident when Resident #1's family memb Resident #1's brief during the inc amount of time due to the wetnes confirmed). The CI believed the 1 changed the night before when th filled with ants, and there were hu	he had assisted with removing ants from Resident #1	1 on 09/01/13, and had provided care ewee (CI) stated he/she was present .3, and called for help. The CI removed led incontinent care for a significant e pad (however, this was not rated Resident #1's sheets had not been e CI stated Resident #1's brief was V F was in the room. The CI described

ENTERS FOR MEDICARE a	& MEDICAID SERVICES		FORM APPROVED OMB NO. 0938-0391
FATEMENT OF EFICIENCIES	(X1) PROVIDER / SUPPLIER / CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
ND PLAN OF DRRECTION	IDENNTIFICATION NUMBER	B. WING	09/30/2013
ME OF PROVIDER OF SU	455416	CTDEET ADDI	RESS, CITY, STATE, ZIP
E COURTYARDS AT FO			N HILLS BLVD
		FORT WORTI	H, TX 76108
(4) ID PREFIX TAG		cy, please contact the nursing home or the state su DEFICIENCIES (EACH DEFICIENCY MUST BE	
,	OR LSC IDENTIFYING INFORM		
F 0224		hour to an hour and a half because her bed, which	
Level of harm - Immediate jeopardy	in a sheet and when he/she remov	ed to another unit. The CI stated he/she went to cho ed the sheet from the resident, he/she observed the	ree to four ants. The CI stated he/she
Residents Affected - Many	he/she discovered the pad in the s	were clean and free of ants, so he/she checked Res eat of the wheelchair had a hole with food in it as	well as food under the pad. The CI
	and Administrator. On 09/16/13 a	eight to nine ants came out of the pad. The CI stat t approximately 11:15 AM, during an interview w	ith LVN F, she confirmed she worked on
	included Resident #1. She stated t	AM to 2:00 PM. She stated she had been the charg the night nurse told her ants had been found in Res	sident #1's room and the resident was
	then did a complete check of Resi	she did a quick check of Resident #1 during walki ident #1 at approximately 8:30 AM. She stated the	complete check included pulling back
	stated that at approximately 9:20	g her body for ant bites and did not find any. Durin AM, she was called by a nurse aide to Resident #1	's room. She stated she did not see a
	of her chest. She stated she did no	0 ants. LVN F stated she observed ant bites around t observe any ant bites on Resident #1's trunk or v	aginal area. She stated the bites did
	both stated they saw hundreds of	did not have any facial expression indicating she v ants, and MA G stated he saw too many (ants) to c	count.) LVN F further stated she contacted
	NP who prescribed Resident #1 []	ng service and then spoke with the physician's NP MEDICATION NAME] and Loritab, said if Resid	lent #1's family member wanted her sent to the
	contacted a non-emergency transp	. Resident #1's family member requested the reside port company and was told that due to Resident #1	being total care, they would be unable to
	was not sure if she had notified R	she then contacted an ambulance service for a non esident #1's physician about Resident #1 being ser	nt to the hospital, but did notify the
	physician or his NP were consulte	rn to the facility. (Note: LVN F's nurse's notes for ed prior to the resident being transferred to a local	hospital or upon the resident's
	9:30 AM to 10:00 AM, she was n	3 at 3:30 PM, during an interview with the DON, s otified of the incident involving Resident #1 and t	he ants. She recalled that Resident #1 was
	was notified of the incident but sh	family member's request. The DON stated she arr he did not observe Resident #1 until she had return	ed from the hospital. The DON stated
	accurate assessment of the number	f the incident. she could ot explain why LVN F's n r of Resident #1's number of ant bites. She stated	she did not interview LVN F regarding
	severity of Resident #1's ant bites	ly received 30 ant bites. She stated she was not aw when she consulted with the physician's NP. She	was not aware that neither the
	that neither the physician nor his	had been consulted regarding Resident #1's transfe NP were notified when Resident #1 returned to the	e facility from the hospital. Nurse's
	Keflex four times a day for seven	, reflected the hospital's physician gave orders for days, 4 mg of [MEDICATION NAME][MEDICA	the resident to receive 500 mg of ATION NAME] to take as directed on the
		CATION NAME] ([MEDICATION NAME]) 2.5	mg/167 mg per 5 ml solution, take 10 ml (two
		ses' notes provided no documented evidence the re	
	new orders. On 09/13/13 at 10:15	nsfer the resident to the hospital or of the resident' AM, during an interview with the physician's NP	, she stated she was first notified around
	that morning, but was uncertain o	3, of the ants in Resident #1's room. She stated she the time, and was told the resident had been mov	ed to another room. She stated a third
	being in pain from some ant bites	the facility on 09/01/13, saying Resident #1's family. She stated she prescribed a topical cream, pain m	nedication, and [MEDICATION NAME]. She
	telephone call from the facility on	e number of ant bites or seriousness of the incident 09/02/13 at around midnight to inform her that R	esident #1's family member did not want
	had transferred to a hospital emer	rescribed by the emergency room physician. The N gency room or of Resident #1's return to the facili	ty. The NP stated she did not see
	the incident if the seriousness of t	13), but could tell that she would have sent Resid he incident had been conveyed. The NP stated she	had recently had problems getting
	prepared with information. On 09	facility. She stated staff were not reporting the full /12/13 at 12:30 PM, during an interview with Res	ident #1's physician, he stated the red
	would have sent her to the hospita	vere ant bites. He stated if he had seen the ant bite al. The physician stated he did not initially handle	the incident, but the information his
	scenario would have been Resider	did not relay the seriousness of the incident. The p nt #1 experiencing anaphylactic shock. A secondar	ry concern was a massive infection. The
	another month for the bites to hea	d experience scarring in the areas of the ant bites, l, and stated, There had to be hundreds of ants to h	nave caused the extent of (Resident
	on the 6:00 AM to 2:00 PM shift	's notes reflected the following entries regarding h (no specific time provided), reflected Resident #1	was small and frail in stature and
	Resident #1's entire body from de	e resident had contractures to knees, hips, and elbo nse to sparse concentrations. The densest concentr	rations of ant bites are in the following
	calf. The ants bites are cluster of t	neck, the right posterior flank area, left posterior the fluid filled pustules, too numerous to count. Entry	dated 09/06/13 (5 days after the
	incident of multiple ant bites. The	PM shift (no specific time provided), reflected a s densest concentrations of ant bites are the left po	sterior thigh and left posterior
	bites to the neck, bilateral arms, a	areas are very red and irritated with a decrease in nd right flack are red and angry, but the concentra	tion of redness has decreased.
	#1's family member was present a	PM, of Resident #1 in her room, revealed she was and stated the socks were used to prevent Resident	#1 from scratching herself. Ant bites
	ant bites were observed to have p	#1's limbs, neck, shoulders, back, right rib cage, as ustules. The family member removed the socks an	d Resident #1 immediately began scratching
	Resident #1's facial expression in	ent #1 had several dark red scratch marks on both dicated she was distressed. Resident #1 made sligh the bits. Parian of the Provider Investigation Page	nt groaning noises and continued to
	09/06/13, identified the category of	the bites. Review of the Provider Investigation Report of the incident involving Resident #1 as Other: An	t Bites. It reflected the incident
	observed ants on the resident's dre	ported to the State Agency on $09/01/13$. The summerser and on her bed on $08/31/13$ at approximately both residents were assessed and no observations.	11:40 PM. The resident and her roommate
	Staff continued to monitor throug	both residents were assessed and no observations hout the shift. On 09/01/13 at 9:30 AM, the reside	ent's mother observed ants on the
	swollen. The Post-Investigation a	nt #1 and observed multiple ant bits on Resident # ction section reflected facility staff had been moni	toring for ants in the facility since
	and she was provided with a new	o rooms. Resident #1 was moved to another room, wheelchair cushion. A head-to-toe assessment wa	s conducted every shift. A pest control
	08/09/13, 08/13/13, 08/16/13, 08/	xterior of the facility. (The copies of billing from 20/13, 08/21/13, 08/26/13, 08/27/13, and 09/06/13	Staff, including nursing staff,
	maintenance, housekeeping and a checks for ants, who to notify in t	dministration, were educated on monitoring rooms he event of finding ants, and how to respond if and	s for ant activity, implementing safety ts were observed on residents or
		tinued for observation of ants. The plan did not ac	
		ring nurses provide complete and accurate inform provide information regarding how they addressed	

