

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675112	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2024
NAME OF PROVIDER OR SUPPLIER Coral Rehabilitation and Nursing of Arlington		STREET ADDRESS, CITY, STATE, ZIP CODE 1112 Gibbins Rd Arlington, TX 76011	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33552</p> <p>Based on observation, interview and record review the facility failed to provide, based on the comprehensive assessment and care plan, both facility-sponsored group and individual activities and independent activities designed to meet the interests of and support the physical, mental and psychosocial well-being of each resident for 4 (Residents #1, #2, #3 and #4) of 4 residents reviewed for activities.</p> <p>The facility failed to provide individualized and group activities for Residents #1, #2, #3 and #4 on the secure unit. The facility failed to ensure Residents #1, #2, #3 and #4 had an individualized activity care plan.</p> <p>These failures could place residents at risk for decline in quality of life, social and mental psychosocial wellbeing.</p> <p>Findings included:</p> <p>1. Record review of Resident #1's face sheet dated 09/26/24 reflected she was a [AGE] year old female who admitted to the facility on [DATE]. Resident #1's active diagnoses included dementia with mood disturbance (a chronic condition that causes a gradual decline in cognitive function, such as thinking, remembering, and reasoning), major depressive disorder (a mental disorder that can cause a persistent low mood, loss of interest, and other symptoms that affect how a person feels, thinks, and acts), psychotic disorder (a severe mental illness that causes a person to have difficulty distinguishing reality from fantasy) and generalized anxiety disorder (a mental health condition that causes people to experience excessive, persistent, and uncontrollable worry).</p> <p>Record review of Resident #1's quarterly MDS assessment dated [DATE] reflected she had a BIMS score of 03, which indicated severe cognitive impairment. Resident #1 also had impaired vision and hearing, unclear speech and she sometimes was understood and understood others. Resident #1 has no signs or symptoms of delirium, no negative mood problems, no potential indicators of psychosis such as hallucinations or delusions, no rejection of care and no wandering behaviors. Resident #1 was ambulatory and used no mobility devices.</p> <p>(continued on next page)</p>

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675112	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2024
NAME OF PROVIDER OR SUPPLIER Coral Rehabilitation and Nursing of Arlington		STREET ADDRESS, CITY, STATE, ZIP CODE 1112 Gibbins Rd Arlington, TX 76011	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #1's care plan initiated 05/29/23 and last updated on 09/19/24 reflected, Resident enjoys group activities of choice such as: Listening to music, watching programs on television, and interacting with other residents. Resident has impairments such as: dementia; Goal: Resident will attend group activities of interests at least three times per week; Interventions: I enjoy doing things with groups of people. Please invite me to group related activities. I enjoy going outside when the weather is nice. Please invite me to related activities and assist me at my request. I enjoy listening to music, especially: [blank] Please assist me with getting supplies and invite me to any music related activities. Offer to assist/escort me to activity functions as needed. Please provide me with a monthly calendar. Provide participation assistance/encouragement as needed (cues, physical assistance, redirection). Resident #1's care plan also reflected she was at risk for social isolation and was placed on the secured unit due to risk of elopement. Resident #1's care plan also reflected, [Resident #1] exhibits behaviors that interfere with recreational activities. but AD [activity director] does provide music therapy and fitness; Interventions: [Resident #1] will accept/participate in 1:1 visits at least twice a week, Modify daily schedule, treatment plan as needed to accommodate activity participation, Encourage rest periods as needed. Resident #1's care plan reflected she had six resident to resident altercations with other residents on the secured unit in the past 12 months where she was pushed by another resident, punched by another resident, scratched on the face by another resident, broke a window in the dining room, hit a wall and spat at staff and other residents and scratched a resident's arm. Interventions were to Provide activities that promote exercise and strength building where possible. Provide 1:1 activities if bedbound.</p> <p>Review of Resident #1's clinical chart and assessments reflected no documented evidence of an activities assessment.</p> <p>Review of Resident #1's progress notes from January 2024 through September 2024 reflected no documented evidence of any activities progress notes.