Printed: 09/01/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIE	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing STREET ADDRESS, CITY, STATE, ZI	(X3) DATE SURVEY COMPLETED 12/31/2021
Fort Worth Wellness & Rehabilitation		2129 Skyline Dr Fort Worth, TX 76114	
For information on the nursing home's	plan to correct this deficiency, please con-	tact 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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	44006 Based on interview and record revithat prohibit and prevent abuse for The facility failed to report to HHSC	iew, the facility failed to implement their 1 of 8 residents (Resident #1) reviewed and law enforcement Resident #1's a pation was made to the facility's Abuse at risk for abuse.	r written policies and procedures d for abuse. llegation of sexual abuse by CNA A

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/31/2021
NAME OF PROVIDER OR SUPPLIER Fort Worth Wellness & Rehabilitation		STREET ADDRESS, CITY, STATE, ZI 2129 Skyline Dr	P CODE
Fort V		Fort Worth, TX 76114	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	policy of this home to prohibit resid any incident/event in which there is been or may be adversely affected Involuntary seclusion, Mental/Psyc Misappropriation of property/financhome's administrator will conduct a misappropriation of property, and v in accordance with federal and stat member as the Abuse Coordinator Investigation, 6. Protection, and 7. Administrator or if unavailable, the the person reporting the allegations Ask any witness to wait for the Adminivolved, the employee will be detathe Administrator or person on-call and/or Director of nurses. Review the employee is involved in the allegation duty and will be placed on investigation as soon as possible. Inotified including the notification of Complete the investigation and dire Investigation Report (5 day report), of the findings of the investigation at to be analyzed to determine what oprocedures to prevent further occu	cy entitled Abuse- Reportable Events, ent abuse or neglect in any form, and to cause to believe a resident's physical by abuse or neglect caused by another hological Abuse, Physical Abuse, Sexuial Abuse, Exploitation, Suspicion of a land investigate allegations of crimes, survill provide notification and release of interegulations. The home's administration. Procedure: 1. Screening, 2. Training, Reporting. 5. Investigation: The Charge Director of nurses will be notified. Begins or suspicion and any witnessed including and removed from their assigned or other appropriate staff. The person he temps taken in the investigation. Taken or suspension of abuse. This will interest in the local law enforcement related to an exect any disciplinary action required. Con Review corrective action (s). Inform the local law enforcement related to an exect any disciplinary action required. Con Review corrective action taken. Refer all or change or changes are needed, if any, rences. 7. Reporting: a. All alleged alled to all other agencies as required by recrime against a resident.	or report in accordance with the law or mental health or welfare has or person. Definitions: Abuse, lal Abuse, Verbal Abuse, Neglect, crime against a resident. The aspected abuse, neglect, or information to the proper authorities, on will designate a qualified staff 3. Prevention, 4. Identification, 5. in taking written statements from the ding staff, family, and/or residents. In a employee is duties until they are interviewed by on-call will: Notify the Administrator lack appropriate action if an acclude removing the employee from will: Review all aspects of the dappropriate authorities have been the dappropriate authorities have been they crimes against a resident. In the state Provider the state Provider the representative courrences to the QAPI Committee to the facilities policies and egations of abuse will be reported