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE &	PRINTED:5/24/2014 FORM APPROVED OMB NO. 0938-0391				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER 455416	(X2) MULTIPLE CONSTRUCT A. BUILDING B. WING	TION	(X3) DATE SURVEY COMPLETED 09/30/2013	
NAME OF PROVIDER OF SUF			STREET ADDRESS, CITY, STA	ATE ZID	
[· · · · · · · · · · · · · · · · · · ·			· · · ·	·	
THE COURTYARDS AT FORT WORTH 8001 WESTERN HILLS BLVD FORT WORTH, TX 76108					
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 0224	(continued from page 5)
Level of harm - Immediate	treatment orders from the hospital to allow the attending physician to determine if he wants to approve the new treatment plan or change it. Review of the facility's Patient/Resident Incident/Accident Investigation Worksheets revealed on 08/31/13 at 11:49 PM, Resident #3 was found in her room with ants on her dresser. The nurse conducted a head-to-toe
Residents Affected - Many	assessment of the resident and found no ant bites. (Note: This incident occurred the day before Resident #1 was found in the same room covered with ants.) Review of the facility's Service Request Log for the contract exterminator revealed the following: 08/20/13 at 2:30 p.m Entire unit needs to be sprayed. Bugs and ants in every room. On 08/21/13 (no time) -
	Entire room [ROOM NUMBER] and bed B have ants. On 08/21/13 (no time) - Ants in closet in room [ROOM NUMBER] on clothes. On
	09/01/13 (no time) - Ants in resident room [ROOM NUMBER] and restroom. On 09/03/13 (no time) - Ants at nurses' station (station not specified). Review of the pest control service provider's receipts for treatment revealed the following: 08/13/13: room [ROOM NUMBER] was treated. The facility's exterior was treated. Ants were the targeted pest. Ants were noted
	during service. A Fire Ant mound was noted near an exit door. Ants were noted in room [ROOM NUMBER]. 08/16/13: this visit was in regard to cockroaches in the kitchen and the treatment of [REDACTED]. 08/20/13: The facility's exterior area was
	treated. Ants were noted during service. The courty and of the secured unit, 200 hall, was treated. rooms [ROOM NUMBERS] were treated for [REDACTED]. 08/21/13: Patient/guest rooms were treated. The targeted pest was ants. rooms [ROOM NUMBERS]
	were treated. Ants were noted during service under cold base in rooms [ROOM NUMBERS]. 08/25/13: The facility's exterior area and patient/guest rooms were treated. The targeted pest was ants. The areas were inspected and treated and rooms were
	serviced. room [ROOM NUMBER], baseboards, was treated. Ants were noted during services; baseboards around bed. 08/27/13: The facility's perimeter was treated and ants were the target. Ants were noted during service; several ants near building
	on exterior of building. Trees/shrubs were contacting the facility creating a path for pests to enter. The service provider suggested the facility trim back vegetation to eliminate contact. 09/06/13: The exterior of the widnoew and ground near
	room [ROOM NUMBER]. On 09/13/13 at 3:20 PM, interview with the Pest Control Service Provider revealed only one fire ant mound was found after the incident that occurred on 09/01/13. The service provider completed a power spray approximately two weeks ago. It will sometimes drive the insects into the facility where they will ingest the poison and then die. The
	Service provider and the facility are working on controlling the issue. On 09/13/13 at 2:28 PM, interview with the Administrator revealed the facility did not have a specific policy regarding ants, just the statement written for the
	in-service conducted after the incident on 09/01/13. On 09/13/13 at 2:50 PM, interview with the Maintenance Director revealed prior to the incident on 09/01/13, the facility had been calling the exterminator when ants were found in the
	facility. The Maintenance Director identified the undated handwritten document as a list compiled by staff members after the incident on 09/01/13, of areas in the facility where repairs were needed to address ants in the building. The
	identified repairs were completed following the compilation of the list of repairs needed, however completion dates were not provided at that time. Any ants seen in the facility are logged by staff in a maintenance log book located at each
	nurses' station. The log books are check twice a day. Insect sightings are also logged in a pest control book located at the nurses' station that is monitored by the pest control service provider on a monthly basis. If only a couple of ants are
	sighted the maintenance staff will treat the area himself. If it is a resident room he will also treat outside near the exterior wall of the room. Maintenance staff also monitor outside for ant mounds on a daily basis. Review of an undated, untitled document attached to the Facility's Provider Investigation Report involving Resident #1 revealed a list of
	resident rooms in the facility with environmental issues. On 09/13/13 at 2:50 PM, the Maintenance Director identified the undated handwritten document as a list compiled by staff members after the incident on 09/01/13, of areas in the facility
	where repairs were needed to address ants in the building. The list included a total of 82 resident rooms that needed caulk around the windows. The following are the rooms identified: 1, 3, 11, 18, 20-22, 24-25, 28-30, 33-34, 38-39, 41-42, 45,
	59-60, 200-213, 215-226, 228, 301-309, 311-313, 315, 401-408, 412-415, 418-420, 422-424, 426-427, and 429. The list also included 20 rooms that needed caulk around the windows and in the bathroom. The identified rooms were: 4, 23, 26, 31-32,
	35-36, 40, 44, 48-49, 51-58, and 310. Also identified on the list were the following five rooms that needed caulking in the bathroom only: 9, 10, 12, 19, and 411. The list identified seven rooms where ants were found, the rooms were: 5, 9, 11, 20,
	53, 55, and 406. The list also identified other environmental issues in resident rooms. In room [ROOM NUMBER] a hole in the widow screen was identified. In room [ROOM NUMBER] the window doesn't shut all the way, and the frame was rotten. In room [ROOM NUMBER] the window was still broken, and room [ROOM NUMBER] had broken window trim. The window in room
	[ROOM NUMBER] was described as being in bad shape. room [ROOM NUMBER] had a hole by the bathroom door, and room [ROOM NUMBER] had
	a broken baseboard. A total of 107 resident rooms of the 120 resident rooms in the facility were identified as needing some type of repair. On 09/13/13 at approximately 4:00 PM, the Administrator and Assistant Administrator revealed the plan to
	address the ants in the facility included the following: One hour checks of total care residents by direct care staff, daily checks on residents' rooms by clinical staff and housekeeping, and daily checks by maintenance outside the facility
	for ant mounds. Logs of the resident and room checks were kept at each nurses' station, one for direct care staff and one for housekeeping. Staff documents any sightings of ants in the maintenance log as well as the other identified logs. The Assistent during the backbeart medicine means when each ware care ware does not not be any mean which
	Assistant Administrator stated he has begun marking rooms where ants were sited on a floor plan so he can monitor which rooms are impacted. The Administrator stated the monitoring began on 08/28/13, but some of the nurses' stations did not begin their logs until 09/02/13. Maintenance staff is monitoring the maintenance logs kept at the nursing stations at least
	once a day. Maintenance treats any sightings of insects immediately and coordinates further treatments with the pest control service providers. Review of the facility's Daily Ant Inspection logs revealed rooms on the 200 Hall, 300 Hall, 400
	Hall, The Terrace, and The Verandah were monitored once a day for ants from 08/28/13 to 09/14/13. Ants were noted on 09/01/13 in Rooms 211, 213, 310, and the 300 Hall Shower Room. Ants were noted on 09/01/13 in room [ROOM NUMBER], and the
	300 Hall. Ants were noted on 09/04/13 in rooms [ROOM NUMBERS]. Ants were noted on 09/04/13 in Rooms 310, and 417, and 400
	Hall Shower Room. Ants were noted on 09/05/13 in room [ROOM NUMBER]. Ants were noted on 09/06/13 in room [ROOM NUMBER]. NUMBER]. Ants were noted on 09/10/13 in room [ROOM NUMBER]. Ants were noted on 09/12/13 in room [ROOM NUMBER]. Ants were
	noted on 09/14/13 in rooms [ROOM NUMBERS]. Review of the in-service regarding ants/residents, conducted on 09/04/13, revealed the following: If a resident is found to have ants in the room the following should be done; head-to-toe assessment done on the
	resident, shower the resident, change gown and linens. If the resident is needed to change rooms the bed must be changed as well. One hour ant round logs are to be completed by each shift. The facility's current Nursing Policies and Procedures included. Physician Communication Change in Condition, revised Sentember 2011 and reflected the following: POLICY: 1 To
	included: Physician Communication/Change in Condition, revised September 2011 and reflected the following: POLICY: 1. To improve communication between physicians and nursing staff in order to promote optimal patient/resident care. 2. To provide nursing staff with guidelines for making decisions regarding appropriate and timely notification of medical staff regarding
	changes in a patient's romating decisions regarding appropriate automation includeation include and the start regarding decision of the start regarding decisi
	stable) .E. Vital signs, TPR (temperature), BP (blood pressure).Lung Sounds, N/V Abdominal Assessment, PainH. allergies [REDACTED]. L. Any interventions/first aide (sic) provided to the patient/resident. 2. Notify the physician of the change
	in medical condition. (The physician notification grid may be used as a reference tool regarding acceptable notification timeframes.) The nurse will document all assessments and changes in the patient's/resident's condition in the medical record as a fit the abuve patient sector and the patient's/resident's condition in the medical provides and the patient's/resident's condition in the patient's/resident's conditi
	record. 3. If the physician does not respond within an acceptable time frame, the Medical Director and Director of Nursing will be notified. 4. The patient's/resident's family member/legal representative will be notified of any change in condition requiring an emergent transfer to the hospital. A Physician Communication Grid was provided as guidelines for
	notifying the physician and reflected: These guidelines are not intended to substitute for good nursing judgment. If the nurse feels uncomfortable with a situation he/she should not delay contacting the physician or call 911 if it appears to be
	a life-threatening event. Review of the facility's current Abuse, Neglect and Misappropriation of Property policy, revised on February 2008, revealed the following: 1. The facility's Leadership prohibits neglect, mental or physical abuse,
	including involuntary seclusion and misappropriation of a patient's/resident's property and/or funds. 2. The facility's Leadership will conduct a prompt investigation of any allegation received of suspected abuse, neglect or misappropriation
	of property and/or funds. 3. The facility's Leadership will provide notification to the proper authorities, and, when required, the release of information to those agencies, pursuant to applicable federal and/or state law (F223, F224, F225, and F226). 4. The facility's Leadership will designed a staff member to guerse the abuve archibiting particular to address and the state of the abuve problem.
	and F226). 4. The facility's Leadership will designate a staff member to oversee the abuse prohibition policy (Facility Abuse Coordinator). 5. The facility's Leadership will implement appropriate and necessary guidelines, which prohibit the mistreatment, neglect, and abuse of the patient/resident including misappropriation of property and/or funds. Guidelines
	for investigation reflected the following: A. Immediate level assess resident/patient at the time if discovery of alleged abuse. B. Document assessment in the medical record. C. Maintain resident's/patient's protection during the investigation.
EOPM CMS 2567(02.00)	Event ID: VI 1011 Excility ID: 455416 If continuation cheet

Event ID: YL1011

If continuation sheet Page 6 of 18

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE			PRINTED:5/24/2014 FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/30/2013
NAME OF PROVIDER OF SU	455416 PPLIER	STREET	ADDRESS, CITY, STATE, ZIP
THE COURTYARDS AT FO	RT WORTH		ESTERN HILLS BLVD VORTH, TX 76108
For information on the nursing	home's plan to correct this deficien	cy, please contact the nursing home or the	
(X4) ID PREFIX TAG			JST BE PRECEDED BY FULL REGULATORY
F 0224	OR LSC IDENTIFYING INFORM (continued from page 6)	MATION)	
Level of harm - Immediate jeopardy			party. E. Notify the Administrator, Director
Residents Affected - Many			
F 0226	Develop policies that prevent miresident property.	streatment, neglect, or abuse of resident	s or theft of
Level of harm - Immediate	**NOTE- TERMŠ IN BRACKET	S HAVE BEEN EDITED TO PROTECT	
Level of harm - Immediate jeopardy Residents Affected - Many	**NOTE- TERMS IN BRACKET Based on interview and record re neglect, for one (Resident #1) of on her body and was being bitten number of fire ant bites she susta with an accurate assessment of R send her to the hospital notify ER with new orders until the resis (IJ) was identified in the area of of facility remained out of complian than minimal harm and scope of 1 effectiveness of their plan of rem and #4, at risk for not being adeq Findings included: On 09/26/13, a current Immediate Jeopardy sit policy, revised on February 2008 physical abuse, including involut The facility's Leadership will com misappropriation of property and authorities, and, when required, ti law (F223, F224, F225, and F22C prohibition policy (Facility Abus guidelines, which prohibit the mi property and/or funds. Guidelines time if discovery of alleged abus protection during the investigatio E. Notify the Administrator, Dire arrangements for physical/mental assault, rape, molestation or coers begin the Investigation Reporting having first-hand knowledge of ti will be interviewed by designated written, dated and signed by the i implement an interdisciplinary cz DON or designee will review the investigations are to be in writing Checklist. Resident #1's MDS ass on [DATE], with [DIAGNOSES nourishment via tube feeding, am and personal hygiene. Resident # functions reflected she was totall and bathing, Approaches include included to assess the resident for 09/12/13 at 11:00 AM, Resident for 09/01/13. The family member taut family member was present and 09/01/13 at 11:00 AM, Resident for 09/01/13 at 11:00 AM, Resident for 09/01/13 at 11:00 AM, Resident for on the family member indicath he/she received another telephon him/her of ants in the resident for the at anily member stated he/she beg. The family member stated he/she beg. The family member stated he/she beg. The fam	view, the facility failed to implement its wr four residents reviewed for neglect. When I LVN F failed to: conduct a head-to-toe ned, assessing for an allergic reaction and jesident #1's status and allowing the physici- the physician/NP Resident #1 was sent to ti lent had been back in the facility for over t uality of care and accurate assessments. W ce at a level of actual harm that is not imm- battern. because staff were still being inserv- oval. These failures placed the facility's 15/ iately assessed with [REDACTED], in a de based on administrative review, the investig- tative assessed with [REDACTED], in a de based on administrative review, the investig- iation. Review of the facility's current Abu- revealed the following: 1. The facility's La- duct a prompt investigation of any allegati- for funds. 3. The facility's Leadership will q- the release of information to those agencies,). 4. The facility's Leadership will designat e coordinator). 5. The facility's Leadership streatment, neglect, and abuse of the patien for investigation reflected the following: <i>A</i> . B. Document assessment in the medical r n. D. Notify the attending physician and re- ctor of Nursing, and Social Worker regardl examination. DO NOT CLEAN, SHOWE ion prior to any such examination. G. Com Tool. H. Notify per Component VII. 1. Wr the incident. NOTE: Employees/witnesses a Facility staff and the interviewer will reco nerviewer. J. Social Service to provide sup re plan. K. Depending on the incident, othe resident's medical record. L. Unless otherv and kept on file in the administrator's offic essment, dated 08/25/13, reflected a [AGE REDACTED]. The assessment reflected R. I required total dependence on staff for acti 1's care plan with a current review date of C dependent for bed mobility, transfers, dre to provide Resident #1 with assistance as es and implementing [MEDICAL CONDIT (SOES REDACTED]. Approaches include withdrawal, etc.). Turn/reposition, commu- taff must anticipate needs. Resident unable and bladdet incontinence. The go	itten policies and procedures, which prohibit Resident #1 was found with fire ants everywhere assessment to determine with accuracy the pain provide Resident #1's physician/NP an/NP to respond appropriately with orders to be ER and when the resident returned from the wo hours. On 09/26/13 an Immediate Jeopardy hile the IJ was removed on 09/30/13, the ediate jeopardy and at a potential for more riced and the facility was monitoring the 2 residents, including Residents #1, #2, #3 elay in treatment or [DIAGNOSES REDACTED]. gation was reopened for further investigation of se, Neglect and Misappropriation of Property eadership prohibits neglect, mental or titent'sresident's property and/or funds. 2. on received of suspected abuse, neglect or rovide notification to the proper pursuant to applicable federal and/or state e a staff member to oversee the abuse will implement appropriate and necessary t/resident including misappropriation of A. Immediately assess resident/patient at the ecord. C. Maintain residents'/patient's idents'spatient's legally responsible party. ess of the times of day. F. Conduct/make R OR BATHE Resident in allegations of physical/sexual plete the Suspected Abuse Reporting Tool and itten summaries of interviews with individuals re not to write out statements. Employees/witnesses rd all witness accounts in a document, sport services to resident/patient and r residents in the facility may be interviewed. rise directed by the Legal Department, all e. M. Complete the Abuse Investigation] year-old female who was admitted to the facility ssident #1 had severe cognitive impairment, received vities of daily living to include bed mobility 81/11/3, reflected the following: a) ADL ssing, eating, toileting, personal hygiene, needed. b) [DIAGNOSES REDACTED]. Approaches TON] precautions. c) Resident thad difficulty making self d to observe for non-verbal signs of distress (guarding, nicate, provide pericare, assess for pain, and to communicate. d) Resident sati risk for the resident's skin to remain intact
	NAME] and 7.5 mg of Loratab v wanted her transferred to a hospit Patient/Resident Incident/Accide AM, Resident #1 was found to ha and room. Staff then cleaned the 9:15 AM, during an interview wi where Resident #1 resided. She s Resident #1's room and bed durin her sheet to check for ants or perf member enter the resident's room	a her feeding tube, and to apply [MEDICA al, at 10:00 AM, and at 4:00 PM, Resident t Investigation Worksheet, completed by I ve ant bites. At 9:20 AM, the resident's mo ants off the resident and applied cream with h CNA E, she confirmed she worked on 05 ated her shift began at 6:00 AM. She statec g the previous shift. She stated she checkee orm any incontinence care. She stated arou and then heard the resident's family memb	TION ŇAME] cream to her body. The resident's mother #1 returned from the hospital via ambulance. A .VN F on 09/01/13, documented on 09/01/13 at 9:20 ther came and found ants in the resident's bed a medication given per [DEVICE]. On 09/13/13 at //01/13, and that she had been assigned the hall 1 she was not informed about ants being found in 1 on Resident #1 briefly, but did not pull back