</p> <p>An observation on 09/26/24 at 1:15 PM, revealed Resident #1 was in the dining room walking around and sitting down then getting back up. There was no structured activity in place. Resident #1 was not able to be interviewed about activities due to her limited cognition and ability to articulate her feelings.</p> <p>2. Record review of Resident #2's face sheet dated 09/27/24 reflected she was a [AGE] year old female who admitted to the facility on [DATE]. Resident #2's active diagnoses included Alzheimer's disease (a brain disorder that gradually destroys memory and thinking skills, and eventually the ability to perform even simple tasks) , psychotic disorder with delusions (a severe mental illness that causes a person to have difficulty distinguishing reality from fantasy), severe dementia with psychotic disturbance (also known as advanced dementia, is a late stage of dementia where a person's mental function and physical abilities continue to decline), anxiety disorder (mental health condition that cause uncontrollable and excessive feelings of fear or anxiety that can significantly impact a person's life) and unspecified psychosis (a diagnosis used when there is insufficient information to make a specific diagnosis of a psychotic disorder).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675112	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2024
NAME OF PROVIDER OR SUPPLIER Coral Rehabilitation and Nursing of Arlington		STREET ADDRESS, CITY, STATE, ZIP CODE 1112 Gibbins Rd Arlington, TX 76011	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #2's quarterly MDS assessment date 07/04/24 reflected no BIMS score due to the resident's inability to be interviewed. The staff assessment of the Resident's #1's cognition reflected she had short and long term memory impairment and severely impaired cognitive skills for daily decision making. Resident #2 had signs and symptoms of delirium which included inattention and disorganized thinking. Her mood score was unable to be assessed via an interview so the staff assessment indicated that Resident #2 had no negative mood problems or behaviors. Resident #2 had no potential indicators of psychosis, such as delusions or hallucinations, she had no verbal/physical behaviors, no rejection of care and no wandering behaviors. Resident #2 was ambulatory and did not use any mobility devices.</p> <p>Record review of Resident #2's care plan initiated 06/22/23 and last updated on 07/22/24 reflected, [Resident #2] participates in music therapy and fitness; Goal: Will attend group activity of interests at least once weekly; Interventions Provide participation assistance/encouragement as needed. The care plan did not elaborate on any other activity goals or interventions. Resident #2's care plan did indicate she was prescribed two antipsychotics and an anti-anxiety medication to manage her psychosis and physically aggressive behaviors, had gotten into several altercations with other residents where she was the instigator of aggression (scratching, hitting, pushing other residents) and also incidents where she was the receiver of aggression to the extent she obtained a hematoma on her eye from injuries. Resident #2 also had multiple falls in the past 12 months as indicated on her care plan while wandering around the secured unit.</p> <p>Review of Resident #2's clinical chart and assessments reflected no documented evidence of an activities assessment.</p> <p>Review of Resident #2's progress notes from January 2024 through September 2024 reflected no documented evidence of any activities progress notes.</p> <p>Observation and attempted interview of Resident #2 occurred on 09/26/24 at 1:35 PM, she was seated in a chair on the secured unit hall. She did not respond when spoken to. She was unable to be interviewed about activities on the secured unit.</p> <p>Interview with LVN B on 09/27/24 at 1:35 PM, revealed Resident #2 used to be combative but was now calmer, but did wander the secured unit frequently with a male resident she fancied as her boyfriend.</p> <p>3. Record review of Resident #3's Face Sheet dated 09/27/24 reflected she was a [AGE] year old female admitted to the facility on [DATE]. Resident #3's active diagnosis included Alzheimer's disease (a brain disorder that gradually destroys memory and thinking skills, and eventually the ability to perform even simple tasks), generalized anxiety disorder (mental health condition that causes uncontrollable and excessive feelings of fear or anxiety that can significantly impact a person's life), depression (a mood disorder that can cause a persistent feeling of sadness, loss of interest, and difficulty functioning in daily life), delirium due to known physiological condition (a mental state of confusion and disorientation that develops suddenly over hours or days) and delusional disorder (when a person cannot tell what is real from what is imagined).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675112	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2024