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AND PLAN OF CORRECTION 45 NAME OF PROVIDER OR SUPPLIER Fort Worth Wellness & Rehabilitation For information on the nursing home's plan t (X4) ID PREFIX TAG SU (Es F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few CI re sq CI co a i he he sh de tal th; st st st sp #1	UMMARY STATEMENT OF DEFICE ach deficiency must be preceded by the an interview on 12/28/21 at 1:02 to change her a couple of weeks ago was no issue. She stated CNA B with ange her gown and proceeded to loor. Resident #1 stated she was bown and when the stated conduction of the stated she was bown and proceeded to change her gown, she kept asking queezed both of her breast with bown at the stated conduction of the stat	PM with Resident #1, she stated CN/go between 2:00-3:00 AM. Resident # alked towards the door to leave the rope remove her gown. Resident #1 stated blind in her right eye, but didn't believe her gown. She stated he didn't respong him why he was taking her gown off oth of his hands. Resident #1 stated so the didn't believe her gown. She stated he didn't respong him why he was taking her gown off oth of his hands. Resident #1 stated so the stood by the door while this happe left the room. She stated she told all bld LVN C, Med Aide D, and CNA E. Fixplained to her what happened. Resider room. She stated LVN F asked CN atted while she explained what happe he didn't know about the incident. Recause he was always very nice to her	agency. A A and CNA B went into her room 1 stated they changed her, and it 1 stated they changed her, and it 1 stated they changed her and it 2 stated they changed her and it 2 stated they changed her and it 3 stated the needed to 3 d CNA B stopped and stood by the 3 the gown was soiled, so she asked 4 d. Resident #1 stated while CNA A 4 she stated CNA A laughed and 4 he froze for a moment, then told 5 a noise. Resident #1 stated CNA A 6 put the staff who came in her room to 6 esident #1 stated LVN F came into 6 ent #1 stated LVN F seemed 6 B about the incident and he 6 ned CNA B kept saying what are you 6 sident #1 stated she felt very hurt
Fort Worth Wellness & Rehabilitation For information on the nursing home's plant (X4) ID PREFIX TAG SU (Ea F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few CI co a in he he sh det tal th: str str sp #1	UMMARY STATEMENT OF DEFICE ach deficiency must be preceded by the an interview on 12/28/21 at 1:02 to change her a couple of weeks ago was no issue. She stated CNA B with ange her gown and proceeded to loor. Resident #1 stated she was bown and when the continued to her breast with bown at the continued to laugh. She stated CNA in new gown on her and both CNAs help her. Resident #1 stated she to her room to talk about it and she exhocked and brought CNA B into help her. Resident #1 stated she to her common to talk about it and she exhocked and brought CNA B into help her. Resident #1 stated she to her common to talk about it and she exhocked and brought CNA B into help her. Resident #1 stated she to her common to talk about it happened. Resident #1 stated the common to talk about it happened. Resident #1 stated the common to talk about it happened. Resident #1 stated the common to talk about it happened. Resident #1 stated the common to talk about it happened. Resident #1 stated the common to talk about it happened. Resident #1 stated the common to talk about it happened. Resident #1 stated the common to talk about it happened. Resident #1 stated the common to talk about it happened. Resident #1 stated the common to talk about it happened. Resident #1 stated the common to talk about it happened the common talk about	2129 Skyline Dr Fort Worth, TX 76114 tact the nursing home or the state survey CIENCIES full regulatory or LSC identifying informa PM with Resident #1, she stated CNz go between 2:00-3:00 AM. Resident # alked towards the door to leave the ro or remove her gown. Resident #1 state blind in her right eye, but didn't believe ner gown. She stated he didn't respon go him why he was taking her gown off oth of his hands. Resident #1 stated so the door while this happe steft the room. She stated she told all bld LVN C, Med Aide D, and CNA E. F coplained to her what happened. Reside er room. She stated LVN F asked CN stated while she explained what happe he didn't know about the incident. Re- cause he was always very nice to her	agency. A A and CNA B went into her room 1 stated they changed her, and it 1 stated they changed her, and it 1 stated they changed her and it 2 stated they changed her and it 2 stated they changed her and it 3 stated the needed to 3 d CNA B stopped and stood by the 3 the gown was soiled, so she asked 4 d. Resident #1 stated while CNA A 4 she stated CNA A laughed and 4 he froze for a moment, then told 5 a noise. Resident #1 stated CNA A 6 put the staff who came in her room to 6 esident #1 stated LVN F came into 6 ent #1 stated LVN F seemed 6 B about the incident and he 6 ned CNA B kept saying what are you 6 sident #1 stated she felt very hurt
For information on the nursing home's plan to (X4) ID PREFIX TAG SU (Ea F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few CI re sq CI co a i he he he he sh de tal th. st st sp #1	UMMARY STATEMENT OF DEFICE ach deficiency must be preceded by the an interview on 12/28/21 at 1:02 to change her a couple of weeks ago was no issue. She stated CNA B with ange her gown and proceeded to loor. Resident #1 stated she was bown and when the continued to her breast with bown at the continued to laugh. She stated CNA in new gown on her and both CNAs help her. Resident #1 stated she to her room to talk about it and she exhocked and brought CNA B into help her. Resident #1 stated she to her common to talk about it and she exhocked and brought CNA B into help her. Resident #1 stated she to her common to talk about it and she exhocked and brought CNA B into help her. Resident #1 stated she to her common to talk about it happened. Resident #1 stated the common to talk about it happened. Resident #1 stated the common to talk about it happened. Resident #1 stated the common to talk about it happened. Resident #1 stated the common to talk about it happened. Resident #1 stated the common to talk about it happened. Resident #1 stated the common to talk about it happened. Resident #1 stated the common to talk about it happened. Resident #1 stated the common to talk about it happened. Resident #1 stated the common to talk about it happened. Resident #1 stated the common to talk about it happened the common talk about	Fort Worth, TX 76114 tact the nursing home or the state survey CIENCIES full regulatory or LSC identifying informa PM with Resident #1, she stated CN/ go between 2:00-3:00 AM. Resident # alked towards the door to leave the ro or remove her gown. Resident #1 state of in her right eye, but didn't believe her gown. She stated he didn't respon go him why he was taking her gown off oth of his hands. Resident #1 stated so hed to scream but just couldn't make a B stood by the door while this happe he left the room. She stated she told all held LVN C, Med Aide D, and CNA E. F coplained to her what happened. Reside her room. She stated LVN F asked CN hated while she explained what happe he didn't know about the incident. Re- cause he was always very nice to her	A A and CNA B went into her room 1 stated they changed her, and it iom and CNA A stated he needed to d CNA B stopped and stood by the the gown was soiled, so she asked d. Resident #1 stated while CNA A She stated CNA A laughed and he froze for a moment, then told a noise. Resident #1 stated CNA A put the staff who came in her room to esident #1 stated LVN F came into ent #1 stated LVN F seemed A B about the incident and he ned CNA B kept saying what are you sident #1 stated she felt very hurt
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few CI co a i he he he he sh de tal th sts sp #1	UMMARY STATEMENT OF DEFICE ach deficiency must be preceded by the an interview on 12/28/21 at 1:02 to change her a couple of weeks ago was no issue. She stated CNA B with ange her gown and proceeded to loor. Resident #1 stated she was bown and when the continued to her breast with bown at the continued to laugh. She stated CNA in new gown on her and both CNAs help her. Resident #1 stated she to her room to talk about it and she exhocked and brought CNA B into help her. Resident #1 stated she to her common to talk about it and she exhocked and brought CNA B into help her. Resident #1 stated she to her common to talk about it and she exhocked and brought CNA B into help her. Resident #1 stated she to her common to talk about it happened. Resident #1 stated the common to talk about it happened. Resident #1 stated the common to talk about it happened. Resident #1 stated the common to talk about it happened. Resident #1 stated the common to talk about it happened. Resident #1 stated the common to talk about it happened. Resident #1 stated the common to talk about it happened. Resident #1 stated the common to talk about it happened. Resident #1 stated the common to talk about it happened. Resident #1 stated the common to talk about it happened. Resident #1 stated the common to talk about it happened the common talk about	PM with Resident #1, she stated CN/go between 2:00-3:00 AM. Resident # alked towards the door to leave the rope remove her gown. Resident #1 stated blind in her right eye, but didn't believe her gown. She stated he didn't respong him why he was taking her gown off oth of his hands. Resident #1 stated so the didn't believe her gown. She stated he didn't respong him why he was taking her gown off oth of his hands. Resident #1 stated so the stood by the door while this happe left the room. She stated she told all bld LVN C, Med Aide D, and CNA E. Fixplained to her what happened. Resider room. She stated LVN F asked CN atted while she explained what happe he didn't know about the incident. Recause he was always very nice to her	A A and CNA B went into her room 1 stated they changed her, and it iom and CNA A stated he needed to d CNA B stopped and stood by the the gown was soiled, so she asked d. Resident #1 stated while CNA A She stated CNA A laughed and he froze for a moment, then told a noise. Resident #1 stated CNA A put the staff who came in her room to esident #1 stated LVN F came into ent #1 stated LVN F seemed A B about the incident and he ned CNA B kept saying what are you sident #1 stated she felt very hurt
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few CI co a i he he sh de tal thi st: sp #1	n an interview on 12/28/21 at 1:02 to change her a couple of weeks agars no issue. She stated CNA B with hange her gown and proceeded to loor. Resident #1 stated she was bone on the process of the proc	PM with Resident #1, she stated CN/go between 2:00-3:00 AM. Resident # alked towards the door to leave the roper remove her gown. Resident #1 stated in her right eye, but didn't believe her gown. She stated he didn't respong him why he was taking her gown off oth of his hands. Resident #1 stated so hed to scream but just couldn't make A B stood by the door while this happer is left the room. She stated she told all old LVN C, Med Aide D, and CNA E. For explained to her what happened. Resider room. She stated LVN F asked CN atted while she explained what happened he didn't know about the incident. Recause he was always very nice to her	A A and CNA B went into her room 1 stated they changed her, and it rom and CNA A stated he needed to d CNA B stopped and stood by the the gown was soiled, so she asked d. Resident #1 stated while CNA A She stated CNA A laughed and he froze for a moment, then told a noise. Resident #1 stated CNA A aned. Resident #1 stated CNA A put the staff who came in her room to resident #1 stated LVN F came into rent #1 stated LVN F seemed A B about the incident and he ned CNA B kept saying what are you sident #1 stated she felt very hurt
Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few CI co a i he he sh dc tt tt tt tt tt v wa ch dc tt tt tt tt st st sp #1	o change her a couple of weeks ag vas no issue. She stated CNA B with hange her gown and proceeded to loor. Resident #1 stated she was because of the couple	go between 2:00-3:00 AM. Resident # alked towards the door to leave the rope remove her gown. Resident #1 state blind in her right eye, but didn't believe her gown. She stated he didn't respong him why he was taking her gown off oth of his hands. Resident #1 stated shed to scream but just couldn't make A B stood by the door while this happer left the room. She stated she told all bld LVN C, Med Aide D, and CNA E. For kplained to her what happened. Resider room. She stated LVN F asked CN atted while she explained what happe he didn't know about the incident. Recause he was always very nice to her	1 stated they changed her, and it from and CNA A stated he needed to d CNA B stopped and stood by the the gown was soiled, so she asked d. Resident #1 stated while CNA A She stated CNA A laughed and he froze for a moment, then told a noise. Resident #1 stated CNA A put the staff who came in her room to esident #1 stated LVN F came into ent #1 stated LVN F seemed A B about the incident and he ned CNA B kept saying what are you sident #1 stated she felt very hurt
Ad sh sc Ad a y ou did re wa be Re did	poke to her made her feel as if she at stated she couldn't remember exerious and made her feel as if she administrator went to her room and he felt they did not take her seriou cream, she stated she told him she administrator about another incider a year ago CNA A went into her room and the felt they did not take her seriou cream, she stated she told him she at the stated and the she was a feel and she remember him touching her private way it felt and she remembered bla because she felt he cleaned her private and the she she felt he cleaned her private way it felt and she remembered bla because she felt he cleaned her private way it felt and she remembered bla because she felt he cleaned her private way it felt and she remembered to her an interview on 12/29/21 at 1:34 wo-three weeks ago and she told her contains the she was a she told her the she was a she told her and the she was a she told her the she was a she was a she told her the she was a she was	he back in her room and asked question he back in her room and asked question he didn't believe her, so she told her ne xactly what LVN F said or asked, but he was delusional. Resident #1 stated to asked what happened. She stated she saly. Resident #1 stated the Administrate tried to scream but couldn't. Resident that happened about a year ago without the work of	vering for CNA A. Resident #1 ons. She stated the way LVN F ever mind it didn't happen. Resident she felt as if she wasn't taking her ne next day the DON and ne told them about the incident, but ator asked her why she didn't nt #1 stated she told the DON and n CNA A. Resident #1 stated about eal hard. She stated she blacked d her private area (vagina) felt it to the facility because she didn't nad been touched because of the not like CNA A changing her n. She stated it just did not feel right. Iministrator they acted as if they about being violated. ded care to Resident #1 about CNA G stated Resident #1 told her told her CNA A changed her gown