EPARTMENT OF HEALTH ENTERS FOR MEDICARE			PRINTED:5/24/2014 FORM APPROVED OMB NO. 0938-0391
TATEMENT OF EFICIENCIES ND PLAN OF ORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER 455416	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/30/2013
ME OF PROVIDER OF SU		STREET ADDRESS, CIT 8001 WESTERN HILLS	
		FORT WORTH, TX 7610 cy, please contact the nursing home or the state survey agenc)8
(X4) ID PREFIX TAG	1 1	DEFICIENCIES (EACH DEFICIENCY MUST BE PRECED	·
F 0226	(continued from page 7)	00 and 300 halls, but denied seeing them on any resident. CN	A E stated staff new report
Level of harm - Immediate jeopardy	any sightings of ants to the charge confirmed he worked on 09/01/13	e nurse and maintenance. On 09/17/13 at 11:04 AM, during a 3. He stated he heard Resident #1's family member call for he	n interview with MA G, he lp and went to assist. He stated
Residents Affected - Many	too many ants to count. During a Resident #1 to 09/01/13, and had confidential interviewee (CI) stat 9:00 AM on 09/01/13, and called had not been provided incontinen feeding residue on the pad (howe residue indicated Resident #1's sh resident's bed. The CI stated Resi including when LVN F was in the #1 returned from the hospital, she bed, which had a new mattress, w he/she went to check on the resid he/she observed three to four ants he/she checked Resident #1's ond upad. The CI stated this incident w an interview with LVN F, she cor been the charge nurse for the 200 been found in Resident #1's room during walking rounds at approxi stated the complete check include any. During the interview with LY Resident #1's room. She stated sh bites around Resident #1's collarb #1's trunk or vaginal area. She stat indicating she was in pain. (Note: (ants) to count.) LVN F further st physician's NP regarding the incit Resident #1's family member war the resident be sent to the hospital, #1 being total care, they would be a non-emergency transport. LVN being sent to the hospital. Nut did notes for 09/01/13, provided no e a local hospital or upon the reside she stated that on 09/01/13, betwe ants. She recalled that Resident # arrived at the facility shortly after returned from the hospital. Nut did not aware that neither the physici. hospital. She was not aware that 1 wortice and the apackage, and [ME solution, take 10 ml (two teasponns) every 6 ho physician or the physician's PA w return from the hospital at the solution, take 10 ml (two teasponns) every 6 ho physician, and [MEDICATION incident. The NP stated she receit that Resident #1's family member the NP stated she had been unaw the facility. The NP stated she infort incident. The NP stated she receit that Resident #1's physician, he stated bites immediately after the incide handle the incident, but the infort incident. The NP stated she receit that the she had recently had problems ge full extent of situations and were Resident #1 was small and frial ir another room. S	ad-to-toe in ants. He stated he focused on helping get the ants confidential staff interview, he/she stated he/she had assisted provided care for the resident when the resident returned fro the assess present when Resident #1's brief during the incid t eare for a significant amount of time due to the wetness of 1 wer, this was present when Resident #1's brief during the incid et #1's brief was filled with ants, and there were hundreds- room. The CI described Resident #1 as being covered in bit had to sit in her wheelchair for approximately an hour to an ras not ready. The CI stated Resident #1 was then moved to a ent and she was wrapped in a sheet and when he/she removee to the CI stated he/she knew the sheets and the mattress were elchair. The CI stated he/she discovered the pad in the seat 0 for the pad. The CI stated he/she discovered the pad in the seat of the the 2d he/she knew the sheets and the mattress were elchair. The CI stated he/she discovered the pad in the seat 0 and the resident was moved to a new room. She stated she di mately 6:00 AM, and then did a complete check of Resident i and the resident was moved to a new room. She stated she di mately 6:00 AM, and then did a complete check of ants. LVN wone and the front of her chest. She stated she did not observe ted the bites did not have blisters and Resident #1 did not ha at do she contacted Resident #1's physician's answering servic uent. She stated the Sw whundreds of ants, an ated she contacted Resident #1's physician's answering servic ovient. She stated the Na who prescribed Resident #1 (MEDIC the senvert to the hospital to go ahead and send her. Reside 1 so she contacted a non-emergency transport company and w a unable to transport the resident. She stated she then contact: F stated she was not sure if she had notified Resident #1's num traf's return to the facility. On 09/17/13 at 3:30 PM (during a ren's return to the facility 0.00 (0)/17/13 at 3:30 PM (during a ren's return to the facility 0.00 (0)/17/13 at 3:30 PM (during a ren's return t	with removing ants from m the hospital. The vved at the facility around lent and could tell Resident #1 he brief and pad, and the mess and amount of feeding ere initially found in the of ants on the resident, so. The CI stated when Resident hour and a half because her nother unit. The CI stated 1 the sheet from the resident, clean and free of ants, so f the wheelchair had a hole nine ants came out of the oproximately 11:15 AM, during o 2:00 PM. She stated she had ght nurse told her ants had d a quick check of Resident #1 #1 at approximately 8:30 AM. She or ant bites on Resident ve any ato bites on Resident ve any facial expression d MA G stated he saw too many e and then spoke with the ATION NAME] and Loritab, said iff at #1's family member requested ras told that due to Resident d an ambulance service for ysician about Resident #1 (Note: LVN F's nurse's esident being transferred to interview with the DON, volving Resident #1 (Note: LVN F's nurse's besident #1 and the test. The DON stated she dent #1 until she had es. She stated she was not interview with the DON, volving Resident #1 (ION NAME]) 2.5 mg/167 mg per 5 ented evidence the resident's tal or of the resident's tal or of the resident's the physician's NP, she stated orm. She stated she received ent had been moved to ing Resident #1's family tribed a topical cream, pain in bites on seriousness of the rund midnight to inform her he emergency room physician. i or or Resident #1's family tribed a topical cream, pain in bites or seriousness of the rund midnight to inform her he emergency room physician. i or or desident #1's family tribed a topical cream, pain in thise or seriousness of the rund midnight to inform her he emergency room physician. i or or desident #1's family tribed a topical cream, pain in the resore seriousness of the rund midnight to inform her he emergency room physician. i or or desident #1's family tribed a topical cream, pain in the resore seriousness of the re had to be hundreds of he following entries e provided), reflected toortactu

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE (PRINTED:5/24/2014 FORM APPROVED OMB NO. 0938-0391
TATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER 455416	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/30/2013
AME OF PROVIDER OF SU		STREET ADDRESS, CITY, S	STATE, ZIP
HE COURTYARDS AT FO	RT WORTH	8001 WESTERN HILLS BL FORT WORTH, TX 76108	VD
	home's plan to correct this deficien	cy, please contact the nursing home or the state survey agency.	
X4) ID PREFIX TAG	SUMMARY STATEMENT OF I OR LSC IDENTIFYING INFOR	DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED MATION)	BY FULL REGULATORY
F 0226	(continued from page 8)		
Level of harm - Immediate		n either resident. Staff continued to monitor throughout the shift ed ants on the resident. A nurse assessed Resident #1 and observ	
jeopardy		osed and slightly swollen. The Post-Investigation action section he facility since 08/28/13, due to ants found in two rooms. Resid	
Residents Affected - Many	had been monitoring for ants in that another room, and her previous ror assessment was conducted every copies of billing from the pest co 08/27/13, and 09/06/13.) Staff, in monitoring rooms for ant activity to respond if ants were observed did not address ensuring nurses consult return with an order to review the wants to approve the new treatme Investigation Worksheets reveale nurse conducted a head-to-toe ass before Resident #1 was found in contract exterminator revealed th every room. On 08/21/13 (no time) - Ants at nurses' station (statreatment revealed the following: the targeted pest. Ants were noted [ROOM NUMBER] 08/25/13: The facility's exterior area was trutreated and treatment revealed and treated and rooms services; baseboards around bed. during service; several ants near 1 path for pests to enter. The service The exterior of the widnoew and Service Provider revealed only or provider completed a power sprathey will ingest the poison and th 09/13/13 at 2:28 PM, interview w just the statement written for the with the Maintenance Director re when ants were found in the facility or a service are signed in the davide nurses' scontrol book located at each nurses' scontrol book located at the nurses only a couple of ants are sighted in Ga3-34, 38-39, 41-42, 45, 59-60, 2 and 429. The list also included 22 were: 4, 23, 26, 31-32, 35-36, 40, that needed caulking in the bathrethe rooms were: 5, 9, 11, 20, 53, room [ROOM NUMBER] a hole way, and the frame was rotten. In room window trim. The window in room [ROOM NUMBER] had identified as needing some type of Administrator revealed the plan to resident rooms in resident 59, 01-20, 31, room [ROOM NUMBER], and 409/06/13 in room [ROOM NUMBER], and the frame was rotten. In roon window trim. The window in room [ROOM NUMBER] a hole way, and the frame was rotten. In room window trim. The window in room [ROOM NUMBER], and the frame was rotten. In room window trim. The window in room [ROOM NUMBER], and 409/06/13 in room [ROOM NUMBER], and the often on the casessesment dor		ent #1 was moved to hair cushion. A head-to-toe the facility. (The 38/21/13, 08/26/13, ation, were educated on of finding ants, and how rvation of ants. The plan ovide complete and accurate on regarding how they pital and again when they ian to determine if he cident/Accident with ants on her dresser. The lent occurred the day ze Request Log for the ved. Bugs and ants in 8/21/13 (no time) - Ants in closet VUMBER] and restroom. On receipts for exterior was treated. Ants were Ants were noted in room ment of [REDACTED]. 08/20/13 red unit, 200 hall, was ms were treated. The targeted pes uses in rooms [ROOM NUMBERS ants. The areas were ed. Ants were noted during target. Ants were noted e facility creating a te contact. 09/06/13: L, interview with the Pest Control 9/01/13. The service cts into the facility where rolling the issue. On c policy regarding ants, a t2.50 PM, interview lling the exterminator n document as a list ere needed to address f repairs needed, by staff in a maintenance also logged in a pest a a monthly basis. If troom he will also unds on a daily basis. involving Resident #11 1, the Maintenance e in:ident rooms. In 2) Oury A22-424, 426-427, om. The identified rooms ollowing five rooms where ants were found, a resident rooms. In 1] the window doesn't shut all the OOM NUMBER] had a hole by the resident rooms on ants from 08/28/13, but some of the enance logs kept at the coordinates further ogs revealed rooms on ants form 08/28/13, but some of the enance logs kept at the coordinates further ogs revealed rooms on ants form 08/28/13, but some of the enance logs kept at the coordinates further ogs revealed rooms on ants form 08/28/13 to Ants were noted on 09/01/13 in MBER]. Ants were noted on 1. Ants were noted on 09/01/13 in MBER]. Ants were noted on 1. Ants were noted on 09/01/13 in MBER]. Ants were noted on 1. Ants were noted on 09/01/13 in MBER]. Ants were noted on 1. Ants were noted on 09/01/13 in MBER]. Ants were noted on 1. Ants were noted on 09/01/13 in MBER]. Ants were noted on 1. Ants were note
	assessment of the patient/resident	ff regarding changes in a patient's/resident's condition. PROCEL which may include but is not limited to: .B. Current physical co ition (declining, improving, stable) .E. Vital signs, TPR (tempera	ondition C.
E 0000	pressure)ZXXXZ		
F 0309	resident	services to maintain the highest well being of each	7**
Level of harm - <mark>Immediate</mark>) jeopardy)	**NOTE- TERMS IN BRACKET	'S HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY	· **
Residents Affected - Many			

