

| | | | |
|---|--|---|--|
| 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 01/31/2025 |
| 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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</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 ensure prompt efforts were made to resolve grievances residents had and ensure that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued for two months (December 2024 and January 2025) of two months reviewed of resident council meetings and facility-received grievances.</p> <p>1. The facility failed to document any attempts to resolve Resident #2's grievance when he expressed concern there was no hot or warm water available in his room.</p> <p>2. The facility failed to document show evidence of attempts to resolve all grievances from the Resident Council for December 2024 and January 2025.</p> <p>This failure could place residents at risk with unresolved grievances and unmet care needs.</p> <p>Findings included:</p> <p>1. Record review of Resident #2's Face Sheet reflected dated 01/30/25 reflected he was a [AGE] year-old male admitted to the facility on [DATE]. Resident #2's active diagnoses included paraplegia (a condition that causes paralysis or loss of muscle function in both legs), neuromuscular dysfunction of bladder (impaired bladder control due to disrupted communication between the brain and the bladder muscles), Stage 4 pressure ulcer of right heel and Stage 4 pressure ulcer of right lower back.</p> <p>Record review of Resident #2's quarterly MDS assessment dated [DATE] reflected he had a BIMS score of 15 which indicated no cognitive impairment. Resident #2 had range of motion impairment on both sides of his lower extremities and used a wheelchair for mobility. Resident #2 required partial/moderate assistance from staff for bathing and personal hygiene. He had an indwelling and external catheter (a flexible tube inserted into the body to drain or deliver fluids) and ostomy (a surgical procedure that creates an opening in the abdomen to allow waste to exit the body).</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 01/31/2025 |
| 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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>An interview with Resident #2 on 01/30/25 at 1:49 PM revealed he had been moved to the room he was in several days prior and there was no hot or warm water available in his bathroom to use. Resident #2 stated he had let the water run in his bathroom sink for over an hour when he first got moved to the room but there was nothing but cold water. He said the shower at the end of his hall also did not have any hot or warm water. Resident #2 said he had not received a shower the past two scheduled times (01/27/25 and 01/29/25). Resident #2 stated he felt not having hot or warm water available in his room made him feel very dirty, he said he could not wash his face well and it was starting to breakout and his skin was starting to get itchy all over.</p> <p>An observation of Resident #2's bathroom sink faucet on 01/30/25 at 1:50 PM revealed it did not have hot or warm water.</p> <p>An observation of Resident #2' shower room at the end of Hall 400 on 01/30/25 at 1:56 PM revealed there was no hot or warm water coming from the shower faucet.</p> <p>Review of a grievance from Resident #2 dated 01/28/25 reflected he communicated to the SW a concern there was no hot water in his bathroom. The grievance form noted the maintenance director was assigned responsibility to follow up on the concern on 01/29/25. The grievance's sections for 1) Documentation of the Investigation (which included findings, plan to resolve, results of action taken, reportable to state agency), 2) Resolution (which included if the complaint/grievance was resolved, was complainant satisfied, complainant remarks and how was the investigation results communicated to the person-verbal or written, and 3) Signatures of Resident/Department Head and Dates were all blank.</p> <p>Review of the SW's Monthly Grievance Log provided by the ADM reflected an entry for Resident #2's concern about not hot/warm water on 01/28/25 and showed it was sent to the maintenance director for follow up.</p> <p>An interview with the ADM on 01/30/25 at 9:30 AM revealed the DON was out sick on leave.</p> <p>An interview with the Maintenance Director on 01/30/25 at 2:30 PM revealed he knew the hot water heater was broken on hall 400 and he thought it had been broken for about two weeks. He stated Resident #2 did not have any hot water in his room and had been moved to that room over the past weekend and was upset about it. The Maintenance Director stated he had seen a grievance filed for Resident #2 on 01/28/25 related to the lack of hot water and stated he was just waiting for the owner of the facility to approve the repairs. He stated. I kind of wish it wasn't out of my hands because I would not have let it last that long.</p> <p>2. Record review of the facility's Resident Council Meeting Minutes for December 2024 reflected concerns related to:</p> <ul style="list-style-type: none"> - A resident was not getting enough portions to eat and would like double portions. - A resident asked for more food and was denied -Nobody listens to the residents and they do not get any help from the staff. -A CNA (identified by name) was lazy and refused to assist residents, did not listen to them, or answer the call lights and refused to do the residents' smoke breaks. <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 01/31/2025 |