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 455457

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			No. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/31/2021
NAME OF PROVIDER OR SUPPLIE	R	STREET ADDRESS, CITY, STATE, ZI	P CODE
Fort Worth Wellness & Rehabilitation	on	2129 Skyline Dr Fort Worth, TX 76114	
For information on the nursing home's p	plan to correct this deficiency, please cont	act the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	IENCIES full regulatory or LSC identifying information	on)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	so the DON asked her if Resident # she told the DON she did not say a asked her had anyone ever touched CNA B came into her room and who (vagina) felt weird . LVN C stated R said CNA A grabbed her breast and #1 told her about the incident again details of what happened was the s very verbal, did not have cognitive i stated she was very concerned bed so she was really worried this incide Resident #1 told her. In an interview on 12/29/21 at 3:09 about a week ago. She stated on 1: Resident #1 reported to her that CN she told her to report it to the charg to report it to LVN F because she d because she was the charge nurse the incident to LVN F but told her R she could just contact the Administi CNA I stated LVN F did not contact DON on speaker and she heard the you hear CNA H say this, and is thi door and she heard LVN F go into t Resident #1 say she just wanted to crying. She stated she asked Reside A violated her. CNA I stated Reside changed her gown. She stated she breast when he was putting on her breast. She stated Resident #1 also long to clean her, and it didn't feel r to make her think she was delusion disabled but she was in her right mi had never appeared to be mentally On 12/29/21 at 4:01 PM, contact to	PM with LVN C, she stated she had a state mentioned an incident with staff regarything to her. LVN C stated when she do her inappropriately in the facility. LVN en she opened her eyes CNA A stood desident #1 told her CNA B stood by the down this time she stated it happened a ame, she only changed the timeframe. It is sause, and had no known psychiatric is assues, and had no known psychiatric is assues, and had no known psychiatric is assues she was really with it and had the ent occurred. She stated Resident #2/17/21, CNA E came to her very upse IA A grabbed her breast. CNA I stated enurse (LVN F). She stated CNA E tolidn't trust her. CNA I stated she told CN on duty and the DON was not there. Sesident #1 did not want to talk to her. Corator, who was the Abuse Coordinator, the Abuse Coordinator and called the bon tell LVN F to ask Resident #1 dies why you were reporting this. CNA I stated from and say those things to Resid drop it. CNA I stated the next few days tent #1 told her CNA A did incontinence wanted to clarify, so she asked Reside gown. CNA I stated Resident #1 said in told her she felt when CNA A provide ight. CNA I stated Resident #1 appears al. CNA I stated she felt bad for Resident. She said she had worked with Resident. She said she had worked with Resident. CNA E via phone was attempted and very large to the phone was attempted and very large to the phone was attempted and very large the phone phone was attempted and very	arding sexual abuse. LVN C stated went to feed Resident #1, she I C stated she told her CNA A and over her and her private area a door. LVN C stated she never I C stated the next day Resident a year ago. LVN C stated the LVN C stated Resident #1 was ssues, such as delusions. LVN C ability to recall things accurately, to the DON each day what I accused CNA A of sexual abuse to during their shift and stated CNA E asked her what to do and do her Resident #1 did not want her I have stated she and CNA E reported CNA I stated she asked LVN F, if and let him talk to Resident #1. DON. CNA I stated LVN F had the do CNA H put this in your head, did stated she stood by Resident #1's lent #1. She stated she heard is Resident #1 was constantly lid her she was sad because CNA care and felt her breast when he eant #1 did he accidently touch her to and he actually grabbed her do incontinence care, he took too end very upset and said people tried end #1 for over a year and she he did report this to the DON. Was unsuccessful.

	NU. 0930-0391			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/31/2021	
NAME OF PROVIDER OR SUPPLIER Fort Worth Wellness & Rehabilitation		STREET ADDRESS, CITY, STATE, ZI 2129 Skyline Dr	P CODE	
		Fort Worth, TX 76114		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	rounds and went to talk Resident # A. The Activity Director stated Resishe came to, CNA A was there, an report it and she said no because s A did it again and grabbed her breabut she felt they belittled her and d stated she immediately contacted tompleted an investigation and talk complete a grievance. The Activity Administrator's office door. The Actincident. She stated the DON told I she changed and said it didn't happher statement because she felt the DON brought the Administrator into statement. The Activity Director stated she noticed a changer and said. The Activity Director stated and said. The Activity Director stated and said.	PM with the Activity Director, she state 1. She stated Resident #1 told her she ident #1 told her there was an incident d her private area felt funny. She state she felt crazy. The Activity Director state ast. She stated Resident #1 said she to id not believe her, so she told them it d the Administrator via phone. She stated ted to the DON and they determined it Director stated she completed a grieve tivity Director stated the next morning sher she believed Resident #1 made it under it. The Activity Director stated she to you do not believe her or took her seriou the office and she explained to him we used the DON and Administrator seeme or clearly stated if they would or woulding ge in Resident #1's behavior. She state and she had no knowledge of the allegated she had no knowledge	had been sexually abused by CNA in which she passed out and when d she asked Resident #1 did she ed Resident #1 said recently CNA lid the Administrator and the DON, idn't happen. The Activity Director d he told her he had already did not happen and for her to ance form and slide it under the spoke to the DON about the p because when they talked to her old the DON Resident #1 changed is. The Activity Director stated the hy Resident #1 changed her d to come to a decision they did not it report to the state. The Activity at Resident #1 seemed withdrawn the state is the state of the state in the stat	

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	was supposed to immediately repo Sunday night (12/19/21), she receir CNA E that CNA A had grabbed he Resident #1's room. The DON states she had a flashback of when she fididn't say who touched her and she had this occurred recently and Resistated she immediately contacted to A was not working on Resident #1's the next morning, she, the Adminis Resident #1 said she believed she touched her. The DON stated Resis occurred. She stated she asked Resistements from the staff. She states told her Resident #1 reported to he already started an investigation. The changed her story because she an clarify if Resident #1 repeated wha Administrator did not report the incito report to the state because Resist. The DON stated there was anoth DON stated the risk of not reporting	PM with the DON, she stated if a resic rt it to the Administrator, who was the Aved a call from the charge nurse (LVN or breast. The DON stated she had LVN ed she asked Resident #1 what happerst came to the facility and someone to be didn't ask her who touched her. The Edident #1 stated no. She stated Resider the Administrator. She stated the Administrator, and the Social Worker, went to the fainted and when she woke up CNA Addent #1 kept using the word flashback esident #1 what she recalled about the dil laughed. The DON stated she started ed later that day (12/20/21) the Activity in, CNA A touched her. She stated she is DON stated she did not recall any stid the Administrator didn't believe her; in the was told by CNA H. The DON stated to the state or law enforcement. Sident #1 told her she now felt safe and one resident and staff member who acc greated several abuse was it could happen to use and then changed it, the inci-	Abuse Coordinator. She stated on F), who reported Resident #1 told N F put her on speaker and go into ned. She stated Resident #1 stated uched her. The DON stated she DON stated she asked Resident #1 nt #1 said she felt safe. The DON nistrator told her to make sure CNA #1 in the morning. The DON stated alk to Resident #1. She stated stood above her and believed he and was unclear when the incident incident and she stated she only an investigation and took Director went into her office and told the Activity Director they had aff member telling her Resident #1 nor, did she recall asking staff to the stated she felt she didn't need didn't feel a need to further look into used CNA A of sexual abuse. The another resident. She stated if a

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLI	NAME OF PROVIDER OR SUPPLIER		P CODE
Fort Worth Wellness & Rehabilitation		2129 Skyline Dr Fort Worth, TX 76114	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	reported abuse, then he should inv meant if he thought it actually happ CNA A sexually abused her. He stated the DON told I wasn't sure if it happened the previkept saying it could have been a flate about the situation and she said she morning. He stated the next morning. He stated Resident #1 sher when she woke up. He stated for the day before CNA A touched her incontinence care. He stated Resident incontinence care. He stated Resident wrote by CNA and CNA B, and he statement they stated CNA A left the unsubstantiated. The Administrator without a definitive response whethe believe the allegation because the he determined the incident was until He stated he was unaware of any creview CNA A's personnel file. The abuse against CNA A. He stated he is new to the facility and came from happen to another resident. In an interview on 12/29/21 at 5:32 the day he and CNA A to help. CNA E diaper under her. He stated after C finished assisting Resident #1. CNA	PM with the Administrator/Abuse Coorestigate it and then report it, if approprened. The Administrator stated he was ated on Sunday night (12/19/21) he rechim Resident #1 said CNA A touched hous day or year ago. He stated the DO ashback. The Administrator stated he are didn't believe it happened, so he told ag, he, the DON, and the Social Worke aid a year ago she felt uncomfortable vacaident #1 said CNA A never touched. The Administrator stated CNA A and the said CNA B left the room and the dent #1 sid CNA B left the room and the dent #1 if she felt safe and she said year ement because he investigated it, felt in its investigation included interviewing Fele discussed it with the DON. He stated he room first and then CNA B left, so he stated, he also based his decision on her CNA A touched her or not and due resident used the word flashback. Basicounded, so it did not need to be report other residents who accused CNA A of Administrator stated he was aware of a did not know the facility's official policinal another state. He stated the DON as esident #1. CNA B, he stated the risk of not another state. He stated the DON as esident #1. CNA B stated Resident #1 over and NA A placed the diaper under Resident A B stated he did not change Resident Foom. CNA B stated he had never known.	riate. He stated by appropriate, he is made aware Resident #1 stated beived a call from the DON. The per inappropriately but Resident #1 N said Resident was unclear and sked the DON what she thought ther they would talk about it in the rinterviewed Resident #1. The with CNA A because he stood over the per interviewed Resident #1. The with CNA and because he stood over the per interviewed Resident #1. The with CNA a word and said CNA B went into her room to do not come CNA at touched her breast. The less the stated he did not report the stated he did not report the stated the allegation to be resident #1, reading statements to the DON saying she didn't led on this, the Administrator stated led to the state or law enforcement. Sexual abuse. He stated he did not a staff member who alleged sexual by on reporting abuse. He stated he lot reporting abuse was it could sked him to write a statement about required two people to change her, I CNA A wiped her and put a new to the people with the stated he did not a staff the people was a statement about the people was a statement abou