Event ID: YL1011

Facility ID: 455416

If continuation sheet Page 9 of 18

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE			PRINTED:5/24/2014 FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/30/2013
	455416		
AME OF PROVIDER OF SU			ESS, CITY, STATE, ZIP
HE COURTYARDS AT FO	RT WORTH	8001 WESTERN FORT WORTH	
		cy, please contact the nursing home or the state surv	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF I OR LSC IDENTIFYING INFOR	DEFICIENCIES (EACH DEFICIENCY MUST BE 1 MATION)	PRECEDED BY FULL REGULATORY
F 0309	(continued from page 9)		
Level of harm - Immediate jeopardy	#2, #3, and #4) residents reviewe the highest practicable physical v	and record review, the facility failed to ensure one (I d for quality of care was provided the necessary care vell-being, in accordance with the comprehensive as ants everywhere on her body and was being bitten, L	e and services to attain or maintain sessment and plan of care. When
Residents Affected - Many	pain provide Resident #1's phy physician/NP to respond appropr sent to the ER and when the resic for over two hours. On 09/26/13 assessments. While the IJ was rei- is not immediate jeopardy and at being inserviced and the facility / facility's 152 residents, including in a delay in treatment or [DIAG] investigation was reopened for fu assessment, dated 08/25/13, refle REDACTED]. The assessment re required total dependence on staf #1's care plan with a current revir dependent for bed mobility, trans provide Resident #1 with assistar implementing [MEDICAL CONI [DIAGNOSES] REDACTED]. Approaches inclu withdrawal, etc.). Turn/reposito Staff must anticipate needs. Resis bladder incontinence. The goal w presence of risk factors. Treat, re was observed in her room, lying - hands. She had swollen, inflamed were around her hairline, upper a cluster of welts was on her inner width. Observation by the survey to be ant bites, except for her mic numerous to count. During the as frowning. On 09/12/13 at 11:00 / identified the welts as fire ant bit further stated he/she received a te found in the resident's room and indicated this was a repeat notific telephone call from the facility la resident's room. The family mem stated when he/she arrived, Resic yelling for help and several staff had to insist Resident #1 be sent suffered by Resident #1 could ha and 11:40 PM (start of shiff was - conducted an assessment of the re- resting comfortably and there we old room). The next nurse's notes calling come STAT (immediately the resident's mother striping her resident fam bites on both arms, a and red. The physician's NP was feeding tube, and to apply [MED at 10:00 AM, and at 4:00 PM, Re Investigation Worksheet, comple ant bites. At 9:20 AM, the residen ants off the resident and applied with CNA E, she confirmed she visted her shift began at 6:00 AM during the previous shift. She stated her shift began at 6:00 AM during the previous shift. She stated her sho do and 300 halls, but denied see charge nurse and maintenance. O He stated	uracy the number of fire ant bites she sustained, ass sician/NP with an accurate assessment of Resident : iately with orders to send her to the hospital notif lent returned from the ER with new orders until he i an Immediate Jeopardy (IJ) was identified in the are noved on 09/30/13, the facility remained out of com Residents #1, #2, #3 and #4, at risk for not being ad notSES REDACTED]. Findings included: On 09/26 rther investigation of a current Immediate Jeopardy et al. [AGE] year-old female who was admitted to effected Resident #1 had severe cognitive impairment f for activities of daily living to include bed mobility we date of 08/11/13, reflected the following: a) ADJ fers, dressing, eating, toileting, personal hygiene, an ec as needed. b) [DIAGNOSES REDACTED]. App DITION] precautions. c) Resident had difficulty mal ded to observe for non-verbal signs of distress (guar i, communicate, provide pericare, assess for pain, an et an unable to communicate. d) Resident is at risk fa as for the resident's skin to remain intact. Approach duce, eliminate risk factors to extent possible. On O on her bed. She was in a fetal position and had sever I, red welts on all visible areas of her body. Small Ci lower extremities, neck, and upper shoulder blad left high in an area approximately 6.0 to 8.0 inches or on 09/12/13 at 11:30 AM revealed Resident #1 a es. The family member stated the incident occurred i ates. The family member stated the incident occurred i elephone call on 09/01/13 around 5:30 AM from a st essident #1, along with her bed, had been moved to ation of the ants observed on 08/31/13. The family to the that same morning from a different staff member be stated he/she became concerned and decided to ate in the sing her room, in bed, and covered in ants. I order was received to move the resident to another in room gue to the presence of ants. An entry at 8:30 order was in her room, in bed, and covered in ants. I order was receiven to move the resident to some the thoshe became sinformed by hospita1. I's mow	#1's status and allowing the y the physician/NP Resident #1 was resident had been back in the facility a of quality of care and accurate upliance at a level of actual harm that f pattern. because staff were still oval. These failures placed the lequately assessed with [REDACTED]. i/13, based on administrative review, the situation. Resident #1's MDS the facility on [DATE], with [DIAGNOSES attreceived nourishment via tube feeding, and y and personal hygiene. Resident functions reflected she was totally di bathing. Approaches included to rocaches included following safety measures and cing self understood related to her with rediversion of related to bowel and es included to assess the resident for 1/12/13 at 11:00 AM, Resident #1 e contractures of her arms, legs, and usters of welts and individual welts es, plus on her hands and feet. A in length and 3.0 to 4.0 inches in as covered with red welts, which appeared her breasts. The red welts were too ical stimulus by opening her eyes and family member was present and on 09/01/13. The family member aff member informing him/her ants were another room. the family member the family member of ants in the check on the resident. The family member the family member at the hey. he began t. The family member revealed he/she began t. The family member revealed he/she tesser and some on her bed. The nurse agns and symptoms of pain. The room, and the family was notified of 0.4M, reflected the resident was ch shared a wall with Resident #1's reflected the nurse heard a nurse aide her ron and observed two nurse aides and her had ants all on her. The at the areas were slightly swollen 10N NAME] and 7.5 mg of Loratab via her room, Staff then cleaned the 13/13 at 9:15 AM, during an interview the hall where Resident #1 resided. She found in Resident #1 resided. She found in Resident #1 resided. She found in Resident #1's room and bed null back her sheet to check for ants family member enter the resident's room ived at Resident #1'

TATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			OMB NO. 0938-0391
lonkee holy	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/30/2013
AME OF PROVIDER OF SUP	455416 PPLIER	STREET ADDRESS	, CITY, STATE, ZIP
HE COURTYARDS AT FOR	RT WORTH	8001 WESTERN HI FORT WORTH, TX	
For information on the nursing h	nome's plan to correct this deficient	cy, please contact the nursing home or the state survey a	agency.
	SUMMARY STATEMENT OF D OR LSC IDENTIFYING INFORM	DEFICIENCIES (EACH DEFICIENCY MUST BE PRE MATION)	CEDED BY FULL REGULATORY
F 0309	(continued from page 10)	est. She stated she did not shearns any ant hitse on Davi	ident #1's tanuls on viscinal once
Level of harm - Immediate jeopardy	She stated the bites did not have b (Note: CNA E and the CI both state)	est. She stated she did not observe any ant bites on Resi blisters and Resident #1 did not have any facial expressi ted they saw hundreds of ants, and MA G stated he saw ent #1's physician's answering service and then spoke w	on indicating she was in pain. v too many (ants) to count.) LVN F
	the incident. She stated the NP wh member wanted her sent to the ho to the hospital so she contacted a they would be unable to transport transport. LVN F stated she was r hospital, but did notify the physic 09/01/13, provided no evidence th hospital or upon the resident's rett stated that no 09/01/13, between 9 She recalled that Resident #1 was at the facility shortly after she wa from the hospital. The DON state notes did not provide and accurate interview LVN F regarding her st not disclosed the severity of Resi neither the physician nor the physi- not aware that neither the physici Nurse's notes, dated 09/01/13 at 4 of Keflex four times a day for sev package, and [MEDICATION NAME]/[Mt teasponns) every 6 hours as needed for pain. physician's PA were notified of th hospital with new orders. On 09/1 notified around midnight (12:004 delephone call later that morning, She stated a third telephone call w worried about Resident #1 being i and [MEDICATION NAME]. Sh stated she received another teleph #1's family member did not want she had been unaware Resident # The NP stated she did not see Res the hospital at the time of the inci recently had problems getting acc extent of situations and were not #1's physician, he stated the red w immediately after the incident, he the incident, but the information f physician stated the worst case sc the lospital at the time of the inci econtly had problems getting acc extent of situations and were not #1's physician the stated doy/03/13 on small and frail in stature and unab bitaterally. Ant bites are noted to concentrations of ant bites are in 1 left posterior thigh, and left poster connet. Ant bites. It reflects the she was in bed with socks on her Resident #1 from scratching herss viocks and Resident #1 immediate marks on both her upper arms and case slight groaning noises and ca Investigation Report, signed by th a differced a skin assessment was po bites are the left posterior thigh a with a decrease in the fluid filled but the concentration of redness hs the was in bed wi	no prescribed Resident #1 [MEDICATION NAME] and spital to go ahead and send her. Resident #1's family m on-emergency transport company and was told that du the resident. She stated she then contacted an ambulan ot sure if she had notified Resident #1's physician about an upon the resident's return to the facility. (Note: LV) to physician or his NP were consulted prior to the residu arm to the facility.) On 09/17/13 at 3:30 PM, during an i 2:30 AM to 10:00 AM, she was notified of the incident. she cc a sessment of the number of Resident #1's number of atement that Resident #1 only received 30 ant bites. She lett #1's ant bites when she consulted with the physicia ician's NP had been consulted regarding Resident #1's number of [MEDICATION NAME][MEDICAT EDICATION NAME] ((MEDICATION NAME][MEDICAT EDICATION NAME] ((MEDICATION NAME][NEDICAT the nurses' notes provided no documented evidence th 3/13 at 10:15 AM, during an interview with the physicia as exacted to transfer the resident to the hospital or of th 3/13 at 10:15 AM, during an interview with the physicia as estated she was not informed of the number of ant bites but was uncertain of the time, and was told the resident as received from the facility on 09/01/13, saying Resid one call from the facility on 09/01/13, saying Resid estated she was not informed of the number of ant bite is estated she was not informed of the number of ant bite is dent #1 until Tuesday (09/03/13), but could tell that sh dent if the seriousness of the incident had ben conveyu rate reports from staff at the facility. She stated staff v prepared with information. On 09/12/13 at 12:30 PM, d is office received about the incident did not relay the ss is office received about the incident did not relay the ss is office received about the incident did not relay the ss is office received about the incident did not relay the ss is office received about the incident of multiple ant bites. The c 9 is how to 2:00 PM shift (no specific time provid le to make needs known. The resident tha cortractur	I Loritab, said if Resident #1's family ember requested the resident be sent ie to Resident #1 being total care, ce service for a non-emergency it Resident #1 being sent to the V F's nurse's notes for ent being transferred to a local merview with the DON, she involving Resident #1 and the ants. uest. The DON stated she arrived ent #1 until she had returned juld ot explain why LVN F's nurse's ant bites. She stated she did not e stated she was not aware that transfer to the hospital. She was to the facility from the hospital. or the resident to receive 500 mg ION NAME] to take as directed on the mg/167 mg per 5 ml solution, take 10 ml (tw e resident's return from the ian's NP, she stated she was first e stated she received another had been moved to another room. lent #1's family member was to pical cream, pain medication, s or seriousness of the incident. The NP ht to inform her that Resident gency room physician. The NP stated eriousness of the incident. The NP ht to inform her that Resident eriousness of the incident. The NP ht to inform her that Resident eriousness of the and bites ed he did not initially handle eriousness of the and bites ed he did not initially handle eriousness of the ant bites ed he did not initially handle eriousness of the ant bites, and o be hundreds of ants to have owing entires regarding her ed), reflected Resident #1 was to knees, hips, and elbows rations. The densest e right posterior flank area, pustules, too numerous to no specific time provided), lensest concentrations of ant are very red and arritated ight flack are red and angry, Resident #1 in her room, revealed ted the socks were used to prevent so, neck, shoulders, back, right e family member removed the nt #1 had several dark red scratch d ob her bed on 08/31/13 at nd bot residents were assessed and no the shift. On 09/01/13. The d on her bed on 08/31/13 at nd bot resident was moved to v wheelchair cushion. A head-to-toe terior of the facility, cathef s. Rosident #1 was moved to o the shift. On 09/01/13 at 9:30 d observed m