| 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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>-Residents complained of sleep deprivation due to loud TVs and music playing at night</p> <p>Additionally, the resident council meeting minutes form documented the grievances related to food were sent to the dietary manager and the DON was routed the rest of them.</p> <p>Record review of the facility's Resident Council Meeting Minutes for January 2025 reflected concerns related to:</p> <ul style="list-style-type: none"> - The weekend staff do not answer call lights - Facility nurses did not help when needed - There was no staff assistance available at night to help residents - Rat! Rats are eating up food. Rats are in rooms, holes in ceiling. - Heat complaints that it was too cold in the facility and residents were freezing at night. - A staff member (identified by name) was refusing to assist the residents - The fried food served was too hard and residents could not chew it. - Dialysis residents continued to be served food they were not supposed to have. - There was no coffee available at the facility. <p>Record review of the facility grievances provided by the ADM on 01/30/25 revealed only three resident specific issues (not listed above) had written grievances that had been resolved. None of the other concerns voiced by the residents during the two resident council meetings had been addressed.</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 01/31/2025 |
| 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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>3. An interview with the SW on 01/30/25 at 2:45 PM revealed in general the facility grievances came to her, but not always. When she received them, she would log them in a binder. The SW stated when concerns were voiced during a resident council meeting, the activity director was supposed to document it on a grievance form and then give it to whatever department head was in charge of the issue. The SW stated if the activity director did not make a copy for the SW, then the SW did not have a record of it and could not log it and track it to its conclusion. The SW stated she did not know why the activity director was not writing up the concerns voiced by the residents during their resident council and making sure they got to the SW. Regarding Resident #2, the SW revealed Resident #2 had voiced a concern during the past few days related to not having any hot water in his room. The SW stated she logged the grievance for him on the form and put it in the maintenance director's box. The SW stated Resident #2 wanted to have hot water in his room so she told him she would let the maintenance department know. The SW stated with grievances, she tried to identify who was responsible for the resolution of the grievances and then forward them the form to complete. The SW stated she had not been getting them back from the persons responsible and that the DON had been out on leave. The SW stated completing a grievance form in its entirety was important because, We are supposed to resolve them and it is hard if no one is investigating and no one is speaking to the resident or family. The SW stated in the morning meetings, she had not developed a good system yet for going over the grievances. She said she would remind the staff during those meetings if they had any grievance forms completed, to give them to her. The SW said when she first started working at the facility, she saw the grievance system needed to be addressed and she wanted to be able to talk more about them during the morning meetings. However, she was told by other staff the meetings were long enough as it was. The SW stated at the end of December 2024, she tried to bring up grievances again when she saw that the resident council concerns were not being addressed and there were numerous complaints with no resolution. The SW said she wanted to know what happened and the staff in those meetings told her, Oh, they are all psychotic and Shut me down in wanting to discuss concerns of the residents.</p> <p>An interview with the AD on 01/31/25 at 11:08 AM revealed she was the scribe for the resident council meetings and when the residents in the meetings voiced complaints, she wrote them up on grievance forms. Once those forms were started, the AD sent them to the SW and the SW handed the form(s) out to the department head responsible for the issue the resident had. The AD stated sometimes she (AD) also gave the resident council concerns directly to the ADM who would say to hold onto them until the next morning meeting when the department heads would be present. The AD stated the SW was responsible to go to the resident council members and let them know about the resolution of their concerns, but the AD also let the resident council know that she had sent them in and they would be notified about results. The AD stated she rarely knew what the resolution was of a grievance from the resident council except for dietary. She said with dietary issues, the dietary manager was on top of it and would let the AD know what was done about any complaints. The AD stated if the resident council brought up an issue that was general in nature and not resident specific, she would still complete a grievance and give it to the DON to follow up, not the SW, but the SW would still get a copy to log. The AD stated she had received numerous complaints that the SW was not doing her job and was putting grievances to the side and did not see them as a priority. The AD stated the residents were frustrated their concerns were not being addressed and felt they were not being heard. The AD stated, That is why I talked to the Administrator and he said let's start passing them out in stand-up as well as give a copy to the social worker so everyone is on the same page.</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 01/31/2025 |