			No. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/31/2021
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Fort Worth Wellness & Rehabilitation		2129 Skyline Dr Fort Worth, TX 76114	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	her breast. CNA A stated he did not this. CNA A stated he was asked b #1 over and he did not wipe her. Clincontinence care was completed, needed to be changed, but he left of him of returning to her room and to he believed CNA H coached Resid hall the same day she made the all never been accused of sexual abuse recall. CNA A then stated he was unot do the things he was accused of facility was in trouble for not reportion in an interview on 12/30/21 at 10:4 attention by the Administrator and her breast on 12/19/21. He stated he social Worker stated Resident #1 shappened a year ago and then chaunclear of timeframes. The Social Administrator about the incident be report the incident. The Social Worthe DON would report it because in today the incident was not reported.	8 PM with the Social Worker, he stated DON, Resident #1 had reported CNA Ane, the DON, and the Administrator integrated CNA A grabbed her breast. He stated it to a couple of days ago. The Social Worker stated it was discussed between the stated he didn't officially know if the atthis type of business he is supposed to the Social Worker stated if he had be didately reported it. He stated he had be	as shocked she accused him of the stated he only rolled Resident. He stated as soon as the int #1's gown was soiled and id he heard Resident #1 accused urned to her room. CNA A stated ecause she worked Resident #1's at other nursing facility and had stated he isn't sure and did not until further notice, because he did retaliated against because the

	NU. 0736-0371			
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For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICE	CIENCIES full regulatory or LSC identifying informati	on)	
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. ***NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44006 Based on interview and record review the facility failed to ensure that all alleged violations involving abuse, are reported immediately, but not later than 2 hours after the allegation is made, to HHSC for one (Resident #1) of six residents reviewed for Abuse. The facility failed to report to HHSC Resident #1's allegation of sexual abuse by CNA A for more than 9 days after the allegation was made to the facility's Abuse Coordinator. This failure could place residents at risk of abuse. A record review of the facility's policy entitled It is the policy of this home to prohibit resident abuse or neglect in any form, and to report in accordance with the law any incident/event in which there is cause to believe a resident's physical or mental health or welfare has been or may be adversely affected by abuse or neglect caused by another person. Definitions: Abuse, Involuntary seclusion, MentalPsychological Abuse, Physical Abuse, Sexual Abuse, Verbal Abuse, Neglect, Misappropriation of property/financial Abuse, Exploitation, Suspicion of a crime against a resident. The home's administrator will conduct and investigate allegations of crimes, suspected abuse, neglect, or misappropriation of property, and will provide notification and release of information to the proper authorities, in accordance with federal and state regulations. The home's administration will designate a qualified staff member as the Abuse Coordinator. Procedure: 1. Screening, 2. Training, 3. Prevention, 4. Identification, 5. Investigation, 6. Protection, and 7. Reporting. 5. Investigation: The Charge Nurse will: Notify the Administrator or funavailable, the Director of nurses will be regard to including staff, family, and/or residents. Ask any witness to wait for the Administrator or for nurses will be reported to the ministrator or presson on-call or o			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			

F 0609

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

Record review of Resident #1's electronic face sheet, revealed Resident #1 was an [AGE] year-old female admitted into the facility on [DATE] and was diagnosed Cerebrovascular Disease, Other Fracture of Upper End of Right Tibia Subsequent Encounter For Closed Fracture with Routine Healing, Unspecified Abnormalities of Gait and Mobility, Vascular Dementia Without Behavior Disturbance, and Major Depressive Disorder.

Record review of Resident #1's Quarterly MDS dated [DATE] revealed Resident #1's BIMS score was 8, which indicated the resident's cognition was moderately impaired.

In an interview on 12/28/21 at 1:02 PM with Resident #1, she stated CNA A and CNA B went into her room to change her a couple of weeks ago between 2:00-3:00 AM. Resident #1 stated they changed her, and it was no issue. She stated CNA B walked towards the door to leave the room and CNA A stated he needed to change her gown and proceeded to remove her gown. Resident #1 stated CNA B stopped and stood by the door. Resident #1 stated she was blind in her right eye, but didn't believe the gown was soiled, so she asked CNA A why he needed to change her gown. She stated he didn't respond. Resident #1 stated while CNA A removed her gown, she kept asking him why he was taking her gown off. She stated CNA A laughed and squeezed both of her breast with both of his hands. Resident #1 stated she froze for a moment, then told CNA A to stop. She stated she wanted to scream but just couldn't make a noise. Resident #1 stated CNA A continued to laugh. She stated CNA B stood by the door while this happened. Resident #1 stated CNA A put a new gown on her and both CNAs left the room. She stated she told all the staff who came in her room to help her. Resident #1 stated she told LVN C, Med Aide D, and CNA E. Resident #1 stated LVN F came into her room to talk about it and she explained to her what happened. Resident #1 stated LVN F seemed shocked and brought CNA B into her room. She stated LVN F asked CNA B about the incident and he denied it happened. Resident #1 stated while she explained what happened CNA B kept saying what are you talking about and belittled her as if he didn't know about the incident. Resident #1 stated she felt very hurt that CNA B did not tell the truth because he was always very nice to her and she felt safe with him. She stated CNA A and CNA B are like brothers and she knew CNA B was covering for CNA A. Resident #1 stated a few hours later LVN F came back in her room and asked questions. She stated the way LVN F spoke to her made her feel as if she didn't believe her, so she told her never mind it didn't happen . Resident #1 stated she couldn't remember exactly what LVN F said or asked, but she felt as if she wasn't taking her serious and made her feel as if she was delusional. Resident #1 stated the next day the DON and Administrator went to her room and asked what happened. She stated she told them about the incident, but she felt they did not take her seriously. Resident #1 stated the Administrator asked her why she didn't scream, she stated she told him she tried to scream but couldn't. Resident #1 stated she told the DON and Administrator about another incident that happened about a year ago with CNA A. Resident #1 stated about a year ago CNA A went into her room, lowered her bed, and turned her real hard. She stated she blacked out. Resident #1 stated when she woke up, he was standing over her and her private area (vagina) felt different, as if it had been touched. She stated she did not report it to the facility because she didn't remember him touching her private area, but she knew her private area had been touched because of the way it felt and she remembered blacking out. Resident #1 stated she did not like CNA A changing her because she felt he cleaned her private area to long and wiped too much. She stated it just did not feel right. Resident #1 stated after she explained both incidents to the DON and Administrator they acted as if they didn't know what happened to her as if she was mixed up and delusional about being violated.