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE			PRINTED:5/24/2014 FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/30/2013
NAME OF PROVIDER OF SU	455416	KTDEET ADD	DESS CITY STATE 71D
THE COURTYARDS AT FO			DRESS, CITY, STATE, ZIP RN HILLS BLVD
		FORT WORT	TH, TX 76108
-		cy, please contact the nursing home or the state s	
(X4) ID PREFIX TAG	OR LSC IDENTIFYING INFOR	DEFICIENCIES (EACH DEFICIENCY MUST B MATION)	BE PRECEDED BY FULL REGULATORY
F 0309	(continued from page 11)	EDCI ware treated. Anto ware noted during comi	as up day and have in groups [DOOM NUMPERS]
Level of harm - Immediate jeopardy	08/25/13: The facility's exterior a inspected and treated and rooms	rea and patient/guest rooms were treated. The tar were serviced. room [ROOM NUMBER], basebo 08/27/13: The facility's perimeter was treated and	ards, was treated. Ants were noted during
Residents Affected - Many	during service; several ants near 1 path for pests to enter. The service The exterior of the widnoew and Service Provider revealed only of provider completed a power spra; they will ingest the poison and th 09/13/13 at 2:28 PM, interview w just the statement written for the with the Maintenance Director re when ants were found in the facil compiled by staff members after ants in the building. The identifie however completion dates were r log book located at each nurses's control book located at each nurses's control book located at the nurses only a couple of ants are sighted i treat outside near the exterior wal Review of an undated, untitled da revealed a list of resident rooms i Director identified the undated ha areas in the facility where repairs rooms that needed caulk around t 33-34, 38-39, 41-42, 45, 59-60, 2 and 429. The list also include 20 were: 4, 23, 26, 31-32, 35-36, 40, that needed caulking in the bathre the rooms were: 5, 9, 11, 20, 53, . room [ROOM NUMBER] a hole way, and the frame was rotten. In room window trim. The window in room [ROOM NUMBER] he identified as needing some type of Administrator revealed the plant tresidents by direct care staff, dail maintenance outside the facility for of furect care staff and one f fue other identified logs. The Ass plan so he can monitor which room nurses' stations did not begin thein ursing stations at least once a da treatments with the pest control s the 200 Hall, 300 Hall, 400 Hall, 09/06/13 in room [ROOM NUMBER], and t09/06/13 in room [ROOM NUMBER], and t09/06/13 in room [ROOM NUMBER]. Ant were in conducted on 09/04/13, revealed done; head-to-toe assessment of the patient/resident. 2 grid may be used as a reference ti and changes in the patient/resident as seessment of the patient/resident as seessment of the patient/resident as seessment of the patient/resident as sees room, which shared a wall with h but her documentation in the resi (a along with Resident #1 was well as evidence of a comprehensive clin [MEDIC ATION NAME] 50 m; Resident #1 was	building on exterior of building. Trees/shrubs we e provider suggested the facility trim back vegeta ground near room [ROOM NUMBER]. On 09/17 he fire ant mound was found after the incident the y approximately two weeks ago. It will sometime en die. The service provider and the facility dia to in-service conducted after the incident on 09/01/13, the facil ity. The Maintenance Director identified the und, the incident on 09/01/13, of areas in the facility will or provided at that time. Any ants seen in the fac tation. The log books are check twice a day. Insee s' station that is monitored by the pest control serv the maintenance staff will treat the area himself. 1 of the room. Maintenance staff also monitor ou becument attached to the Facility's Provider Invest n the facility with environmental issues. On 09/ 1 odf with environmental issues. On 09/ 1 odf with educument as a list compiled by staff m were needed to address ants in the building. The he windows. The following are the rooms identif 00-213, 215-226, 228, 301-309, 311-313, 315, 44 0 rooms that needed caulk around the windows ar 44, 48-49, 51-58, and 310. Also identified on tho- om only: 9, 10, 12, 19, and 411. The list identifi- 55, and 406. The list also identified other environ in the widow screen was identified. In room [RC 1 [ROOM NUMBER] the window was still broke JMBER] was described as being in bad shape. ro dd a broken baseboard. A total of 107 resident root of repair. On 09/13/13 at approximately 4:00 PM, o address the ants in the facility included the foll which may include but sin out facility is Daily A The Terrace, and The Verandah were monitored 01/13 in Rooms 211, 213, 310, and the 300 Hall es 300 Hall. Ants were noted on 09/04/13 in room II Shower Room. Ants were noted on 09/05/13 ir BER]. Ants were noted on 09/10/13 in room [RO ovoide on 09/14/13 in rooms [ROOM NUMBERS the following: If a resident is found to have ants is ee on the resident, shower the resident, change go owning the physician of monition requiring 1. To improve communi	re contacting the facility creating a ation to eliminate contact. 09/06/13: 3/13 at 3:20 PM, interview with the Pest Control tt occurred on 09/01/13. The service so drive the insects into the facility where vorking on controlling the issue. On thave a specific policy regarding ants, 13. On 09/13/13 at 2:50 PM, interview ity had been calling the exterminator ated handwritten document as a list where repairs were needed to address ion of the list of repairs needed, ility are logged by staff in a maintenance ct sightings are also logged in a pest vice provider on a monthly basis. If ff it is a resident room he will also tside for ant mounds on a daily basis. igation Report involving Resident #1 3/13 at 2:50 PM, the Maintenance embers after the incident on 09/01/13, of list included a total of 82 resident ied: 1, 3, 11, 18, 20-22, 24-25, 28-30, 01-408, 412-415, 418-420, 422-424, 426-427, do in the bathroom. The identified rooms ed seven rooms where ants were found, mental issues in resident rooms. In OOM NUMBER] the window doesn't shut all the exn, and room [ROOM NUMBER] had broken com [ROOM NUMBER] had a hole by the oms of the 120 resident rooms in the facility were the Administrator and Assistant owing: One hour checks of total care housekeeping, and daily checks by ecks were kept at each nurses' station, of ants in the maintenance log as well as trooms where ants were sited on a floor conitoring began on 08/28/13, but some of the oring the maintenance logs kept at the mediately and coordinates further nt Inspection logs revealed rooms on once a day for ants from 08/28/13 to Shower Room. Ants were noted on 09/12/13 in as [ROOM NUMBER]. Ants were noted on OM NUMBER]. Ants were no
	transferred to the ER for treatmer	at at the insistence of the resident's family member	
F 0469	Make sure there is a pest contro pests.	l program to prevent/deal with mice, insects, o	or other
Level of harm - <mark>Immediate</mark> jeopardy Residents Affected - Many	**NOTE- TERMS IN BRACKET Based on observation, interview a evidenced by an infestation of fir bitten, LVN F failed to: conduc sustained, assessing for an allergi of Resident #1's status and allowi	TS HAVE BEEN EDITED TO PROTECT CONF and record review, the facility failed to maintain a e ants. When Resident #1 was found with fire ant t a head-to-toe assessment to determine with acc c reaction and pain provide Resident #1's phys ng the physician/NP to respond appropriately wit #1 was sent to the ER and when the resident retu	an effective pest control program as is everywhere on her body and was being uracy the number of fire ant bites she sician/NP with an accurate assessment th orders to send her to the hospital

area of quality of care and accurate assessments. While the IJ was removed on 09/30/13, the facility remained out of