| 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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>An interview with the ADM on 01/31/25 at 1:54 PM revealed his expectation was when a grievance was made, it was written on a grievance form, dated, a copy made and turned into the SW or ADM. Typically, the ADM then would see the concern before it got routed to the specific department head and he would tell that department head they had 72 business hours to look into the issue. Then the department head was supposed to fill out the outcome portion of the form and let the person know who made the grievance what the outcome was and then give it to the SW to track and trend. The ADM stated grievances were important to address because it was a resident right, and the residents had the right to ensure the facility was tracking their concerns and showing what they did to resolve them in a timely manner.</p> <p>4. Review of the facility's policy titled, Filing Grievances/Complaints, revised August 2008, reflected, Our facility will help residents, their representatives (sponsors) other interested family members, or resident advocated file grievances or complaints when such requests are made .4. The Administrator has designated the responsibility of grievance and/or complaint investigation to [blank]; 5. Upon receipt of a grievance and/or complaint, [blank] will investigate the allegations and submit a written report of such findings to the Administrator within five (5) working days of receiving the grievance and/or complaint; 6. The Administrator will review the findings with the person investigation the complaint to determine what corrective actions, if any, need to be taken; 7. The resident, or person filing the grievance and/or complaint on behalf of the resident, will be informed of the findings of the investigation and the actions that will be taken to correct any identified problems. The Administrator, or his or her designee, will make such reports orally within [blank] working days of the filing of the grievance or complaint with the facility. A written summary of the investigation will also be provided to the resident, and a copy will be filed in the business office.</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 01/31/2025 |
| 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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</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 ensure residents who were unable to carry out activities of daily living received necessary services to maintain personal hygiene for two (Resident #2 and Resident #3) of five residents reviewed for ADLs.</p> <p>The facility failed to provide showers or bed baths consistently for Residents #2 and #3 per the facility bathing schedule in January 2025.</p> <p>This failure placed residents who were dependent on staff for bathing at risk for poor personal hygiene, odors, and a decline in their quality of life.</p> <p>Findings included:</p> <p>1. Record review of Resident #2's Face Sheet reflected dated 01/30/25 reflected he was a [AGE] year-old male admitted to the facility on [DATE]. Resident #2's active diagnoses included paraplegia (a condition that causes paralysis or loss of muscle function in both legs), neuromuscular dysfunction of bladder (impaired bladder control due to disrupted communication between the brain and the bladder muscles), Stage 4 pressure ulcer of right heel and Stage 4 pressure ulcer of right lower back (a pressure ulcer is localized damage to the skin and/or underlying tissue that usually occur over a bony prominence as a result of usually long-term pressure, or pressure in combination with shear or friction; Stage 4 means full thickness tissue loss with exposed bone, tendon or muscle).</p> <p>Record review of Resident #2's quarterly MDS assessment dated [DATE] reflected he had a BIMS score of 15 which indicated no cognitive impairment. Resident #2 had range of motion impairment on both sides of his lower extremities and used a wheelchair for mobility. Resident #2 required partial/moderate assistance from staff for bathing and personal hygiene. He had an indwelling and external catheter (a flexible tube inserted into the body to drain or deliver fluids) and ostomy (a surgical procedure that creates an opening in the abdomen to allow waste to exit the body).</p> <p>Record review of Resident #2's baseline care plan dated 01/22/25 reflected he was dependent on staff for toileting hygiene and showers/bathing.</p> <p>An interview with Resident #2 on 01/30/25 at 1:49 PM revealed he had been moved to the room he was presently in several days prior and there was no hot or warm water available in his bathroom to use. Resident #2 stated he had let the water run in his bathroom sink for over an hour when he first moved to the room, but there was only cold water. He said the shower at the end of his hall also did not have any hot or warm water. Resident #2 said he had not received a shower the past two scheduled times (01/27/25 and 01/29/25). Resident #2 stated he felt not having hot or warm water available in his room made him feel very dirty, he said he could not wash his face well and it was starting to breakout and his skin was starting to get itchy all over.</p> <p>Record review of Resident #2's nursing progress notes reflected no shower refusals since his readmission to the facility from the hospital on 01/22/25.</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 01/31/2025 |