(continued on next page)

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/31/2021
NAME OF PROVIDER OR SUPPLIER Fort Worth Wellness & Rehabilitation		STREET ADDRESS, CITY, STATE, ZI 2129 Skyline Dr Fort Worth, TX 76114	P CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	two-three weeks ago and she told in CNA A and CNA B went into her rowand grabbed her breast. CNA G stareported the incident to the DON. In an interview on 12/29/21 at 1:59 so the DON asked her if Resident if she told the DON she did not say a asked her had anyone ever touched CNA B came into her room and who (vagina) felt weird. LVN C stated in the said CNA A grabbed her breast and if told her about the incident again details of what happened was the severy verbal, did not have cognitive is stated she was very concerned becomes so she was really worried this incident in the composition of the charge to report it to LVN F because she does because she was the charge nurse the incident to LVN F but told her Resident incident incident incident to LVN F but told her Resident incident incident to LVN F but told her Resident incident inciden	PM with CNA G, she stated she provice there was an incident with CNA A. om to change her. CNA G stated she to ated Resident #1 told her CNA B stood. PM with LVN C, she stated she had a #1 mentioned an incident with staff regard nything to her. LVN C stated when she does not be incident with staff regard nything to her. LVN C stated when she does not be incident with staff regard nything to her. LVN C stated when she does not her inappropriately in the facility. LVN en she opened her eyes CNA A stood sesident #1 told her CNA B stood by the does not have the only touched her private area. LVN and the only touched her private area. LVN and he only touched her private area. LVN and he only changed the timeframe. It is sues, and had no known psychiatric it cause she was really with it and had the ent occurred. She stated she reported in the condition of the conditi	CNA G stated Resident #1 told her old her CNA A changed her gown at the door. CNA G stated she good relationship with Resident #1 arding sexual abuse. LVN C stated went to feed Resident #1, she I C stated she told her CNA A and over her and her private area e door. LVN C stated she never N C stated the next day Resident a year ago. LVN C stated the LVN C stated Resident #1 was ssues, such as delusions. LVN C ability to recall things accurately, to the DON each day what 1 accused CNA A of sexual abuse to during their shift and stated CNA E asked her what to do and ld her Resident #1 did not want her NA E they had to report it to LVN F, if and let him talk to Resident #1. DON. CNA I stated LVN F had the d CNA H put this in your head, did tated she stood by Resident #1's lent #1. She stated she heard as Resident #1 was constantly old her she was sad because CNA care and felt her breast when he ent #1 did he accidently touch her no and he actually grabbed her di incontinence care, he took too end very upset and said people tried ent #1 because she was physically sident #1 for over a year and she

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

(continued on next page)

Facility ID: 455457

On 12/29/21 at 4:01 PM, contact to CNA E via phone was attempted and was unsuccessful.

On 12/29/21 at 4:04 PM, contact to LVN F via phone was attempted and was unsuccessful.

If continuation sheet Page 11 of 26

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. Building	COMPLETED
	455457	B. Wing	12/31/2021
NAME OF PROVIDER OR SUPPLIE	NAME OF PROVIDER OR SUPPLIER		P CODE
Fort Worth Wellness & Rehabilitation		2129 Skyline Dr Fort Worth, TX 76114	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	IENCIES full regulatory or LSC identifying informati	on)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 12/29/21 at 4:17 rounds and went to talk Resident # A. The Activity Director stated Resi she came to, CNA A was there, and report it and she said no because she adid it again and grabbed her breat but she felt they belittled her and distated she immediately contacted the completed an investigation and talk complete a grievance. The Activity Administrator's office door. The Activity Administrator's office door. The Activity Administrator's office door. The Activity She changed and said it didn't happen her statement because she felt the DON brought the Administrator into statement. The Activity Director stated she noticed a change and said. The Activity Director stated she noticed a change and said. The Activity Director stated	PM with the Activity Director, she stated 1. She stated Resident #1 told her she dent #1 told her there was an incident d her private area felt funny. She stated he felt crazy. The Activity Director statist. She stated Resident #1 said she to d not believe her, so she told them it d he Administrator via phone. She stated ted to the DON and they determined it Director stated she completed a grievalivity Director stated the next morning sher she believed Resident #1 made it upon. The Activity Director stated she to the office and she explained to him what the the DON and Administrator seeme or clearly stated if they would or wouldn't ge in Resident #1's behavior. She stated she had no knowledge of the allegal it made sense why Resident #1's behavior.	ed on 12/20/21 she was doing had been sexually abused by CNA in which she passed out and when d she asked Resident #1 did she ed Resident #1 said recently CNA ld the Administrator and the DON, idn't happen. The Activity Director I he told her he had already did not happen and for her to ince form and slide it under the he spoke to the DON about the p because when they talked to her ldd the DON Resident #1 changed is. The Activity Director stated the my Resident #1 changed her d to come to a decision they did not treport to the state. The Activity d Resident #1 seemed withdrawn tions made by Resident #1 until she

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NAME OF PROVIDER OR SUPPLIER Fort Worth Wellness & Rehabilitation		STREET ADDRESS, CITY, STATE, Z 2129 Skyline Dr	IP CODE
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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	was supposed to immediately repo Sunday night (12/19/21), she receir CNA E that CNA A had grabbed he Resident #1's room. The DON states she had a flashback of when she fiddn't say who touched her and she had this occurred recently and Resistated she immediately contacted the A was not working on Resident #1's the next morning, she, the Adminis Resident #1 said she believed she touched her. The DON stated Resioccurred. She stated she asked Referemembered he stood over her and statements from the staff. She state told her Resident #1 reported to he already started an investigation. The changed her story because she and clarify if Resident #1 repeated what Administrator did not report the incitor report to the state because Resion. The DON stated there was anoth DON stated the risk of not reporting	PM with the DON, she stated if a resignitit to the Administrator, who was the wed a call from the charge nurse (LVN er breast. The DON stated she had LV ed she asked Resident #1 what happerst came to the facility and someone to edidn't ask her who touched her. The sident #1 stated no. She stated Reside the Administrator. She stated the Admis hall and they would talk to Resident strator, and the Social Worker, went to fainted and when she woke up CNA Adent #1 kept using the word flashback esident #1 what she recalled about the diaughed. The DON stated she started edilater that day (12/20/21) the Activity or, CNA A touched her. She stated she is DON stated she did not recall any sid the Administrator didn't believe her; it she was told by CNA H. The DON stated to the state or law enforcement. Sident #1 told her she now felt safe and her resident and staff member who according sexual abuse was it could happen to unal abuse and then changed it, the incident #1 told her she now felt safe and her resident and staff member who according sexual abuse was it could happen to unal abuse and then changed it, the incident #1 told her she now felt safe and her resident and staff member who according sexual abuse was it could happen to unal abuse and then changed it, the incident #1 told her she now felt safe and her resident and staff member who according to the felt was to the felt when the felt was to the felt	Abuse Coordinator. She stated on F), who reported Resident #1 told N F put her on speaker and go into ned. She stated Resident #1 stated buched her. The DON stated she DON stated she asked Resident #1 nt #1 said she felt safe. The DON nistrator told her to make sure CNA #1 in the morning. The DON stated talk to Resident #1. She stated a stood above her and believed he and was unclear when the incident incident and she stated she only drain investigation and took a Director went into her office and told the Activity Director they had taff member telling her Resident #1 nor, did she recall asking staff to ated she was aware the She stated she felt she didn't need didn't feel a need to further look into cused CNA A of sexual abuse. The another resident. She stated if a

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			No. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/31/2021
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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	reported abuse, then he should invimeant if he thought it actually happ CNA A sexually abused her. He stated the DON told have been a flat about the situation and she said she morning. He stated the next morning. He stated the next morning. He stated the next morning. He stated Resident #1 sate when she woke up. He stated he the day before CNA A touched her, her room to do incontinence care. He breast. The Administrator state he did not report it. The Administrator state he did not report it. The Administrat statements wrote by CNA A and Cl CNA B's statement they stated CNA be unsubstantiated. The Administrat forth without a definitive response whelieve the allegation because the he determined the incident was unformed the incident was unformed the incident was unformed to the facility and came from happen to another resident. In an interview on 12/29/21 at 5:32 the day he and CNA A to help. CNA B diaper under her. He stated after C finished assisting Resident #1. CNA finished assisting	PM with the Administrator/Abuse Coorestigate it and then report it, if appropriened. The Administrator stated he was ated on Sunday night (12/19/21) he rechim Resident #1 said CNA A touched hous day or year ago. He stated the DO ashback. The Administrator stated he ale didn't believe it happened, so he tolding, he, the DON, and the Social Worker aid a year ago she felt uncomfortable with Resident #1 said CNA A never touched. The Administrator stated Resident #1 fels tated Resident #1 if she felt safe or law enforcement because he investor stated his investigation included into NAB, and he discussed it with the DON A A left the room first and then CNAB ator stated, he also based his decision whether CNA A touched her or not and resident used the word flashback. Base founded, so it did not need to be report other residents who accused CNA A of Administrator stated he was aware of a did not know the facility's official policin another state. He stated the risk of not another state. He stated the Resident #1 over and NA A placed the diaper under Resident A B stated he rolled Resident #1 over and NA A placed the diaper under Resident A B stated he did not change Resident room. CNA B stated he had never known.	iate. He stated by appropriate, he made aware Resident #1 stated eived a call from the DON. The er inappropriately but Resident #1 N said Resident was unclear and sked the DON what she thought her they would talk about it in the interviewed Resident #1. The with CNA A because he stood over her, but then changed and said said CNA A and CNA B went into the room and then CNA A touched and she said yes. He stated he did tigated it, felt it did not happen, so erviewing Resident #1, reading N. He stated in both CNA A and left, so he found the allegation to on Resident #1 going back and due to the DON saying she didn't ed on this, the Administrator stated ed to the state or law enforcement. sexual abuse. He stated he did not a staff member who alleged sexual you reporting abuse. He stated he of reporting abuse was it could sked him to write a statement about equired two people to change her, CNA A wiped her and put a new tiff, he left the room and CNA B #1's gown. He stated he did not