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Facility ID: 455416

If continuation sheet Page 12 of 18

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/30/2013
	455416	(TT	EET ADDRESS, CITY, STA	
NAME OF PROVIDER OF SUPPLIER THE COURTYARDS AT FORT WORTH			LET ADDRESS, CITT, STA WESTERN HILLS BLVI	
		FO	RT WORTH, TX 76108	
		cy, please contact the nursing home or		
(X4) ID PREFIX TAG	OR LSC IDENTIFYING INFOR	DEFICIENCIES (EACH DEFICIENC' MATION)	Y MUST BE PRECEDED BY	Y FULL REGULATORY
F 0469	(continued from page 12)			
Level of harm - Immediate jeopardy	of pattern. because staff were still removal. These failures placed th	rm that is not immediate jeopardy and l being inserviced and the facility was e facility's 152 residents, including Re CTED]. in a delay in treatment or [DL	monitoring the effectiveness sidents #1, #2, #3 and #4, at r	of their plan of isk for not being
Residents Affected - Many	based on administrative review, the invisituation. Resident #1's MDS assion [DATE], with [DIAGNOSES] nourishment via tube feeding, am and personal hygiene. Resident # functions reflected she was totall; and bathing. Approaches include- included following safety measur understood related to her [DIAG] moaning, restlessness, grimacing provide liquids/food as needed. S skin breakdown related to bowel included to assess the resident for 09/12/13 at 11:00 AM, Resident i contractures of her arms, legs, an clusters of welts and individual w blades. plus on her hands and fee inches in length and 3.0 to 4.0 ind was covered with red welts, whic and under her breasts. The red we physical stimulus by opening her a family member tass. The red we physical stimulus by opening her a family member state the she beg The family member runiforming him/her ants were four room. the family member indicat he/she received another telephone him/her of ants in the resident's ro resident. The family member state family member stated he/she beg The family member revealed he/s staff the number of ant bites suff 09/01/13 and timed both at 5:30.0 dresser and some on her bed. The signs and symptoms of pain. The and the family was notified of tha AM, reflected the resident was re shared a wall with Resident #1's reflected the nurse heard a nurse id daughter had ants all on her. The signs and symptoms of pain. The that the areas were slightly swolld NAME] and 7.5 mg of Loratab v wanted her transferred to a hospip Patient/Resident H1 was found to ha and room. Staff then cleaned the 9:15 AM, during an interview wi where Resident #1 resided. She s Resident #1's room, hundreds of had previously seen ants on the 2 any sightings of ants to the charg confirmed he worked on 09/01/13, and take confidential interviewe (CI) stated Resi including when LVN F was in th #1 returned from the hospital, she bed, which had a new mattress, w he/she went to check for ants or perf member the C1 stated Resi including when LVN F, she coo been the charge nurse for the 2	CTED]. in a delay in treatment or [DL estigation was reopened for further inv essment, dated 08/25/13, reflected a [/ REDACTED]. The assessment reflect d required total dependence on staff fo 1's care plan with a current review dat y dependent for bed mobility, transfers d to provide Resident #1 with assistant es and implementing [MEDICAL CO VOSES REDACTED]. Approaches in withdrawal, etc.). Turn/reposition, co taff must anticipate needs. Resident un and bladder incontinence. The goal wa presence of risk factors. Treat, reduce #1 was observed in her room, lying on d hands. She had swollen, inflamed, re relts were around her hairline, upper a t. A cluster of welts was on her inner 1 ches in width. Observation by the surv h appeared to be ant bites, except for F elts were too numerous to count. Durir eyes and frowning. On 09/12/13 at 11 identified the welts as fire ant bites Tther stated he/she received a telephone d in the resident's room and Resident #1 us a repeat notification of the e call from the facility later that same 1 bom. The family member stated he/she eved by Resident #1 Loud have led to 1 AM and 11:40 PM (start of shift was o e nurse conducted an assessment of thm ersident's transfer to a different room sting comfortably and there were no si of norm). The next nurse's notes entry aide calling come STAT (immediately es and the resident's mother striping h resident babits. At 9:20 AM, the resident and the neard the resident's family n of ants were on Resident #1, as well as 00 and 300 halls, but denied seeing th e nurse and maintenance. On 09/17/13 3. He stated he heard Resident #1's fam ad-to-toe in ants. He stated he focused confidential staff interview, he/she stated i provided care for the resident seident #1 and the neard the resident's family n of ants were on Resident #1, as well as 00 and 300 halls, but denied seeing th e nurse and maintenance. On 09/17/13, and 1 and 300 halls, but denied seeing the ent shal not been changed the night b dent #1's brief was filled with ants, an e room. The C	estigation of a current Immed GEJ year-old female who we ed Resident #1 had severe co a activities of daily living to i of 08/11/13, reflected the fo , dressing, eating, toileting, p e as needed. b) [DIAGNOSE WDITION] precautions. c) Re shuded to observe for non-ver mmunicate, provide perizers able to communicate. J Res s for the resident's skin to rer , eliminate risk factors to ext able to communicate, and feal p d welts on all visible areas of d lower extremities, neck, ar ft thigh in an area approxim eyor on 09/12/13 at 11:30 AN er middle back, feeding tube g the assessment, Resident # 00 AM, during the initial ob he family member stated the call on 09/01/13 ar tound 5:37 et1, along with ar bed, had b ants observed on 08/31/13. T inorning from a different staff became concerned and decid as in her room, in bed, and c mbers came to help brush th the hospital, where she was i er death. Resident #1's nurse no 08/31/13), reflected ants we resident and noted she had n er was received to move the 1 of the casis or ant bites in the for Resident #1's mother v her collar bone and the front usulted and gave orders for 50 10/CATION NAMEJ cream to dent #1 returned from the hoo by LVN F on 09/01/13, doct s mother came and found ant with medication given per [1 on 09/01/13, and that she had stated she was not informed a scked on Resident #1 briefly, around 9:00 AM, she saw Re ember yelling for help. She s on her bed and under the resi m on any resident. CNA E st at 11:04 AM, during an inter ily member call for help and on helping get the ants offn the ted he/she had assisted with r te resident returned from the bo y LVN F on 09/01/13, doct s as being covered in bites. Th a fore when the ants where ini d there were hundreds of ants as being thread set of the part and the he/she removed te and on helping get the ants offn the part on 00/916/31 the on hour a 1 was then moved to another 1 was then moved to another	liate Jeopardy is a dmitted to the facility gritive impairment, received nelude bed mobility Ilowing: a) ADL ersonal hygiene, SS REDACTED]. Approaches sident had difficulty making self bal signs of distress (guarding, assess for pain, and ident is at risk for main intact. Approaches ent possible. On sition and had severe ther body. Small dupper shoulder tely 6.0 to 8.0 4 revealed Resident #1 area, vaginal area, 1 responded to verbal and servation of Resident #1, incident occurred on 0 AM from a staff member een moved to another he family member stated "member informing led to check on the yvered in ants. The e ants off the resident. nformed by hospital 's notes dated ere on the resident's o o ant bites and had no resident to another room, An entry at 8:30 new room (which /13 at 9:30 AM, 0). The nurse entered the vasa yelling that her of her legs, and 0 mg of [MEDICATION her body. The resident's mother spital via ambulance. A umented on 09/01/13 at 9:20 is in the resident's mother spital via ambulance. A umented on 09/01/13 at 9:20 is in the resident's mother spital via ambulance. A unented an 09/01/13 at 9:20 is in the resident's mother spital via ambulance. A unented an 09/01/13 at 9:20 is in the resident's mother spital via ambulance. A unented an 09/01/13 at 9:20 is in the resident's mother spital via ambulance. A unented 11:5 family tated when she arrived ident. CNA E stated she ated staff now report view with MA G, he went to assist. He stated ext. He added there were emoving ants from hospital. The the facility around di could tell Resident #1 ef and pad, and the and free of ants, so theelchair had a hole ants came out of the mately 11:15 AM, during 0 PM. She stated she had ise told her ants had ick check of Resident #1 eproximately 8:30 AM. She bites and did not find led by a nurse aide to bites on Resident facial expression G at the paw to requested fat hard her ore resident fat and here ore resident fat hard her ore resident fat hard her ore resident fat hard her ore resident fat hard her ore resident

DEPARTMENT OF HEALTH A CENTERS FOR MEDICARE &			PRINTED:5/24/2014 FORM APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED 09/30/2013
	455416		
NAME OF PROVIDER OF SUP			DRESS, CITY, STATE, ZIP
THE COURTYARDS AT FOR	T WORTH		CRN HILLS BLVD TH, TX 76108
	•	cy, please contact the nursing home or the state s	, , ,
	SUMMARY STATEMENT OF D OR LSC IDENTIFYING INFORM	DEFICIENCIES (EACH DEFICIENCY MUST I MATION)	BE PRECEDED BY FULL REGULATORY
F 0469	(continued from page 13)		
Level of harm - Immediate jeopardy	a local hospital or upon the reside she stated that on 09/01/13, betwee	vidence the physician or his NP were consulted int's return to the facility.) On $09/17/13$ at 3:30 P een 9:30 AM to 10:00 AM, she was notified of th was sent out to the hospital due to the family no	M, during an interview with the DON, he incident involving Resident #1 and the
	she stated that on 09/01/13, betwe ants. She recalled that Resident # arrived at the facility shortly after returned from the hospital. The D F's nurse's notes did not provide a she did not interview LVN F rega aware LVN F had not disclosed th not aware that neither the physici nospital. She was not aware that r from the hospital. Nurse's notes, c resident to receive 500 mg of Kef take as directed on the package, and [ME solution, take 10 ml (two teasponns) every 6 ho physician or the physician's PA w return from the hospital with new she was first notified around midr another telephone call later that rn another room. She stated a third ti medication, and [MEDICATION incident. The NP stated she receiv that Resident #1's family member The NP stated she had been unaw the facility. The NP stated she receiv that Resident #1's family member Resident #1 to the hospital at the she had recently had problems ge full extent of situations and were Resident #1's physician, he stated bites immediately after the incide handle the incident, but the inform incident. The physician stated the econdary concern was a massive ant bites, and added that it could t ants to have caused the extent of 0 (regarding her ant bites: Enry date Resident #1 was small and frail ir and elbows bilaterally. Ant bites a concentrations of ant bites are in 1 left posterior thigh, and left poster count. Enry dated 09/06/13 (5 da efflected a skin assessment was p bites are the left posterior thigh ar with a decrease in the fluid filled but the concentration of redness h she was in bed with socks on her Resident #1 and the areas were cl had been monitoring for ants in th another room, and her previous ro assessment was conducted every 1 copies of billing from the pest cor 08/27/13, and 09/06/13. (5 dati surf and address ensuring nurses cor difformation when order to review the surf and the sreas envered of had been monitoring for ants in th another room, and her previous ro assessment was conducted every 1 copies of billing from the pest cor 08/13/13: R	een 9:30 AM to 10:00 ÅM, she was notified of th 1 was sent out to the hospital due to the family n vshe was notified of the incident but she did not ON stated she conducted the investigation of the und accurate assessment of the number of Resident rding her statement that Resident #1 only receiv he severity of Resident #1's ant bites when she co an nor the physician's NP had been consulted re- neither the physician nor his NP were notified wil- lated 09/01/13 at 4:00 PM, reflected the hospital lex four times a day for seven days, 4 mg of [M]	he incident involving Resident #1 and the nember's request. The DON stated she observe Resident #1 until she had incident. she could ot explain why LVN int #1's number of ant bites. She stated red 30 ant bites. She stated she was not onsulted with the physician's NP. She was garding Resident #1's transfer to the hen Resident #1 returned to the facility 's physician gave orders for the EDICATION NAME[]MEDICATION NAME] to ([MEDICATION NAME]] 2.5 mg/167 mg per 5 m ed no documented evidence the resident's erview with the physician's NP, she stated sident #1's room. She stated she received old the resident had been moved to 9/01/13, saying Resident #1's family ated she prescribed a topical cream, pain e number of ant bites or seriousness of the 9/02/13 at around midnight to inform her escribed by the emergency room physician. ergency room or of Resident #1's return to out could tell that she would have sent dent had been conveyed. The NP stated he stated staff were not reporting the 2:30 PM, during an interview with nt bites. He stated if he had seen the ant hysician stated he did not initially not relay the seriousness of the #1 experiencing anaphylactic shock. A ld experience scarring in the areas of the d stated, There had to be hundreds of tes reflected the following entries o specific time provided), reflected resident had contractures to knees, hips, e to sparse concentrations. The densest teck, the right posterior flank area, d filled pustules, too numerous to A shift (no specific time provided), s. The densest concentrations of ant e areas are very red and inritated s, and right flack are red and angry, PM, of Resident #1 in her room, revealed and stated the socks were used to prevent 1's limbs, neck, shoulders, back, right les. The family member removed the Resident #1 had several dark red scratch ndicated she was distressed. Resident #1 bites. Review of the Provider ory of the incident involving Resident #1 ed to the State Agency on 09/01/13. The easer and on her do no 08/31/13 at room and both residents w

