STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675759	A. Building B. Wing	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stonegate Nursing and Rehabilitation	4201 Stonegate Blvd Fort Worth, TX 76109

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure residents had the right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents for 1 of 1 residents (Resident #3) reviewed for accommodation of needs. The facility failed to ensure Resident #3 had access to his call light. This failure could place residents at risk of not being able to call for help when needed. Findings included: Record review of Resident# 3's Quarterly MDS Assessment, dated 01/13/25, reflected a [AGE] year-old male who was admitted to the facility on [DATE] and a readmission on [DATE]. Resident #3 had diagnoses which included fractures, anemia (low blood levels) and hypertension (high blood pressure) . The resident's cognition was severely impaired with a BIMS score of 3. His Functional Status assessment reflected he needed substantial assistance with all his activities of daily living. Record review of Resident #3's care plan, dated 01/08/25, reflected Focus: [Resident #3] has hip fracture due to fall. Goal: The Surgical incision will heal without signs and symptoms of infection or breakdown by review date. Interventions: Anticipate and meet needs. Be sure call light is within reach and respond promptly to all requests for assistance. Observation on 02/19/25 at 1:00 PM revealed Resident #3 lying on his bed, and his call light cord was clipped on the ceiling suspended curtain away from the resident. Observation and interview on 02/19/25 at 2:25 PM revealed Resident #3 was lying on his bed, and his call light was clipped on the curtain. Resident #3 said he did not realize the call light was not within reach. He said he knew how to use the call light and had not called for help. (continued on next page)

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675759	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stonegate Nursing and Rehabilitation	4201 Stonegate Blvd Fort Worth, TX 76109

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation and interview on 02/19/25 at 2:34 PM with CNA B revealed she was assigned to Resident #3. She stated the last time she was in the room was when she was dressing him, and he did not want to get up in his chair. She stated she preferred to remain in bed, but she could not tell at what time. She said when she left him, the call light was within reach. CNA B stated she could not tell how it got clipped to the curtain. She put the call light within reach. She stated she was supposed to be checking whether the call light was within reach while doing her rounds. CNA B stated Resident #3 knew how to use the call light though he hardly called because he used a urinal. CNA B stated failure to have the call light within reach was a resident would not be able to call in case he needed help, and this could lead to a fall. Interview on 02/20/25 at 2:58 PM with the DON revealed her expectation was for the call light to be within reach at all times. The DON said some residents were able to move the call light, and she expected staff to check during rounds and place it within reach. She said the risk of the call light not being within reach was residents could not call for help. She said she did training on call lights, and the training record dated 01/02/25 was provided which showed CNA B was in attendance. Record review of the facility's Call Lights Answering policy, dated October 2010, reflected: . When the resident is in bed or confined to chair be sure the call light is within easy reach of the resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675759	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stonegate Nursing and Rehabilitation	4201 Stonegate Blvd Fort Worth, TX 76109

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide pharmaceutical services (including procedures that assured the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident for 1 of 2 medication carts (200 Hall) and 2 of 2 residents (Residents #1 and #2) reviewed for pharmacy services. The facility failed to ensure the 200 Hall nurses' medication cart had accurate narcotic counts for Residents #1 and #2. This failure could place residents at risk for medication errors, drug diversion, and delay in medication administration. Findings included: 1. Record review of Resident #1's Quarterly MDS Assessment, dated 02/16/25, reflected the resident was a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #1 had diagnoses which included fracture of other parts of the pelvis, subsequent encounter for fracture with routine healing. The resident BIMS score was not indicated. Record review of Resident #1's physician's orders, dated 2/16/25, reflected an order for the resident to receive Hydrocodone-Acetaminophen Oral Tablet 5-325 mg (narcotic pain medication), 1 tablet by mouth every 4 hours as needed for pain. Record review of Resident #1's medication February 2025 MAR reflected Hydrocodone-Acetaminophen Oral Tablet 5-325 mg was last administered on 02/19/25 at 9:02 AM. 2. Record review of Resident #2's Entry MDS Assessment, dated 02/03/25, reflected the resident was an [AGE] year-old female who was admitted to the facility on [DATE]. Resident #2 had diagnoses which included medically complex conditions (health issues that involve multiple body systems, often chronic). The resident cognition was intact with a BIMS score of 13. Record review of Resident #2's physician's orders, dated 02/10/25, reflected an order for the resident to receive Hydrocodone-Acetaminophen Oral Tablet 10-325 mg, 1 tablet by mouth every 6 hours as needed for pain. Record review of Resident #2's February MAR reflected Hydrocodone-Acetaminophen Oral Tablet 10-325 mg was last administered on 02/19/25 at 2:30 PM. Observation and record review on 02/19/25 at 2:43 PM of the 200 Hall nurses' medication cart and the Narcotic Administration Record with RN A revealed Resident #1's Narcotic Administration Record for Hydrocodone-Acetaminophen Oral Tablet 5-325 mg reflected a total of 54 pills remaining, while the blister pack count was 53 pills. It had last been administered on 02/18/25. Review of Resident #2's Narcotic Administration Record revealed the Hydrocodone-Acetaminophen Oral Tablet 10-325 mg had a total of 49 pills remaining, while the blister pack count was 48 pills. It had last been administered on 02/19/25 at 8:00 AM. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675759	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2025
NAME OF PROVIDER OR SUPPLIER Stonegate Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 4201 Stonegate Blvd Fort Worth, TX 76109	

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview with RN A on 02/20/25 at 10:57 AM revealed he administered Resident #1's Hydrocodone-Acetaminophen Oral Tablet 5-325 mg 1 tablet every 4 hours as needed and Hydrocodone-Acetaminophen Oral Tablet 10-325 mg 1 tablet to Resident #2 as needed every 6 hours, and he had not signed off on the Narcotic Administration Record log. He said he gave the residents the medication, but he forgot to sign off on the Narcotic Administration Record. He stated he knew he was supposed to sign-out on the narcotic count sheet log after administration and on the Medication Administration Record, but he did not. RN A stated failure to sign off narcotics could lead to overdose since the person who came after him would not be able to tell when the narcotic was administered. He said he did an in-service on medication administration and narcotic signing out, and he knew better because he had been a nurse for a long time. Interview on 02/20/25 at 1:36 PM with the ADON revealed his expectation was for staff administering narcotic medications to document the medications when they were given to the resident on the MAR and to sign on the narcotic log. The ADON stated failure to document could lead to incorrect counting and forgetting when administered. He said it was his responsibility to audit the medication carts, but he did not indicate how often this was done. Interview on 02/20/25 at 2:58 PM with the DON revealed her expectation was for staff administering narcotic medications to document the medications when they were given to the resident on the MAR and to sign on the narcotic log. The DON said failure to document could lead the nurse to forgetting when medication was administered. She said it was the responsibility of the DON and the ADONs to audit the medication carts. She said the facility had completed inservices on medication administration and marcotic sign out. Record review of the training records dated 01/31/25 and 01/20/25 reflected RN A was in attendance. Record review of the facility's Controlled Substances policy, dated December 2012, reflected the following: The facility shall comply with all laws, regulations, and other requirements related to handling, storage, disposal, and documentation of Schedule 11 and other controlled substances.