Facility ID:

			No. 0930-0391
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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	her breast. CNA A stated he did not this. CNA A stated he was asked b #1 over and he did not wipe her. C incontinence care was completed, needed to be changed, but he left him of returning to her room and to he believed CNA H coached Resid hall the same day she made the all never been accused of sexual abuse recall. CNA A then stated he was u not do the things he was accused facility was in trouble for not reportion in an interview on 12/30/21 at 10:4 attention by the Administrator and her breast on 12/19/21. He stated it Social Worker stated Resident #1 shappened a year ago and then chaunclear of timeframes. The Social Administrator about the incident be report the incident. The Social Worthe DON would report it because in today the incident was not reported.	8 PM with the Social Worker, he stated DON, Resident #1 had reported CNA Ane, the DON, and the Administrator introduced it to a couple of days ago. The Sworker stated it was discussed betweening reported but the Administrator new liker stated he didn't officially know if the highest the Social Worker stated if he had bediately reported it. He stated he had ledicately reported it.	as shocked she accused him of He stated he only rolled Resident. He stated as soon as the nt #1's gown was soiled and d he heard Resident #1 accused urned to her room. CNA A stated ecause she worked Resident #1's at other nursing facility and had stated he isn't sure and did not until further notice, because he did retaliated against because the don't against because the don't against because the derviewed her on 12/20/21. The stated Resident #1 first stated it ocial Worker stated she was an he, the DON, and the er directly stated he was going to be DON reported it, but he assumed to report. He stated he learned een aware the incident wasn't

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		ion)	
F 0610	Respond appropriately to all alleged violations.			
Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	**NOTE- TERMS IN BRACKETS H Based on interview and record revialleged violations were thoroughly investigation is in progress for one	egations of abuse, to ensure that all from occurring while the		
		gation of abuse and allowed the allege er the allegation was made to the facili	ne alleged perpetrator to remain on duty at	
	This failure could place residents a	t risk for abuse.		
	An Immediate Jeopardy (IJ) was identified on 12/30/21. While the IJ was removed on 12/31/21, the facility remained out of compliance at a scope of isolated with actual harm that is not immediate jeopardy, due to facility's need to evaluate the effectiveness of the corrective systems.			
	Findings included:			
	(continued on next page)			

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/31/2021
NAME OF PROVIDER OR SUPPLIER Fort Worth Wellness & Rehabilitation		STREET ADDRESS, CITY, STATE, ZI 2129 Skyline Dr Fort Worth, TX 76114	P CODE
For information on the nursing home's plan to correct this deficiency, please co		tact 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 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	in any form, and to report in accord resident's physical or mental health caused by another person. Definition Abuse, Sexual Abuse, Verbal Abuse, Sexual Abuse, Verbal Abuse, Suspicion of a crime against a resident administration to the proper authoritie administration will designate a qua Training, 3. Prevention, 4. Identification The Charge Nurse will: Notify the Ataking written statements from the staff, family, and/or residents. Ask the home. If an employee is involve until they are interviewed by the Adwill: Notify the Administrator and/or appropriate action if an employee is removing the employee from duty at Review all aspects of the investigation appropriate authorities have been any crimes against a resident. Con Complete the State Provider Investigation of the QAPI Committee any, to the facilities policies and provided in the facilities policies and provided in the facilities policies and provided in the facility on [DATE] and of Right Tibia Subsequent End Abnormalities of Gait and Mobility, Disorder.	cy entitled It is the policy of this home to lance with the law any incident/event in or welfare has been or may be adversons: Abuse, Involuntary seclusion, Mende, Neglect, Misappropriation of properdent. The home's administrator will conform misappropriation of property, and wis, in accordance with federal and state lifted staff member as the Abuse Coordation, 5. Investigation, 6. Protection, and ministrator or if unavailable, the Direct person reporting the allegations or suspany witness to wait for the Administrator or person on-call or other at indinistrator or person on-call or other at individual indivi	which there is cause to believe a sely affected by abuse or neglect stal/Psychological Abuse, Physical sy/financial Abuse, Exploitation, duct and investigate allegations of II provide notification and release of regulations. The home's linator. Procedure: 1. Screening, 2. d 7. Reporting. 5. Investigation: ctor of nurses will be notified. Begin piction and any witnessed including or or the person on-call to arrive at removed from their assigned duties ppropriate staff. The person on-call taken in the investigation. Take on of abuse. This will include pension. Abuse Coordinator will: II reports are complete and local law enforcement related to disciplinary action required. Corrective action (s). Inform the corrective action taken. Refer all lange or changes are needed, if s. 7. Reporting: a. All alleged of all other agencies as required by time against a resident.

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/31/2021
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Fort Worth Wellness & Rehabilitation		2129 Skyline Dr Fort Worth, TX 76114	
For information on the nursing home's	plan to correct this deficiency, please conf	tact 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)		on)
F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	to change her a couple of weeks ag was no issue. She stated CNA B who change her gown and proceeded to door. Resident #1 stated she was been continued to laugh. She stated She war continued to laugh. She stated CNA a new gown on her and both CNAs help her. Resident #1 stated she to her room to talk about it and she ex shocked and brought CNA B into he denied it happened. Resident #1 stated her as if that CNA B did not tell the truth been stated CNA and CNA B are like be stated a few hours later LVN F cam spoke to her made her feel as if she was and made her feel as if she Administrator went to her room and she felt they did not take her serious scream, she stated she told him she Administrator about another incider a year ago CNA A went into her roo out. Resident #1 stated when she verification with the sident way it felt and she remembered bla because she felt he cleaned her pri Resident #1 stated after she explain didn't know what happened to her all nan interview on 12/29/21 at 1:34 two-three weeks ago and she told to CNA A and CNA B went into her roon.	PM with Resident #1, she stated CNA go between 2:00-3:00 AM. Resident #1 alked towards the door to leave the roof or remove her gown. Resident #1 stated blind in her right eye, but didn't believe ler gown. She stated he didn't respond ghim why he was taking her gown off. oth of his hands. Resident #1 stated she to scream but just couldn't make a AB stood by the door while this happen left the room. She stated she told all the LVN C, Med Aide D, and CNA E. Residented to her what happened. Reside er room. She stated LVN F asked CNA atted while she explained what happen he didn't know about the incident. Reside er room. She stated LVN F asked CNA atted while she explained what happen he didn't know about the incident. Residented while she explained what happen he aidn't believe her, so she told her new actify what LVN F said or asked, but she was delusional. Resident #1 stated the Administrate tried to scream but couldn't. Residented that happened about a year ago with own, lowered her bed, and turned her revoke up, he was standing over her and She stated she did she did not report in area, but she knew her private area he cking out. Resident #1 stated she did not report in area, but she knew her private area he knew area to long and wiped too much. The stated she did not report in a put she was mixed up and delusional at the couldn't. CNA G, she stated she provider there was an incident with CNA A. In the couldn't couldn't couldn't couldn't couldn't couldn't couldn't couldn't couldn't couldn't.	stated they changed her, and it om and CNA A stated he needed to CNA B stopped and stood by the the gown was soiled, so she asked. Resident #1 stated while CNA A She stated CNA A laughed and e froze for a moment, then told noise. Resident #1 stated CNA A put the staff who came in her room to esident #1 stated LVN F came into int #1 stated LVN F came into int #1 stated LVN F seemed. B about the incident and he ed CNA B kept saying what are you dent #1 stated she felt very hurt and she felt safe with him. She ering for CNA A. Resident #1 is. She stated the way LVN F wer mind it didn't happen. Resident efelt as if she wasn't taking her enext day the DON and et old them about the incident, but for asked her why she didn't to the facility because she didn't at been touched because of the not like CNA A. Changing her She stated it just did not feel right. In hinistrator they acted as if they about being violated.