NAME OF PROVIDER OR SUPPLIER Coral Rehabilitation and Nursing of Arlington		STREET ADDRESS, CITY, STATE, ZIP CODE 1112 Gibbins Rd Arlington, TX 76011	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #3's quarterly MDS assessment dated [DATE] reflected a BIMS score of 03 which indicated severe cognitive impairment. Resident #3 had delirium as evidenced by episodes of inattention (difficulty focusing attention, being easily distractible or having difficulty keeping track of what was being said). Staff assessment reflected she had no negative mood problems and was often socially isolated from those around her. Resident #3 had no indicators of psychosis, no verbal or behavioral symptoms, no rejection of care and no wandering during the assessment period. Resident #3 was ambulatory and did not use any mobility devices. She was prescribed an antianxiety and antidepressant medication.</p> <p>Record review of Resident #3's care plan initiated on 04/19/24 and last updated on 09/16/24 reflected, Focus: [Resident #3] requires cues, reminders, and simplification with activities due to cognitive impairment; Goal: [Resident #3] will benefit by having comfort, socialization and enjoyment through next review, Resident will accept group invitations at elast [sic] once time daily and will engage verbally with peers and staff, Resident will continue to participate in activities and will benefit by having enjoyment, cognitive, and social stimulation through next review date; Interventions: Resident would benefit from small group programming to increase stimulation, Ask simple yes/no questions, Offer simple step instructions and cues as needed.</p> <p>Review of Resident #3's clinical chart and assessments reflected no documented evidence of an activities assessment.</p> <p>Review of Resident #3's progress notes reflected no documented evidence of any activities progress notes.</p> <p>An interview with LVN B on 09/27/24 at 1:40 PM, revealed Resident #3 often thought people were trying to hurt her and poison her food. LVN B stated offering her a snack and some type of activity helped some of the time.</p> <p>4. Record review of Resident #4's Face Sheet dated 09/26/24 revealed he was a [AGE] year old male who admitted to the facility on [DATE] with active diagnoses which included Parkinsonism (a broad term comprising a clinical syndrome and presenting with various neurodegenerative diseases, which manifest with motor symptoms such as rigidity, tremors, bradykinesia, and unstable posture, leading to profound gait impairment), REM Sleep Behavior Disorder (a sleep disorder in which you physically and vocally act out vivid, often unpleasant dreams during REM sleep), Psychotic disorder with delusions (a severe mental illness that causes a person to lose touch with reality and have abnormal perceptions and thinking), adjustment disorder (a group of symptoms, such as stress, anxiety, feeling sad or hopeless, and physical symptoms that can occur after you go through a stressful life event) and anxiety disorder (uncontrollable and excessive feelings of fear or anxiety that can significantly impact a person's life).</p> <p>Record review of Resident #4's quarterly MDS assessment dated [DATE] reflected a BIMS score of 03, which indicated severe cognitive impairment. Resident #4 has unclear speech and impaired vision, he was usually understood by others and able to understand others. He had no signs or symptoms of delirium, no negative mood issues, no indicators of psychosis, no verbal or physical behaviors, no wandering and no rejection of care. Resident #4 was ambulatory and used no mobility devices. Resident #4 was prescribed an antipsychotic, antianxiety and antidepressant medication.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675112	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2024
NAME OF PROVIDER OR SUPPLIER Coral Rehabilitation and Nursing of Arlington		STREET ADDRESS, CITY, STATE, ZIP CODE 1112 Gibbins Rd Arlington, TX 76011	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #4's care plan initiated on 01/14/24 and last updated on 09/24/24 reflected, [Resident #4] is an elopement risk/wanderer on secure unit, Interventions: .Distract resident from wandering by offering pleasant diversions, structured activities, food, conversation, television, book. Resident #4's care plan reflected nine falls in the past 12 months due to him running towards exit doors, losing balance, and being pushed down by other residents.</p> <p>Review of Resident #4's clinical chart and assessments reflected no documented evidence of an activities assessment.</p> <p>Review of Resident #4's progress notes from January 2024 through September 2024 reflected no documented evidence of any activities progress notes.</p> <p>An interview with LVN B on 09/27/24 at 1:35 PM, revealed Resident #4 was on hospice services and was a high fall risk with an unsteady gait. She stated he was sweet and had no behaviors, he just needed to engage his hands in an activity because he liked to take things apart.