| 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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>2. Record review of Resident #3's Face Sheet dated 01/30/25 reflected he was a [AGE] year-old male who admitted to the facility on [DATE]. Resident #3's active diagnoses included paraplegia (a condition that causes paralysis or loss of muscle function in both legs), colostomy status (a surgical procedure that creates an opening in the colon, allowing stool to be diverted from the rectum and collected in a bag), Stage 4 right and left lower back pressure ulcer, stage 4 of sacral region (Full thickness tissue loss with exposed bone, tendon or muscle) and flaccid neuropathic bladder (a condition where the bladder muscles are weak and unable to contract properly, leading to difficulty or inability to urinate).</p> <p>Record review of Resident #3's quarterly MDS dated [DATE] reflected a BIMS score of 15 which indicated no cognitive impairment. Resident #3 had range of motion impairment on one side of his upper extremities and on both sides of his lower extremities. He used a wheelchair for mobility and was dependent on staff for all ADLs, including showering and personal hygiene.</p> <p>Record review of Resident #3's care plan last revised 01/28/25 reflected Resident #3 had an ADL self-care performance. Interventions, Bathing/Showering: Resident prefers showers 3 times per week likes to get oob daily; The resident requires extensive assistance by (1) staff with bathing/showering (start 09/30/24)</p> <p>An interview and observation of Resident #3 on 01/30/25 at 2:03 PM revealed he was sitting in a reclined wheelchair in his room with his eyes closed. Resident #3 stated he had not been bathed or showered in the past week. He said he could not remember the last time he had been bathed but it had been a long time, over a month. During the interview, Resident #3 kept trying to peel his right eye open with his fingers as it was observed to be crusty and sealed shut. Resident #3 said he did not know why the staff were not bathing him and stated, They don't tell me why. I want one though. Resident #3's bathroom sink was observed to have no hot or warm water available.</p> <p>Record review of Resident #3's nursing progress notes reflected no shower refusals for the month of January 2025.</p> <p>3. An observation of Resident #2 and #3's shower room at the end of Hall 400 on 01/30/25 at 1:56 PM revealed there was no hot or warm water coming from the shower faucet.</p> <p>4. Review of the facility shower binder for Hall 400 reflected no shower sheets for Residents #2 and #3 for January 2025. There were daily lists of residents to be showered with a space for the nurse to sign with any comments. However, neither Resident #2 nor Resident #3 were checked off as completed.</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 01/31/2025 |
| 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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>5. An interview with ADON A on 01/30/25 at 12:19 PM revealed completed shower sheets were important because that was the way the facility kept track of any new resident skin issues. ADON A stated she had looked in the binders and verified there were no shower sheets for Resident #2 and #3. ADON A stated what she saw in the shower binders at the 400-hall nursing station was just a list for the charge nurse to sign off on which residents were supposed to get showered that day. ADON A stated, But they were not the shower sheets. ADON A stated she did not know how long the CNAs and charge nurses had not been using shower sheets. ADON A stated the list of who needed a shower was not acceptable. She said the shower sheets needed to be completed and turned in by the CNAs for review to see if there were any changes to a resident's skin condition. ADON A stated the form they were using currently did not indicate if any skin was looked at or if any skin issues were noted. ADON A said she was going to ensure that the required blank shower sheets were copied and placed back into the shower binders along with the schedule list of residents to be showered for that day so they can be tracked and monitored. ADON A stated she did not know why the system changed except laziness and no one put more shower sheets in the binders, so they all defaulted to just signing a schedule, Which is not appropriate.</p> <p>An interview with the ADM on 01/30/25 at 9:30 AM revealed the DON was out sick on leave and was unable to be interviewed.