

### Notification of Adverse Change in Financial Condition

In accordance with Title 40 Texas Administrative Code (TAC) Section 19.1925, all licensed nursing facilities must notify the Department of Aging and Disability Services (DADS) of a significant adverse change in the facility's financial condition or other events that could adversely affect the delivery of essential care and services. This notification must take place no later than 72 hours after you become aware of the change. Fax this form to 512-438-2730 or 512-438-2728.

|                        |                            |
|------------------------|----------------------------|
| Nursing Facility Name  | Nursing Facility ID Number |
| Name of License Holder |                            |

**Check all that apply:**

|                          | 40 TAC Section: | Nature of Adverse Change                                                                              |                          | 40 TAC Section: | Nature of Adverse Change                               |
|--------------------------|-----------------|-------------------------------------------------------------------------------------------------------|--------------------------|-----------------|--------------------------------------------------------|
| <input type="checkbox"/> | 19.1925(b)(1)   | Judgment or tax lien of at least \$50,000 has been filed, recorded or levied against the facility.    | <input type="checkbox"/> | 19.1925(b)(6)   | Court appoints a bankruptcy trustee.                   |
| <input type="checkbox"/> | 19.1925(b)(2)   | Checks or other financial instruments have not been honored (cumulative amount is at least \$50,000). | <input type="checkbox"/> | 19.1925(b)(7)   | Petition filed for receiver.                           |
| <input type="checkbox"/> | 19.1925(b)(3)   | Failure to maintain utilities or a sufficient quantity of supplies to meet needs of the residents.    | <input type="checkbox"/> | 19.1925(b)(8)   | Inability to meet conditions of loan or debt covenant. |
| <input type="checkbox"/> | 19.1925(b)(4)   | Failure to make timely tax payments of at least \$10,000.                                             | <input type="checkbox"/> | 19.1925(b)(9)   | Delinquent debt on more than \$50,000.                 |
| <input type="checkbox"/> | 19.1925(b)(5)   | Bankruptcy filing.                                                                                    | <input type="checkbox"/> | 19.1925(b)      | Other (please specify below).                          |

**Provide the TAC section and the requested information regarding all changes below.**

|                        |                                                                                                                                                                                                                                                                            |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>40 TAC Section:</b> | <b>Identify the impact on the facility's ability to deliver essential care and services. Please include the applicable dollar amounts, a summary of each reported event and how the event affects the license holder's ability to deliver essential care and services.</b> |
|                        |                                                                                                                                                                                                                                                                            |
|                        | <b>Identify the actions taken to address the adverse change in financial condition.</b>                                                                                                                                                                                    |
|                        |                                                                                                                                                                                                                                                                            |

Provide the TAC section and the requested information regarding additional changes below, if applicable.

|                        |                                                                                                                                                                                                                                                                            |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>40 TAC Section:</b> | <b>Identify the impact on the facility's ability to deliver essential care and services. Please include the applicable dollar amounts, a summary of each reported event and how the event affects the license holder's ability to deliver essential care and services.</b> |
|                        |                                                                                                                                                                                                                                                                            |
|                        | <b>Identify the actions taken to address the adverse change in financial condition.</b>                                                                                                                                                                                    |
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|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>40 TAC Section:</b> | <b>Identify the impact on the facility's ability to deliver essential care and services. Please include the applicable dollar amounts, a summary of each reported event and how the event affects the license holder's ability to deliver essential care and services.</b> |
|                        |                                                                                                                                                                                                                                                                            |
|                        | <b>Identify the actions taken to address the adverse change in financial condition.</b>                                                                                                                                                                                    |
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|---------------------------------------------------------------------------------------|---------|-----------------|
| I affirm that I am authorized by the above-named facility to submit this information. |         |                 |
| _____                                                                                 |         | _____           |
| Signature—Authorized Person                                                           |         | Date            |
| Printed Name                                                                          |         | Title           |
| Nursing Facility Name                                                                 |         | Facility ID No. |
| Telephone No.                                                                         | Fax No. | E-mail Address  |

In accordance with Texas Health and Safety Code Section 242.074, the information submitted on this document is confidential and may not be released to the public without written consent of the facility.

With a few exceptions, you have the right to request and be informed about the information that DADS obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask DADS to correct information that is determined to be incorrect (Government Code Sections 552.021, 552.023, and 559.004). To find out about your information and your right to request correction, please contact Regulatory Services, Enforcement Section, at 512-438-2626.