</p> <p>An observation of Resident #4 and his Hospice RN H on 09/27/24 at 1:45 PM revealed she was trying to leave the secured unit but he was clinging onto her and she was having a difficult time redirecting him to let her leave the secured unit. He was picking things up off the medication cart such as a box of tissues or whatever was able to be held. He would put it back when asked or when taken from him without any issues. He was observed to have a unsteady gait and had to be held by the arm when walking down the hall. He was not interviewable and did not speak when spoken to.</p> <p>An interview with the Hospice RN H on 09/27/24 at 1:55 PM, revealed Resident #4 had been on hospice services for about a month and she was at the facility for her weekly visit to see/assess him. She expressed concern that when she came to see him at the facility, she did not see any activities occurring with any of the residents. She stated Resident #4 was the type of person who liked to tinker and would take things apart, such as the front panel of his ac window unit (observed) which concerned her because it could be dangerous. Hospice RN H stated he needed some type of structured activities, as well as the other residents on the secured unit because if not, there was nothing to do and could place him at risk of increased behaviors.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675112	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2024
NAME OF PROVIDER OR SUPPLIER Coral Rehabilitation and Nursing of Arlington		STREET ADDRESS, CITY, STATE, ZIP CODE 1112 Gibbins Rd Arlington, TX 76011	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview with Resident #4's RP on 09/27/24 at 2:25 PM, revealed Resident #4 had significant episodes of sundowning in the afternoons (Note: Sundowning with residents with dementia indicates changes in the person's behavior in the later afternoon or towards the end of the day. During this time the person may become intensely distressed, agitated and have hallucinations or delusions. This may continue into the night, making it hard for them to get enough sleep.) Resident #4's RP stated the resident liked to walk outside and enjoyed nature, hiking, camping, was a member of the canoe club and was well-traveled around the world. He also used to like watching television shows and relaxing. Regarding activities in the secured unit, Resident #4's RP stated sometimes she had seen the staff throw a big pink ball around with the residents, but it was hard to get him to engage in anything because all he wanted to do was pick things up off the floor and he did not seem to like to watch television anymore. The RP stated there was a CNA who was one of our best workers and she had just left working at the facility for a better paying job. The RP stated there was a staff (name unknown) who worked on the secured unit during the day shift who just wants to sit there and mess with her phone and went around and tried to make the residents on the secured unit sit down in chairs. The RP stated it was through her efforts that she helped the facility management locate and obtain 20 chairs for the residents in the secured unit to sit in through an auction because there was not ample places for them to sit and rest other than their bed. The RP stated she did not want to complain too much because there were only six facilities in the metroplex that had secured units that accepted Medicaid for residents to live and she was trying to make it work best as possible where Resident #4 currently resided.</p> <p>5. An observation on 09/26/24 at 10:00 AM, revealed there was no activity calendar on the secured unit. There was a large approximately four foot by three foot white laminated blank calendar in the hall on the wall, but there was nothing written on it. There were no activity calendars observed in the rooms of Residents #1, #2, #3 and #4. There were 10 residents sitting next to the nurses' station/room and three in the dining room. None of the residents were interacting with each other socially. Housekeeping was on the secured unit and one of the housekeepers attempted to engaged the residents as a group, was amicable and energetic in socializing with them and getting them to interact with each other, but had to continue with her duties on the floor. There was a nurse and two CNAs on the floor as well as a restorative aide. No activities were in progress.</p> <p>An observation of the secured unit on 09/27/24 at 1:23 PM, revealed a resident on the secured unit was yelling behind a closed bedroom door, Help! Help! Help! for about five minutes. Upon entry, he was observed to be on the floor next to his wheelchair with blood coming from his temple area, was cursing and visibly agitated. There was no structured activities going on. Residents #1, #2, #4 and #4 as well as a handful of other residents were in the dining room sitting and walking around, CNA D was sitting in the entryway of the dining room and CNA C in a resident's room doing care. There was only one housekeeper on the floor who came into his room and told him she would get the nurse. LVN B and ADON F came to the secured unit and completed the proper assessments, took vitals and notified the doctor. Resident was placed back in his bed.</p> <p>An interview with CNA C and CNA D on 09/27/24 at 1:40 PM revealed there needed to be another CNA on the secured unit because the charge nurse (LVN B) was often off the unit on the other hall she worked. They stated LVN B would come to the secured unit sometimes to help watch over the residents so the CNAs could do care, but if it was just the two CNAs on the floor (such as a few minutes ago when the resident fell in his room) and one was doing care, the other watching the residents in the dining room, then there was no one left to watch the rest of the residents, all who were ambulatory.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675112	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2024