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER 455416	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/30/2013
NAME OF PROVIDER OF SU	IPPLIER		ESS, CITY, STATE, ZIP
THE COURTYARDS AT FO	RT WORTH	8001 WESTERN FORT WORTH,	
	1	cy, please contact the nursing home or the state surve DEFICIENCIES (EACH DEFICIENCY MUST BE I	
	OR LSC IDENTIFYING INFOR		
For information on the nursing (X4) ID PREFIX TAG F 0469 Level of harm - Immediate jeopardy Residents Affected - Many	SUMMARY STATEMENT OF I OR LSC IDENTIFYING INFORI (continued from page 14) not have a specific policy regardi 09/01/13. On 09/13/13 at 2:50 PM facility had been calling the exter undated handwritten document as where repairs were needed to add of the list of repairs needed, how logged by staff in a maintenance sightings are also logged in a pess service provider on a monthly ba himself. If it is a resident room h monitor outside for ant mounds o Provider Investigation Report inv issues. On 09/13/13 at 2:50 PM, 1 staff members after the incident o building. The list included a total identified: 1, 3, 11, 18, 20-22, 24 315, 401-408, 412-415, 418-420, windows and in the bathroom. Tf identified seven rooms where other environmental issues in resi doesn't shut all the way, and the f trim. The window in Room 311 v had a broken baseboard. A total some type of repair. On 09/13/13 to address the ants in the facility daily checks on residents' rooms for ant mounds. Logs of the resid for housekeeping. Staff documen Assistant Administrator stated he rooms are impacted. The Adminin begin their logs until 09/02/13. M once a day. Maintenance treats at control service providers. Review Hall, The Terrace, and The Veran 09/01/13 in Rooms 211, 213, 310 Ants were noted on 09/02/13 in F Room. Ants were noted on 09/02/13. M staff and fremoval for the I was re reflected the following: Resident, ther exident is needed to change r shift. An Immediate Jeopardy wa 09/26/13 at 1:00 PM, the Assistan Plan of Removal for the IJ was re reflected the following: Resident there were no ant bites. The resid 8:30 AM, ants were found on Re: not an accurate description of the the bed and wiping ants off the re bot arms, collar bone and front to provided to the NP was unknown mg per [DEVICE] and to apply [MEDIC] resident's family member. LVN F facility the same day and was tak duily rounds and documented at the re found to be affected. The M to treat and exterminate the outsi outside and the inside affected are. Maintenance Supervisor and Mai evide	DEFICIENCIES (EACH DEFICIENCY MUST BE F	PRECEDED BY FULL REGULATORY PRECEDED BY FULL REGULATORY conducted after the incident on 09/01/13, the faintenance Director identified the on 09/01/13, of areas in the facility : completed following the compilation . Any ants seen in the facility are ks are check twice a day. Insect onitored by the pest control nee staff will treat the area room. Maintenance staff also ment attached to the Facility's in the facility with environmental dwritten document as a list compiled by re needed to address ants in the vindows. The following are the rooms . 215-226, 228, 301-309, 311-313, 0 rooms that needed caulk around the . 44, 48-49, 51-58, and 310. Also om only: 9, 10, 12, 19, and 411. The 5, and 406. The list also identified vas identified. In Room 13 the window a hole by the bathroom door, and Room 413 e facility were identified as needing ssistant Administrator revealed the plan e residents by direct care staff, by maintenance outside the facility n, one for direct care staff, and one 41 as the other identified logs. The a floor plan so he can monitor which some of the nurses' stations did not kept at the nursing stations at least further treatments with the pest rooms on the 200 Hall, 300 Hall, 400 r13 to 09/14/13. Ants were noted on n 09/01/13 in Room 310, and the 300 Hall. Rooms 310, and 417, and 400 Hall Shower oom 417. Ants were noted on 09/10/13 in Room ms 301 and 310. Review of the in-service is found to have ants in the room e resident, change gown and linens. If tround logs are to be completed by each re and accurate assessments. On iate Jeopardy (II) had been identified. A ted on 09/27/13 at 7:30 PM, and PM. Assessment of the resident revealed l with her first room. On 09/01/13 at ion in the resident's clinical record was ident #1's family member were stripping dent as well as having been bitten on we clinical assessment. Information MEJ 50 mg and [MEDICATION NAME] 7.5 It to the ER for treatment at the insistence of the ti to the ER. Resident #1's edicat
F 0490	**NOTE- TERMS IN BRACKET	e way that maintains the well-being of each reside IS HAVE BEEN EDITED TO PROTECT CONFID and record region, the facility's Administrator, the D	ENTIALITY**
Level of harm - Immediate jeopardy Residents Affected - Many	facility's resources effectively and #1) of four residents reviewed for physical environment. 1) The Ad	and record review, the facility's Administrator, the D l efficiently to maintain the highes practicable physi- quality of care, assessment, neglect, consulting with ministrator failed to implement the facility's Abuse (cal well-being for one (Resident h the physician and the facility's and Neglect) Policy when the
	the DON's inadequate investigati- was physically maintained in a m effective pest control program. 33 needs of LVN F. The DON condi- identify the following: When Res- to: conduct a head-to-toe assess for an allergic reaction and pain. status and allowing the physician physician/NP Resident #1 was see had been back in the facility for c quality of care and accurate assess a level of actual harm that is not i because staff were still being inss failures placed the facility's 152 r	versight of an investigation conducted by the DON. ¹ on of an incident of neglect. 2) The Administrator fa anner to protect the health and safety of residents an The DON failed to complete a thorough investigatio tet d the investigation regarding Resident #1 sustain ident #1 was found with fire ants everywhere on her sment to determine with accuracy the number of fire - provide Resident #1's physician/NP with an accurr (NP to respond appropriately with orders to send her nt to the ER and when the resident returned from the vver two hours. On 09/26/13 an Immediate Jeopardy sments. While the IJ was removed on 09/30/13, the immediate jeopardy and at a potential for more than irviced and the facility was monitoring the effectiver esidents, including Residents #1, #2, #3 and #4, at ri a delay in treatment or [DIAGNOSES REDACTED]	iled to ensure the nursing facility d ensured the facility had an on and thus failed to identify training ing multiple ant bites, but failed to body and was being bitten, LVN F failed ant bites she sustained, assessing at eassessment of Resident #1's to the hospital notify the ER with new orders until the resident (IJ) was identified in the area of facility remained out of compliance at minimal harm and scope of pattern. ness of their plan of removal. These sk for not being adequately
FORM CMS-2567(02-99)	Event ID: YL1011	Facility ID: 455416	If continuation sheet

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE			PRINTED:5/24/2014 FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/30/2013
NAME OF PROVIDER OF SU	455416 IPPLIER	STREET ADD	RESS, CITY, STATE, ZIP
THE COURTYARDS AT FORT WORTH		8001 WESTER FORT WORT	RN HILLS BLVD H, TX 76108
		cy, please contact the nursing home or the state su	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF I OR LSC IDENTIFYING INFOR	DEFICIENCIES (EACH DEFICIENCY MUST BI MATION)	3 PRECEDED BY FULL REGULATORY
F 0490	(continued from page 15)	gation was reopened for further investigation of a	current Immediate Jeonardy situation
Level of harm - Immediate jeopardy Residents Affected - Many	Resident #1's MDS assessment, c with [DIAGNOSES REDACTEI tube feeding, and required total d hygiene. Resident #1's care plan	ated 08/25/13, reflected a [AGE] year-old female)] The assessment reflected Resident #1 had sever ependence on staff for activities of daily living to with a current review date of 08/11/13, reflected th	who was admitted to the facility on [DATE], re cognitive impairment, received nourishment via include bed mobility and personal he following: a) ADL functions
Kesidents Affected - Many	réflected she was totally depende bathing. Approaches included to included following safety measures and in understood related to her [DIAG] moaning, restlessness, grimacing provide liquids/food as needed. S skin breakdown related to bowel included to assess the resident fo 09/12/13 at 11:00 AM, Resident : contractures of her arms, legs, an clusters of welts and individual w blades, plus on her hands and fee inches in length and 3.0 to 4.0 im was covered with red welts, whic and under her breasts. The red we physical stimulus by opening her a family member was present and 09/01/13. The family member fun informing him/her ants were four room. the family member revealed he/s staff the number of ant bites suff 09/01/13 and timed both at 5:30. dresser and some on her bed. The signs and symptoms of pain. The and the family was notified of the AM, reflected the resident was re shared a wall with Resident #1's reflected the nurse heard a nurse room and observed two nurse aid daughter had ants all on her. The that the areas were slightly swoll NAME] and 7.5 mg of Loratab v wanted her transferred to a hospip Patient/Resident fl resided. She s Resident #1's room and bed durir her sheet to check for ants or perf member enter the resident's room at Resident #1's noom. And the durir her sheet to check for ants or perf member enter the resident the so Resident #1's noom. Jundreds a had previously seen ants on the 2 any sightings of ants to the charg confirmed he worked on 09/01/13, and called had not been provided incontiner feeding residue on the pad (how residue indicated Resident #1's noom at Resident #1's noom. She stated s bites around well as food un patheris bed. The CI stated Resi including when LVN F was in the 's resident's bod. The CI stated Resi including when LVN F was in the 's resident #1's noom. She stated s bites around Resident #1's collart he/she observed three to four anti he/she checked Resident #1's collart he/she observed there to four anti he/she observed thre to four anti he/she observed three to fou	nt for bed mobility, transfers, dressing, eating, toil provide Resident #1 with assistance as needed. b) pplementing [MEDICAL CONDITION] precautio NOSES REDACTED]. Approaches included to ob NOSES REDACTED]. Approaches included to as the set of the transfer and the transfer and the set of the transfer to a different room due to the test and the transfer to a different room due to the test and the transfer to a different room due to the test and the transfer to a different room due to the test and the resident's mother stransfer to a different room due to the test and the resident's mother stransfer to a different room due to the test and the resident's mother stransfer to a different room due to the test and the resident's mother stransfer to a different room due to the test and the resident's mother stransfer to a different room due to the test and the resident's mother stransfer to a	leting, persönal hygiene, and [DIAGNOSES REDACTED]. Approaches ns. c) Resident had difficulty making self serve for non-verbal signs of distress (guarding, provide pericare, assess for pain, and municate. d) Resident is at risk for sident's skin to remain intact. Approaches risk factors to extent possible. On te was in a feal position and had severe all visible areas of her body. Small tremities, neck, and upper shoulder an area approximately 6.0 to 8.0 12/13 at 11:30 AM revealed Resident #1 ack, feeding tube area, vaginal area, ment, Resident #1 responded to verbal and ring the initial observation of Resident #1, nember stated the incident occurred on 01/13 around 5:30 AM from a staff member ith her bed, had been moved to another e on 08/31/13. The family member stated m a different staff member informing neerned and decided to check on the om, in bed, and covered in ants. The e to help brush the ants off the resident. I, where she was informed by hospital esident #1's nurse's notes dated , reflected ants were on the resident's d noted she had no ant bites and had no ived to move the resident to another room, presence of ants. An entry at 8:30 or ant bites in the new room (which nt #1, dated 09/03/13 at 9:30 AM, Resident #1's norther was yelling that her some and the front of her legs, and gave orders for 50 mg of [MEDICATION NAME] cream to her body. The resident's mother runed from the hospital via ambulance. A on 09/01/13, documented on 09/01/13 at 9:20 me and found ants in the resident's bed cation given per [DEVICE]. On 09/13/13 at a, and that she had been assigned the hall as not informed about ants being found in sident #1 briefly, but did not pull back 0 AM, she saw Resident #1's family mg for help. She stated when she arrived and under the resident. CNA E stated she esident. CNA E stated staff now report M, during an interview with MA G, he r call for help and went to assist. He stated get the ants off her. He added there were ad assisted with removing