</p> <p>An interview with CNA C on 01/31/25 at 12:37 PM revealed she had not seen any skin observation sheets (shower sheets) and when she gave a resident a shower, she just circled on a list if the resident received it or if they refused. If any skin issues, she would circle yes/no and then report to the charge nurse. When shown a blank shower sheet/skin observation sheet, CNA C stated she had not seen them before and had not been filling those out. CNA C stated showering a resident was important because no one wanted to have body odor and they want to smell fresh. CNA C stated infection control was also another reason showers were important, We have bacteria on our skin and we need to shower to remove it and protect the skin, like rashes and stuff, showering is good.</p> <p>An interview with CNA D on 01/31/25 at 12:56 PM revealed she was picking up a shift and had showered Resident #1 that morning (01/31/25). CNA D stated she had another CNA help her shower Resident #1 and he took them a lot of time. She stated when a resident shower was completed, there was a paper that had the name and room number of the residents assigned to be showered for that day. If the resident refused the shower, the CNA had to tell the nurse. CNA D stated she had not seen the shower sheet form/skin observation sheet recently.</p> <p>An interview with the ADM on 01/31/25 at 1:54 PM revealed he had heard about Resident #2 not being showered because his family member had contacted him on 01/30/25 about it. The ADM stated he completed a grievance form as a result. The ADM reviewed the shower binder and the schedule the nurse checked off that staff were using as shower sheets and said it was not the right form. He said the shower sheets to be used were more comprehensive.</p> <p>6. A policy on ADL care related to showers was requested on 01/30/25 and 01/31/25 from the ADM but was not provided prior to exit.</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 01/31/2025 |
| 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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33552</p> <p>Based on interview and record review, the facility failed to ensure that residents with pressure ulcers received necessary treatment and services consistent with professional standards of practice to promote healing, prevent infection, and prevent new ulcers from developing for one (Resident #1) of five residents reviewed for pressure ulcers.</p> <p>1. The facility failed to ensure Resident #1 received all physician ordered wound care 10 out of 31 days in December 2024.</p> <p>2. The facility failed to ensure Resident #1 received all physician ordered wound care 5 out of 30 days in January 2025.</p> <p>This facility failure could place residents at risk of developing infections or worsening of their wounds.</p> <p>Findings included:</p> <p>Record review of Resident #1's Face Sheet dated 01/30/25 reflected he was a [AGE] year-old male who admitted to the facility on [DATE] with diagnoses which included paraplegia (a condition that causes paralysis or loss of muscle function in the lower half of the body, including both legs), pressure ulcer of sacral region-stage 4, pressure ulcer of right heel-stage 3, pressure ulcer of left heel-stage 3, non-pressure chronic ulcer of back, neuromuscular dysfunction of bladder (impaired bladder control due to disrupted communication between the brain and the bladder muscles), colostomy status(a surgical procedure that creates an opening in the abdomen through which waste from the large intestine can be expelled into a bag) and chronic pain syndrome (a condition characterized by persistent pain that lasts for at least three to six months).</p> <p>Record review of Resident #1's quarterly MDS assessment dated [DATE] reflected he had a BIMS score of 13, which indicated intact cognition. Resident #1 had no rejection of care issues and no verbal or physical behaviors. Resident #1 had range of motion impairment on both sides of his lower body and was dependent on staff for transfers, bed mobility and ADLs that included dressing, showering, personal hygiene and incontinent care. Resident #1 had an indwelling catheter and an ostomy appliance. Resident #1's assessment reflected he was at risk of developing pressure ulcers/injuries and had four unhealed pressure ulcers and one unstageable deep tissue injury that were present upon admission to the facility. Skin and ulcer/injury treatments included pressure ulcer/injury care, application of nonsurgical dressings and applications of ointments/medications.</p> <p>Record review of Resident #1's care plan dated 10/02/24 and last revised on 01/29/25 reflected the following focus areas:</p> <p>-Wound Management-Skin tear to the left instep of his foot due to hitting the bedrail during a spasm episode (Initiated 12/02/2024); Intervention: Wound will show signs of improvement, provide wound care per treatment order.</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 01/31/2025 |