			No. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/31/2021
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Fort Worth Wellness & Rehabilitation	on	2129 Skyline Dr Fort Worth, TX 76114	
For information on the nursing home's p	plan to correct this deficiency, please cont	act the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	so the DON asked her if Resident # she told the DON she did not say al asked her had anyone ever touched CNA B came into her room and who (vagina) felt weird . LVN C stated R said CNA A grabbed her breast and #1 told her about the incident again details of what happened was the s very verbal, did not have cognitive i stated she was very concerned bed so she was really worried this incide Resident #1 told her. In an interview on 12/29/21 at 3:09 about a week ago. She stated on 12 Resident #1 reported to her that CN she told her to report it to the charg to report it to LVN F because she di because she was the charge nurse the incident to LVN F but told her R she could just contact the Administr CNA I stated LVN F did not contact DON on speaker and she heard the you hear CNA H say this, and is this door and she heard LVN F go into t Resident #1 say she just wanted to crying. She stated she asked Reside A violated her. CNA I stated Reside changed her gown. She stated she breast when he was putting on her breast. She stated Resident #1 also long to clean her, and it didn't feel r to make her think she was delusion disabled but she was in her right mi had never appeared to be mentally On 12/29/21 at 4:01 PM, contact to	PM with LVN C, she stated she had a standard mentioned an incident with staff regarything to her. LVN C stated when she do her inappropriately in the facility. LVN en she opened her eyes CNA A stood esident #1 told her CNA B stood by the stated it happened a same, she only changed the timeframe. Sues, and had no known psychiatric is sause she was really with it and had the ent occurred. She stated Resident #2/17/21, CNA E came to her very upsel A A grabbed her breast. CNA I stated enurse (LVN F). She stated CNA E toldn't trust her. CNA I stated she told CN on duty and the DON was not there. Sesident #1 did not want to talk to her. Grator, who was the Abuse Coordinator, the Abuse Coordinator and called the DON tell LVN F to ask Resident #1 dis swhy you were reporting this. CNA I stated for pit. CNA I stated the next few days ent #1 why she was crying, and she to ent #1 told her CNA A did incontinence wanted to clarify, so she asked Resident #1 said root told her she felt when CNA A provide ight. CNA I stated Resident #1 said root told her she felt when CNA A provide ight. CNA I stated she felt bad for Resident. She said she had worked with Resunstable or delusional. CNA I stated s	arding sexual abuse. LVN C stated went to feed Resident #1, she I C stated she told her CNA A and over her and her private area e door. LVN C stated she never N C stated the next day Resident a year ago. LVN C stated the LVN C stated Resident #1 was saues, such as delusions. LVN C ability to recall things accurately, to the DON each day what 1 accused CNA A of sexual abuse t during their shift and stated CNA E asked her what to do and Id her Resident #1 did not want her NA E they had to report it to LVN F is the stated she and CNA E reported CNA I stated she asked LVN F, if and let him talk to Resident #1. DON. CNA I stated LVN F had the d CNA H put this in your head, did tated she stood by Resident #1's lent #1. She stated she heard is Resident #1 was constantly lid her she was sad because CNA care and felt her breast when he end and he actually grabbed her dincontinence care, he took too end very upset and said people tried ent #1 because she was physically sident #1 for over a year and she he did report this to the DON. was unsuccessful.

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/31/2021
NAME OF PROVIDER OR SUPPLIER Fort Worth Wellness & Rehabilitation		STREET ADDRESS, CITY, STATE, ZI 2129 Skyline Dr Fort Worth, TX 76114	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	stact 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 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	In an interview on 12/29/21 at 4:17 rounds and went to talk Resident # A. The Activity Director stated Res she came to, CNA A was there, an report it and she said no because s A did it again and grabbed her brea but she felt they belittled her and d stated she immediately contacted to complete an investigation and tall complete a grievance. The Activity Administrator's office door. The Actincident. She stated the DON told is she changed and said it didn't happ her statement because she felt the DON brought the Administrator into statement. The Activity Director stated she noticed a changed and said. The Activity Director stated and said. The Activity Director stated she noticed a changed and said. The Activity Director stated she noticed as changed and said. The Activity Director stated she noticed as changed and said.	PM with the Activity Director, she state 1. She stated Resident #1 told her she ident #1 told her there was an incident dher private area felt funny. She stated she felt crazy. The Activity Director state ast. She stated Resident #1 said she to id not believe her, so she told them it do the Administrator via phone. She stated ked to the DON and they determined it. Director stated she completed a grievativity Director stated the next morning sher she believed Resident #1 made it uppen. The Activity Director stated she to be updated to him who they did not believe her or took her serious the office and she explained to him who they did not believe the provided to him who they are clearly stated if they would or wouldn't ge in Resident #1's behavior. She stated she had no knowledge of the allegated it made sense why Resident #1's behavior who had a sense why Resident #1's behavior.	ed on 12/20/21 she was doing had been sexually abused by CNA in which she passed out and when d she asked Resident #1 did she ed Resident #1 said recently CNA old the Administrator and the DON, idn't happen. The Activity Director if he told her he had already did not happen and for her to ance form and slide it under the she spoke to the DON about the p because when they talked to her old the DON Resident #1 changed is. The Activity Director stated the hy Resident #1 changed her d to come to a decision they did not it report to the state. The Activity at Resident #1 seemed withdrawn tions made by Resident #1 until she

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/31/2021
NAME OF PROVIDER OR SUPPLIER Fort Worth Wellness & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2129 Skyline Dr Fort Worth, TX 76114	
For information on the nursing home's plan to correct this deficiency, please c		·	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	was supposed to immediately repo Sunday night (12/19/21), she recei CNA E that CNA A had grabbed he Resident #1's room. The DON statishe had a flashback of when she fididn't say who touched her and she had this occurred recently and Resistated she immediately contacted the Awas not working on Resident #1' the next morning, she, the Adminis Resident #1 said she believed she touched her. The DON stated Resioccurred. She stated she asked Referemembered he stood over her and statements from the staff. She statitle told her Resident #1 reported to he already started an investigation. The changed her story because she and clarify if Resident #1 repeated what Administrator did not report the incut to report to the state because Resion. The DON stated there was anothe DON stated the risk of not reporting	PM with the DON, she stated if a resident it to the Administrator, who was the Aved a call from the charge nurse (LVN er breast. The DON stated she had LVN ed she asked Resident #1 what happerst came to the facility and someone to dedidn't ask her who touched her. The Ident #1 stated no. She stated Resider the Administrator. She stated the Administrator, and the Social Worker, went to the fainted and when she woke up CNA Addent #1 kept using the word flashback esident #1 what she recalled about the declare that day (12/20/21) the Activity er, CNA A touched her. She stated she he DON stated she did not recall any still the Administrator didn't believe her; if the was told by CNA H. The DON stated to the state or law enforcement. Sident #1 told her she now felt safe and other resident and staff member who according sexual abuse was it could happen to unal abuse and then changed it, the inci-	Abuse Coordinator. She stated on F), who reported Resident #1 told N F put her on speaker and go into ned. She stated Resident #1 stated uched her. The DON stated she DON stated she asked Resident #1 at #1 said she felt safe. The DON nistrator told her to make sure CNA #1 in the morning. The DON stated alk to Resident #1. She stated stood above her and believed he and was unclear when the incident incident and she stated she only an investigation and took. Director went into her office and told the Activity Director they had aff member telling her Resident #1 nor, did she recall asking staff to stated she was aware the She stated she felt she didn't need didn't feel a need to further look into used CNA A of sexual abuse. The another resident. She stated if a