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE			PRINTED:5/24/2014 FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/30/2013
AME OF PROVIDER OF SU	455416 PPLIER	STREET ADD	DRESS, CITY, STATE, ZIP
HE COURTYARDS AT FORT WORTH 8001 WESTERN HILLS BLVD FORT WORTH, TX 76108			
or information on the nursing	home's plan to correct this deficien	cy, please contact the nursing home or the state st	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF D OR LSC IDENTIFYING INFORM	DEFICIENCIES (EACH DEFICIENCY MUST B	E PRECEDED BY FULL REGULATORY
F 0490	(continued from page 16)		
Level of harm - Immediate jeopardy Residents Affected - Many	returned from the hospital. The D F's nurse's notes did not provide a she did not interview LVN F rega	she was notified of the incident but she did not of ON stated she conducted the investigation of the und accurate assessment of the number of Resider rding her statement that Resident #1 only receive he severity of Resident #1's ant bites when she co	incident. she could ot explain why LVN nt #1's number of ant bites. She stated ed 30 ant bites. She stated she was not
	from the hospital. Nurse's notes, or resident to receive 500 mg of Ket take as directed on the package, and [ME solution, take 10 ml (two teasponns) every 6 ho physician or the physician's PA w return from the hospital with new she was first notified around mid another telephone call later that m another room. She stated a third t member was worried about Resid medication, and [MEDICATION incident. The NP stated she receiv that Resident #1's family member	EDICATION NAME]/[MEDICATION NAME] (urs as needed for pain. The nurses' notes provided rere notified of the request to transfer the resident orders. On 09/13/13 at 10:15 AM, during an inte night (12:00 AM) on 09/01/13, of the ants in Resi iorning, but was uncertain of the time, and was to lephone call was received from the facility on 09 ent #1 being in pain from some ant bites. She stat NAME]. She stated she was not informed of the ved another telephone call from the facility on 09 did not want Resident #1 to take the steroids pre	s physician gave orders for the DICATION NAME][MEDICATION NAME] to [MEDICATION NAME]) 2.5 mg/167 mg per 5 n d no documented evidence the resident's to the hospital or of the resident's erview with the physician's NP, she stated ident #1's room. She stated she received old the resident had been moved to 9/01/13, saying Resident #1's family ted she prescribed a topical cream, pain number of ant bites or seriousness of the //02/13 at around midnight to inform her secribed by the emergency room physician.
	the facility. The NP stated she did Resident #1 to the hospital at the she had recently had problems ge full extent of situations and were Resident #1's physician, he stated bites immediately after the incide handle the incident, but the inforr incident. The physician stated the secondary concern was a massive ant bites, and added that it could 1 ants to have caused the extent of regarding her ant bites: Entry datk Resident #1 was small and frail in	are Resident #1 had transferred to a hospital eme I not see Resident #1 until Tuesday (09/03/13), bi time of the incident if the seriousness of the incid ting accurate reports from staff at the facility. Sh not prepared with information. On 09/12/13 at 12 the red welts observed by the surveyors were an int, he would have sent her to the hospital. The ph mation his office received about the incident did r worst case scenario would have been Resident #1 coul- take up to another month for the bites to heal, and (Resident #1's) injuries. Resident #1's nurse's not a 09/03/13 on the 6:00 AM to 2:00 PM shift (no stature and unable to make needs known. The re	ut could tell that she would have sent lent had been conveyed. The NP stated ne stated staff were not reporting the 2:30 PM, during an interview with t bites. He stated if he had seen the ant sysician stated he did not initially not relay the seriousness of the H experiencing anaphylactic shock. A d experience scarring in the areas of the stated, There had to be hundreds of es reflected the following entries specific time provided), reflected esident had contractures to knees, hips,
	concentrations of ant bites are in left posterior thigh, and left poste count. Entry dated 09/06/13 (5 da reflected a skin assessment was p bites are the left posterior thigh a with a decrease in the fluid filled but the concentration of redness f she was in bed with socks on her Resident #1 from scratching herss rib cage, and left inner thigh. Sev socks and Resident #1 immediate marks on both her upper arms and made slight groaning noises and o Investigation Report, signed by th	are noted to Resident #1's entire body from dense the following areas: the base of the back of the rior lateral calf. The ants bites are cluster of fluid ys after the incident) on the 6:00 AM to 2:00 PM erformed due to the incident of multiple ant bites nd left posterior lateral calf. The ant bites in these pustules. The ant bites to the neck, bilateral arms as decreased. Observation on 09/13/13 at 12:29 I hand. Resident #1's family member was present a elf. Ant bites were observed on all of Resident #1 eral of the ant bites were observed to have pustul- ly began scratching her neck and shoulder area. F d shoulder area. Resident #1's facial expression in continued to attempt to scratch at areas with ant b be DON and dated 09/06/13, identified the catego	eck, the right posterior flank area, filled pustules, too numerous to 1 shift (no specific time provided), . The densest concentrations of ant e areas are very red and irritated , and right flack are red and angry, PM, of Resident #1 in her room, revealed and stated the socks were used to prevent 's limbs, neck, shoulders, back, right es. The family member removed the Resident #1 had several dark red scratch idicated she was distressed. Resident #1 pites. Review of the Provider ry of the incident involving Resident #1
	summary of the investigation refl approximately 11:40 PM. The res observations of ants were noted o AM, the resident's mother observ Resident #1 and the areas were cl had been monitoring for ants in th another room, and her previous ro assessment was conducted every copies of billing from the pest co 08/27/13, and 09/06/13.) Staff, in monitoring rooms for ant activity to respond if ants were observed did not address ensuring nurses co information when consulting with addressed ensuring nurses consul return with an order to review the	te incident occurred on 09/01/13, and was reporte ected: A nurse observed ants on the resident's dre ident and her roommate were moved to another r n either resident. Staff continued to monitor throu ed ants on the resident. A nurse assessed Residen osed and slightly swollen. The Post-Investigation he facility since 08/28/13, due to ants found in tw yoom was deep cleaned, and she was provided with shift. A pest control provider treated the interior r ntrol provider were for 08/09/13, 08/13/13, 08/16 cluding nursing staff, maintenance, housekeeping , implementing safety checks for ants, who to no on resident's physician. It furthermore did not pro yhotify a physician when a resident is being trans treatment orders from the hospital to allow the a	esser and on her bed on 08/31/13 at room and both residents were assessed and no ughout the shift. On 09/01/13 at 9:30 it #1 and observed multiple ant bits on a action section reflected facility staff or oroms. Resident #1 was moved to h a new wheelchair cushion. A head-to-toe and exterior of the facility. (The //13, 08/20/13, 08/26/13, g and administration, were educated on tify in the event of finding ants, and how tinued for observation of ants. The plan uring nurses provide complete and accurate ovide information regarding how they sferred to a hospital and again when they titending physician to determine if he
	Investigation Worksheets reveale nurse conducted a head-to-toe ass before Resident #1 was found in t contract exterminator revealed th every room. On 08/21/13 (no tim in room [ROOM NUMBER] on C 09/03/13 (no time) - Ants at nurses' station (sta treatment revealed the following: the targeted pest. Ants were noted [ROOM NUMBER]. 08/16/13: tf The facility's exterior area was tre treated. rooms [ROOM NUMB] 08/25/13: The facility's exterior a inspected and treated and rooms v services; baseboards around bed.	eated. Ants were noted during service. The courty RS] were treated for [REDACTED]. 08/21/13: Pa	nd in her room with ants on her dresser. The Note: This incident occurred the day facility's Service Request Log for the eeds to be sprayed. Bugs and ants in have ants. On 08/21/13 (no time) - Ants in closet room [ROOM NUMBER] and restroom. On rvice provider's receipts for . The facility's exterior was treated. Ants were ar an exit door. Ants were noted in room en and the treatment of [REDACTED]. 08/20/13: yard of the secured unit, 200 hall, was atient/guest rooms were treated. The targeted pest ze under cold base in rooms [ROOM NUMBERS] geted pest was ants. The areas were pards, was treated. Ants were noted during d ants were the target. Ants were noted re contacting the facility creating a
	The exterior of the widnoew and Service Provider revealed only or provider completed a power spray they will ingest the poison and th 09/13/13 at 2:28 PM, interview w just the statement written for the is with the Maintenance Director re	e provider suggested the facility frim back vegeta ground near room [ROOM NUMBER]. On 09/13 he fire ant mound was found after the incident that y approximately two weeks ago. It will sometime en die. The service provider and the facility are w vith the Administrator revealed the facility did not in-service conducted after the incident on 09/01/13, the facili ity. The Maintenance Director identified the unda	3/13 at 3:20 PM, interview with the Pest Control at occurred on 09/01/13. The service s drive the insects into the facility where working on controlling the issue. On t have a specific policy regarding ants, 13. On 09/13/13 at 2:50 PM, interview ity had been calling the exterminator

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Lever the numeric number of the state of the	-	SUMMARY STATEMENT OF I	DEFICIENCIES (EACH DEFICIENCY MUST BE PRI	• •
	THE COURTYARDS AT FO For information on the nursing (X4) ID PREFIX TAG F 0490 Level of harm - Immediate jeopardy	RT WORTH home's plan to correct this deficien SUMMARY STATEMENT OF I OR LSC IDENTIFYING INFOR (continued from page 17) compiled by staff members after ants in the building. The identifie however completion dates werer is log book located at each nurses's control book located at the nurses only a couple of ants are sighted treat outside near the exterior wal Review of an undated, untilded di revealed a list of resident rooms i Director identified the undated ha areas in the facility where repairs rooms that needed caulk around t 33-34, 38-39, 41-42, 45, 59-60, 2 and 429. The list also included 20 were: 4, 23, 26, 31-32, 35-36, 40, that needed caulking in the bathratic the rooms were: 5, 9, 11, 20, 53, room [ROOM NUMBER] a hole way, and the frame was rotten. In room window trim. The window in room [ROOM NU bathroom door, and room [ROOM NUMBER] ha identified as needing some type of Administrator revealed the plan to residents by direct care staff, dail maintenance outside the facility for on for direct care staff, and one fthe other identified logs. The Ass plan so he can monitor which room nurses' stations did not begin thein nursing stations at least once a da treatments with the pest control s the 200 Hall, 300 Hall, 400 Hall, 09/10/13 in room [ROOM NUMBER], and the 09/06/13 in room [BOOL WESTERN HI FORT WORTH, T2 cy, please contact the nursing home or the state survey DEFICIENCIES (EACH DEFICIENCY MUST BE PRI MATION) the incident on 09/01/13, of areas in the facility where r d repairs were completed following the compilation of ot provided at that time. Any ants seen in the facility ar tation. The log books are check twice a day. Insect sigh 'station that is monitored by the pest control service pr the maintenance staff will treat the area himself. If it is 1 of the room. Maintenance staff also monitor outside for curnent attached to the Facility's Provider Investigation in the facility with environmental issues. On 09/13/13 at undwritten document as a list compiled by staff member were needed to address ants in the building. The list in he windows. The following are the rooms identified: 1, 00-213, 215-226, 228, 301-309, 311-313, 315, 401-408 prooms that needed caulk around the windows and in tf 44, 48-49, 51-58, and 310. Also identified on the list w bom only: 9, 10, 12, 19, and 411. The list identified sev 55, and 406. The list also identified. In room [ROOM N in [ROOM NUMBER] the window was still broken, and JMBER] was described as being in bad shape. room [R d a broken baseboard. A total of 107 resident rooms of f repair. On 09/13/13 at approximately 4:00 PM, the Ao o address the ants in the facility included the following: y checks on residents' rooms by clinical staff and house or ant mounds. Logs of the resident and room checks w or housekeeping. Staff documents any sightings of ants istant Administrator stated he has begun marking room ms are impacted. The Administrator stated the monitor r logs until 09/02/13. Maintenance staff is monitoring th y. Maintenance treats any sightings of insects immedia ervice providers. Review of the facility's Daily Ant Insp The Terrace, and The Verandah were monitored once a 01/13 in Rooms 211, 213, 310, and the 300 Hall Show the following: If a resident is found to have ants in the is on the resident, shower the resident, change gown an changed	ILLS BLVD X76108 agency. ECEDED BY FULL REGULATORY ECEDED BY FULL REGULATORY epairs were needed to address the list of repairs needed, re logged by staff in a maintenance attings are also logged in a pest rovider on a monthly basis. If a resident room he will also or ant mounds on a daily basis. A Report involving Resident #1 t 2:50 PM, the Maintenance rs after the incident on 09/01/13, of cluded a total of 82 resident 3, 11, 18, 20-22, 24-25, 28-30, 8, 412-415, 418-420, 422-424, 426-427, ne bathroom. The identified rooms were the following five rooms en rooms where ants were found, 1 issues in resident rooms. In UMBER] the window doesn't shut all the a room [ROOM NUMBER] had broken OOM NUMBER] had a hole by the the 120 resident rooms in the facility were dministrator and Assistant OOM NUMBER] had a hole by the the 120 resident rooms in the facility were dministrator and Assistant : One hour checks of total care excepting, and daily checks by ere kept at each nurses' station, in the maintenance log as well as s where ants were sited on a floor ing began on 08/28/13, but some of the he maintenance log kept at the tely and coordinates further pection logs revealed rooms on t day for ants from 08/28/13 to er Room. Ants were noted on 09/01/13 in DOM NUMBER]. Ants were noted on uUMBER]. Ants were noted on uIMBER]. Ants were noted on 09/12/13 in iew of the in-service regarding ants/residents, room the following should be d linens. If the resident is needed apleted by each shift. The facility's Condition, revised September 2011 and d nursing staff in order to promote isions regarding appropriate and PROCEDURES: 1. Complete tysical condition C. (temperature), BP (blood . L. Any interventions/first aide (sic) on. (The physician notification nurse will document all assessments to does not respond within an The patient's/resident's family ergent transfer to the hospital. A nd reflected: These guidelines are not a situation he/she should not delay f the facility's current Abuse, e following: 1. The facility's and misapprop
FORM CMS-2567(02-99) Event ID: YL1011 Facility ID: 455416 If continuation sheet	FORM CMS-2567(02-99)			