NAME OF PROVIDER OR SUPPLIER Coral Rehabilitation and Nursing of Arlington		STREET ADDRESS, CITY, STATE, ZIP CODE 1112 Gibbins Rd Arlington, TX 76011	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An observation on 09/27/24 at 2:50 PM, revealed the AD was observed taking a cart of cookies and snacks to the residents on the secured unit, passed them out and left.</p> <p>Observation of the secured unit on 09/27/24 from 3:00 PM through 3:20 PM, revealed there were no activities occurring. There was numerous residents walking around the hall, some was seated in chairs in the dining room and some were seated in the hall not talking or being engaged in any socialization. There was one CNA (CNA A) sitting in a chair at the entrance of the dining room watching over the residents. Residents #1, #2, #3 and #4 was among the residents walking around the secured unit.</p> <p>An observation and interview of the secured unit on 09/27/24 at 3:30 PM, revealed CNA D remained seated in the chair at the entry to the secured unit dining room on her personal cell phone. There were 11 residents in the dining room. The television was on a screen saver with nothing on and there was no music playing. The residents continued to walk around and look out the window or gaze off into the distance. CNA D stated she was trying to get her phone to play some gospel music but it would not stream to the television in the dining room. She stated the Wi-Fi on the secured unit was out so they could not watch any shows or movies. CNA D stated the activity director had just come back to the secured unit earlier to pass out snacks and ice cream and then left. She told CNA D to play some music for the residents, but CNA D said she could not make the tv work. CNA D stated, It's too quiet, it's not good for the residents, they will start wandering around and having behaviors. CNA D stated there was a large pink inflatable ball (observed) in the corner of the dining room she would toss around if the staff could not get the music or television to work.</p> <p>6. An interview with the co-owner of the facility on 09/26/24 at 9:45 AM, revealed the facility DON quit without notice the day prior, the ADM was on leave and there was no corporate staff in the facility but the regional nurse would be available by phone as she was not officed locally. He stated the ADON was going to be the interim DON and he had just been notified that morning of the position change. The co-owner stated he was leaving to go back home out of state and would not be present except via phone if needed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675112	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2024
NAME OF PROVIDER OR SUPPLIER Coral Rehabilitation and Nursing of Arlington		STREET ADDRESS, CITY, STATE, ZIP CODE 1112 Gibbins Rd Arlington, TX 76011	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview with LVN B on 09/27/24 at 10:15 AM, revealed she was the charge nurse for two halls, the secured unit and another hall on the non-secured side on the 6a-2p shift. LVN B stated she had to split the two halls and it was very hard for her to oversee two halls at one time, especially when one was a locked secured unit. LVN B stated there were two CNAs on the floor presently that did not know anything because they were new to the unit. LVN B stated she was frustrated because the residents in the secured unit needed to have activities. She stated, There are no activities and there is nothing for them to do. LVN B stated there was a CNA that had quit and her last day was the day prior (09/26/24) who was great but the facility had her also doing activities as well as working on the floor as a CNA and it was hard on her, she did the best she could often purchasing things for the residents out of her own pocket. LVN B stated, But she also had to work as a CNA as well .but she is gone now. LVN B stated the facility had an activity director but she only worked mainly with the main SNF residents meaning the residents not in the secured unit. LVN B stated when she had tried to talk to the AD on several occasions about the lack of activities on the secured unit, the AD would tell her that she could not be in both places at the same times and she was stretched thin. LVN B then stated, These residents don't have anything to do. The community TV in the living/dining room doesn't work, there is no radio or music back here for the residents to listen