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	reported abuse, then he should invident if he thought it actually happed CNA A sexually abused her. He standaministrator stated the DON told wasn't sure if it happened the previous kept saying it could have been a flat about the situation and she said she morning. He stated the next morning. He stated Resident #1 sher when she woke up. He stated if the day before CNA A touched her breast. The Administrator state not report the allegation to the state he did not report it. The Administrator state not report the allegation to the state he did not report it. The Administrator statements wrote by CNA A and Clean B's statement they stated CN be unsubstantiated. The Administration forth without a definitive response we believe the allegation because the he determined the incident was under the stated he was unaware of any or review CNA A's personnel file. The abuse against CNA A. He stated he is new to the facility and came from happen to another resident. In an interview on 12/29/21 at 5:32 the day he and CNA A to help. CNA E diaper under her. He stated after Cleinished assisting Resident #1. CNA finished assisting Resident #1. CNA	PM with the Administrator/Abuse Coorestigate it and then report it, if appropried and the Popular it, if appropried and on Sunday night (12/19/21) he rechim Resident #1 said CNA A touched his ious day or year ago. He stated the DO ashback. The Administrator stated he are didn't believe it happened, so he tolding, he, the DON, and the Social Worke aid a year ago she felt uncomfortable via Resident #1 said CNA A never touched. The Administrator stated Resident #1 He stated Resident #1 if she felt safe or law enforcement because he investor stated his investigation included into NAB, and he discussed it with the DOI A A left the room first and then CNAB ator stated, he also based his decision whether CNA A touched her or not and resident used the word flashback. Base founded, so it did not need to be report other residents who accused CNA A of a Administrator stated he was aware of the did not know the facility's official policinal another state. He stated the DON as esident #1. CNAB, he stated the risk of not another state he did not change Resident #1 over and SNAA placed the diaper under Resident AB stated he did not change Resident AB stated he did not change Resident Foom. CNAB stated he had never known.	riate. He stated by appropriate, he is made aware Resident #1 stated eived a call from the DON. The ler inappropriately but Resident #1 N said Resident was unclear and sked the DON what she thought her they would talk about it in the rinterviewed Resident #1. The with CNA A because he stood over her, but then changed and said said CNA A and CNA B went into the room and then CNA A touched and she said yes. He stated he did stigated it, felt it did not happen, so erviewing Resident #1, reading N. He stated in both CNA A and left, so he found the allegation to on Resident #1 going back and due to the DON saying she didn't led on this, the Administrator stated ed to the state or law enforcement. sexual abuse. He stated he did not a staff member who alleged sexual by on reporting abuse. He stated he lot reporting abuse was it could sked him to write a statement about required two people to change her, CNA A wiped her and put a new tit, he left the room and CNA B #1's gown. He stated he did not

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Fort Worth Wellness & Rehabilitation		2129 Skyline Dr Fort Worth, TX 76114	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	her breast. CNA A stated he did not this. CNA A stated he was asked b #1 over and he did not wipe her. Clincontinence care was completed, needed to be changed, but he left to him of returning to her room and to he believed CNA H coached Resid hall the same day she made the all never been accused of sexual abus recall. CNA A then stated he was u not do the things he was accused of facility was in trouble for not reportion in an interview on 12/30/21 at 10:4 attention by the Administrator and her breast on 12/19/21. He stated her breast on 12/19/21, her stated her breast on 12/19/21, and the characteristic her book would report it because in today the incident. The Social Worthe DON would report it because in today the incident was not reported reported, then he would have immer morning and no other residents had a record reveiw of the facility's staff made on 12/19/21, and continued to the following Plan of Removal sub On 12/30/2021 during a complaint Survey Agency has determined the health related to alleged sexual about the notification of the alleged immed health related to alleged sexual about the incident was Neglect	8 PM with the Social Worker, he stated DON, Resident #1 had reported CNA Ane, the DON, and the Administrator intestaid CNA A grabbed her breast. He stated CNA A grabbed her breast. He stated it to a couple of days ago. The Soworker stated it was discussed betweeting reported but the Administrator never ker stated he didn't officially know if the hat the stated he didn't officially know if the first type of business he is supposed to the Social Worker stated if he had be ediately reported it. He stated he had be ediately reported it. He stated he had be ediately reported any abuse or neglect. If ing sheets revealed CNA A worked on to work until 12/28/21. Rediate Jeopardy (IJ) on 12/30/21 at 3:00 wided with the IJ template on 12/30/21 mitted by the facility was accepted on a survey, HHSC surveyor provided an IJ at the conditions at the center constitute use of a resident by a staff member. Rediate jeopardy states as follows:	as shocked she accused him of the stated he only rolled Resident. He stated as soon as the int #1's gown was soiled and if he heard Resident #1 accused urned to her room. CNA A stated acause she worked Resident #1's at other nursing facility and had stated he isn't sure and did not until further notice, because he did retaliated against because the into her room and touched erviewed her on 12/20/21. The ted Resident #1 first stated it locial Worker stated she was in he, the DON, and the er directly stated he was going to be DON reported it, but he assumed on report. He stated he learned been aware the incident wasn't been conducting safe surveys all in 12/20/21, after the allegation was at 3:15 PM. Template notification that the eximmediate jeopardy to resident.
	(continued on next page)		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0610	Identify residents who could be affected			
Level of Harm - Immediate jeopardy to resident health or	All residents have the potential to b	pe affected.		
safety	Identify responsible staff/ what action	on taken		
Residents Affected - Few	Administrator submitted self-repowere notified, Officer came and left	ort to HHSC on 12/29/21 intake numbe a case number of 2100013147	r 323767. [Local Law Enforcement]	
	 The alleged perpetrator was suspended pending investigation 12/29/21. No other alleged p have been identified. Investigation is ongoing. Administrator began obtaining witness statements from staff and residents 12/29/21. During was identified that the alleged incident was reported to DON by the evening shift nurse on Sur 12/19/2021. However, the nurse did not witness the alleged incident. 			
	Administrator and DON were in-serviced on Abuse & Neglect Policy and Texas HHSC LTCR Policy Letter PL19-17 by Regional Nurse Consultant on 12/29/21.			
	5. Safe surveys were conducted by facility on 12/29/2021	Social Worker, and other managemer	nt staff on interviewable residents in	
	6. Head to toe physical assessments were performed on non interviewable residents with no adverse findings on 12/29/21- 12/30/21 by Assistant Director of Nursing.			
	7. Head to toe physical assessmen	t performed on resident with no advers	se findings on 12/29/21 by DON.	
	8. Social Worker completed psychological worker completed psychol	osocial assessment on resident 12/30/2	21 with no adverse effect noted.	
	In-Service conducted			
	Administrator and DON initiated in-servicing as follows:			
	Administrator and, DON were in-serviced on Abuse & Neglect Policy and Texas HHSC LTCR Provider Letter PL19-17 by Regional Nurse Consultant.			
	All staff will be in-serviced on Abuse & Neglect Policy by the director of nursing, assistant director of nursing and weekend supervisor.			
	3. All staff will complete Abuse & Neglect competency test.			
	4. The expected completion date will be 12/30/2021. Staff who have not been trained on Abuse & N will not be allowed to work until they have completed required in-services.			
	Implementation of Changes			
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/31/2021	
NAME OF PROVIDER OR SUPPLIER Fort Worth Wellness & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2129 Skyline Dr Fort Worth, TX 76114		
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F 0610 Level of Harm - Immediate jeopardy to resident health or safety	The changes will be implemented by the administrator and director of nursing. The changes will be implemented on 12/30/2021and completed on 12/30/2021. The administrator or director of nursing will ensure competency through verbalization of understanding by staff. Monitoring			
Residents Affected - Few	Social worker/RN Supervisor will complete five safe surveys per day for two weeks then one per day for one month on interviewable residents.			
	2. Administrator and Director of Nursing will interview five staff members per day for two weeks then one staff member per day for one month for return demonstration for types of abuse and reporting requirements.			
	3. RVP and RNC will conduct ten random staff interviews per month x 30days and prn .			
	4. RVP or RNC will review grievances weekly for three months.			
	5. Any adverse outcomes will be reported to QAPI Committee			
	Involvement of Medical Director			
	The Medical Director was notified about the immediate Jeopardy on 12/30/2021.			
	Involvement of QA			
	An Ad Hoc QAPI meeting was held with the Medical Director, facility administrator, director of nursing, and social services director to review plan of removal on 12/30/21.			
	Who is responsible for implementation of process?			
	Administrator and, Director of Nursing will be responsible for implementation of New Process.			
	State Surveyor Monitored the plan of removal as follows:			
	Interviews were conducted across multiple shifts and departments on 12/31/21 from 12:30 PM to 3:00 PM with the Social Worker, Activity Director, Housekeeping Director, 2 RNs, 4 LVNs, and 6 CNAs, 2 Housekeeping and 1 Physical Therapist. They all indicated they were in-serviced on types of abuse, signs & symptoms of abuse, abuse prevention, abuse interventions, and reporting. They were able to identify different types of abuse and gave examples. They indicated all abuse was reportable immediately to the Administrator or designee. There were no concerns noted during the interviews.			
	A record review of the Daily Staffing Assignment, dated 12/31/21, and the Abuse & Neglect In-service Logs, dated 12/30/21 and 12/31/21, revealed all staff who were working, including the Administrator, DON, Social Worker, Activity Director, and Housekeeping Director, had been in-serviced and completed an Abuse Pre/Post Competency Test.			
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/31/2021
NAME OF PROVIDER OR SUPPLIER Fort Worth Wellness & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2129 Skyline Dr Fort Worth, TX 76114	
For information on the nursing home's	plan to correct this deficiency, please con	Lact 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 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few			