to because the activity director has it. LVN B stated, If they [residents] can stay occupied and not get into it with each other, that would be better. Basically they just sit here. LVN B stated when she was on the secured unit, she liked to try and play music for the residents because they liked it. LVN B stated activities were important and beneficial for the resident population with dementia on the secured unit because it kept them engaged and not focused on each other when their tempers were flaring. She stated activities could help trigger good and positive memories and distract them from their confusion and frustrations. LVN B felt that some of the residents on the secured unit who were more alert should be able to go outside of the non-secured unit and participate in activities with the other residents with staff supervision because they were capable of engaging in them. LVN B continued to express frustration that the CNAs currently working in the secured unit (CNA C and CNA D) were new and did not know the residents and she [LVN B] was being pulled between two different halls and could not always be back on the secured unit. LVN B stated the residents (including Residents #1, #2, #3 and #4) needed a distraction from exit-seeking, which they actively tried to do all the time and it only took five seconds of them pushing on the exit door before it would open and they could walk out.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675112	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2024
NAME OF PROVIDER OR SUPPLIER Coral Rehabilitation and Nursing of Arlington		STREET ADDRESS, CITY, STATE, ZIP CODE 1112 Gibbins Rd Arlington, TX 76011	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview with the AD on 09/26/24 at 11:31 AM, revealed she had been employed as the activity director since June 2024 and she knew there was an issue with activities in the secured unit not getting done. The AD stated she had voiced her concerns to the ADM and to the owners and they told her to see if she could get some staff to volunteer to help with activities. The AD stated, They try but they are all busy on the floor. The AD stated she had an assistant [CNA E] whose last day was 09/26/24 and she had been the person to do activities with the residents on the 6a-2p shift and was doing both jobs-one as a CNA and one helping with activities. The AD admitted to not making a calendar of activities for the secured unit residents for the month of September 2024 and had told CNA E to use the August 2024 calendar as a guide and to adjust and adjust it to fit the needs of the residents. The AD stated it proved to be challenging because there was not enough of her in a shift to do all the activities with the residents in the facility that were listed on the activity calendar (one for the secured and one for the non-secured side). The AD stated the residents in the secured unit really needed their own dedicated activity director or assistant activity director that did nothing else but that, even if they were only part time, it would help. The AD provided the calendar she had for August 2024 and said the morning activities were typically easier to be done by the CNAs with the residents, but the afternoon activities were harder for the CNAs to do because the residents tended to have more behaviors and agitation in the afternoon to evenings. The AD stated she did not work on the weekends so she did not know what kinds of activities were done with the residents on the secured unit on those days.</p> <p>Review of the August 2024 activity calendar for the secured unit provided by the AD on 09/27/24 reflected a typical schedule of events included:</p> <p>Thursday</p> <ul style="list-style-type: none"> -National Dollar Day -8:30 AM Teatime -9:00 AM Daily Chronicles -10:30 AM Gardening Club (Floral Arrangements) -2:30 PM Coloring with Friends -3:00 PM Puzzles -6:15 PM Nightly Cinema <p>Friday</p> <ul style="list-style-type: none"> -National Airborne Day -8:30 AM Coffee/Conversation -9:00 AM Daily Chronicles -9:30 AM Friday Flexing (exercise) <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675112	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2024
NAME OF PROVIDER OR SUPPLIER Coral Rehabilitation and Nursing of Arlington		STREET ADDRESS, CITY, STATE, ZIP CODE 1112 Gibbins Rd Arlington, TX 76011	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-1:30 PM Ice Cream Social</p> <p>-2:30 PM Good Music Friday</p> <p>-6:15 PM Nightly Cinema</p> <p>Weekend example</p> <p>World Honeybee Day</p> <p>-8:30 AM Coffee and Conversation</p> <p>-9:00 AM Daily Chronicles</p> <p>-10:30 AM Chess Club</p> <p>-2:00 PM Brain Teaser</p> <p>-6:30 PM Nightly Cinema</p> <p>An interview with the PMHNP on 09/26/24 at 12:06 PM, revealed she was the prescriber for the psychotropic medications for Residents #1, #2, #3 and #4 and came to the facility to see them every other week. The PMHNP stated with Resident #2, she wandered around the secured unit and there had been some physical altercations between the resident and other residents on the secured unit. The PMHNP stated, So one thing I [NAME] on is more activities. The PMHNP stated there needed to be activities on the secured unit and better staffing, which she felt would be beneficial for the residents. She stated there were some visits where she saw CNAs play music for the residents and that was helpful, but most of the time she saw no activities. She stated, It can cause boredom.</p> <p>A follow up interview with the AD on 09/26/24 at 1:00 PM, revealed she provided a calendar she had just made for October 2024 for the secured unit. The AD stated she was not sure how she was going to do those activities, but thought she may try to stagger the times of the secured unit activities with the non-secured unit's activities and see how it went.</p> <p>An interview with ADON F on 09/26/24 at 3:47 PM, revealed there were usually CNAs in the secured unit who sometimes did activities with the residents and the AD would tell those CNAs what they needed to be doing. He said, I think she gives them a calendar of activities to do. He stated he could not speak extensively on secured unit activities because the AD was the person that coordinated them. ADON F stated he sometimes monitored the secured unit and saw in the past the CNAs did not have much time to engage residents in activities, but sometimes he saw the residents sitting around tables doing activities. ADON F stated, Usually I walk by and see them playing music or dancing, that is one activity I have seen. ADON F stated activities were important for the residents on the secured unit because from a nursing perspective, it was about moving their bodies and also building memories. If there was nothing to do on the secured unit, ADON F stated, It would be like you are locked in a room, no activities, no tv, not moving, it's like you are brain dead, you have lost your memory .everything. ADON F stated, With activities, I feel like they are doing them, but there should be more.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675112	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2024
NAME OF PROVIDER OR SUPPLIER Coral Rehabilitation and Nursing of Arlington		STREET ADDRESS, CITY, STATE, ZIP CODE 1112 Gibbins Rd Arlington, TX 76011	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview with RN G on 09/27/24 at 3:10 PM, revealed she was the charge nurse for the secured unit residents as well as another hall on the 2p-10p shift. RN G stated activities on the secured unit were important and the facility had an activity director who had just come and dropped off come cookies and then left. She stated the residents on the secured unit need their own activities, That is why they keep falling and hurting themselves, fighting each other, there is nothing to do. Fighting makes them feel like they are doing something. RN G stated on the 2-10pm shift, the staff on the secured unit tried to play ball with the residents and dance with them and keep them busy because the residents like to do things that were interactive. RN G stated, There is not much we know to do, we are not trained. RN G stated that engaging residents in the secured unit with a consistent activities program could help reduce the need to prescribe them psychotropic medications because it could help alleviate some of their frustrations and anger that come with living with dementia. RN G stated on her shift, she rarely saw the AD on the secured unit doing activities. RN G was shown the calendar of activities the AD provided for the previous month of August 2024. She stated, They are not doing that stuff at all. She looked at activities that were listed for after 5pm (on her shift) such as the daily nightly cinema and asked, So who is supposed to do those things? Who is making sure those things are set up? The CNAs aren't trained to do all that. RN G stated it was very hard being a nurse overseeing two halls and it was challenging to be present for all resident care needs as a result.</p> <p>Review of facility's job description for the Activity Director (not dated) reflected in part, The Activity Director is responsible for planning, organizing and implementing an ongoing program of group and individual resident activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each Resident .Description: .Programs shall be scheduled on a daily basis and shall meet the needs and interests of all residents Activities shall be available on evenings, weekends and in recognition of holidays .Programs are to include activities for all functional levels and the activities are to be planned for group and individual participation.</p> <p>Review of the Activities policy dated February 2008 provided by the ADON on 09/27/24 reflected in part, .4. Activity/Recreation programs are designed based on patient's/resident's leisure interests and implemented to address the needs (physical, cognitive, creative, social, spiritual, independent, empowerment, and sensory stimulation of the patients/residents. The programs will be geared to maintain functional ADLs, provide social interaction while protecting the patient/resident from over [TRUNCATED]</p>		