| 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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>-Resident is at risk for pain related to wound; Site #1: Stage 4 pressure wound sacrum full thickness, wound size: 13.5 x 21.8 x 0.2cm; Site #5: Stage 4 pressure wound of left heel full thickness, wound size: 2.1 x 1.5 x 0.1cm; Site #6: Stage 4 pressure wound of right lateral foot full thickness, wound size: 1.1 x 0.7 x Non measurable cm; Site #12: Non-pressure wound of the left buttock full thickness, wound size: Resolved-01/22/25. Interventions included to provide wound treatment per MD order, Site #1: Stage 4 pressure wound sacrum full thickness: clean surrounding skin with skin prep, clean wound with NS or wound cleanser, pat dry, apply collagen powder and calcium alginate to wound bed, island dressing or ABD pad and paper tape daily. Site #5- skin prep surround skin, clean wound with NS, pat dry, apply Xeroform to wound, apply island border dressing daily. Site #6- Skin prep three times a week.</p> <p>Record review of Resident #1's care plan also reflected a revision on 01/02/25 reflected he was resistant to wound care and skin assessments. The intervention reflected, Give one on one care as needed.</p> <p>Record review of Resident #1's physician's order summary for December 2024 and January 2025 reflected the following treatments were ordered:</p> <ol style="list-style-type: none"> 1) Cleansed open area on top of left foot, apply triple antibiotic ointment, cover with dry gauze dressing one time a day for open wound on top of left foot (start date 11/30/24, discontinued 01/02/25) 2) Non-pressure wound right medial heel, skin prep three times per week on Monday, Wednesday and Friday for preventative measure (start date 01/03/25, discontinued 01/15/25) 3) Non-pressure wound to left lateral ankle - apply skin prep daily (start date 01/02/25, discontinued 01/15/25) 4) Non-pressure wound left 2nd toe apply skin prep three times per week every day shift every Mon, Wed, Friday for Preventative Measure (start date 01/03/2025, discontinued 01/15/25) 5) Non-pressure wound of the left 2nd toe partial thickness, once a day every Monday, Wednesday and Friday for 23 days, Apply skin prep; Off-load wound; Pressure off-loading boot (start 12/05/24, discontinued 12/28/24) 6) Non-pressure wound of the left buttock full thickness, skin prep skin around wound, clean wound with NS, apply xeroform to wound bed, island border dressing or ABD pad daily x23 days. one time a day (start 01/16/25, discontinued 01/22/2025) 7) Non-pressure wound of the right toe of undetermined thickness once a day for 30 days, apply skin prep, off-load wound with pressure offloading boot (start 12/05/24, discontinued 01/02/25) 8) Non-pressure wound of the right medial heel partial thickness once a day on Monday, Wednesday and Friday for 16 days, apply skin prep, offload wound with offloading boot (start 12/05/25, discontinued 12/21/24) 9) Non-pressure wound to left superior lateral ankle-apply skin prep daily for preventative measure (start 01/03/25, discontinued 01/15/25) <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 01/31/2025 |
| 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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>10) Right Lateral Foot: cleanse with NS, pat dry. Apply [NAME] and leave open to air Tuesdays/Thursdays. every day shift for Wound Treatment (start 01/05/25, discontinued 01/15/25)</p> <p>11) Stage 4 pressure wound of right lateral foot full thickness: skin prep three times a week x16 days once a day on Monday, Wednesday and Friday (start date 01/17/25 to present)</p> <p>12) Stage 4 pressure wound of the left heel full thickness once a day for 30 days apply skin prep, use Xeroform gauze to wound bed and cover with island bordered dressing (start date 12/05/24 through present)</p> <p>13) Stage 4 pressure wound of the left heel full thickness: clean with NS, pat dry apply xeroform to wound bed and island border dressing daily x16 days once a day (start date 01/16/25, discontinued 01/29/25).</p> <p>14) Stage 4 pressure wound of the left heel full thickness, skin prep surround skin of wound, clean with NS, pat dry apply xeroform to wound bed and island border dressing daily for 30 days once a day (start 01/30/25)</p> <p>15) Stage 4 pressure wound of the right lateral foot thickness once a day on Monday, Wednesday, Friday for 30 days (start date 12/05/24, discontinued 01/04/25).</p> <p>16) Stage 4 pressure wound sacrum full thickness-apply xeroform gauze to wound bed and cover with ABD pads, use tape/island bordered gauze for retention every day (start 12/31/24, discontinued 01/02/25)</p> <p>17) Stage 4 pressure wound sacrum full thickness, once a day on Monday, Wednesday, Friday for 30 days, apply xeroform gauze to wound bed and cover with ABD pads, use tape/island bordered gauze for retention (start date 12/04/24, discontinued 12/20/24)</p> <p>18) Stage 4 pressure wound sacrum full thickness, skin prep around wound, clean with NS, Pat dry, apply collagen powder and calcium alginate to wound bed, island dressing or ABD pad and paper tap daily, and as needed. Monitor for s/s of infection once a day (start date 01/16/25 through present)</p> <p>19) Stage 4 pressure wound sacrum full thickness, one time a day every Monday, Wednesday, Friday for 30 days apply xeroform guaze to wound bed and cover with ABD pads, use tape/island border gauze for retention (start date 12/05/24, discontinued 12/30/24)</p> <p>20) Stage 4 pressure wound sacrum full thickness, apply peri-wound skin prep, alignate calcium gauze to wound bed and cover with ABD pads, use tape/island border gauze for retention as needed (start date 01/02/25, discontine 01/15/25)</p> <p>Record review of Resident #1's December 2024 TAR reflected he did not receive wound care to his sacrum and heel as ordered by his physician on 12/03/24, 12/05/24, 12/12/24, 12/16/24, 12/19/24, 12/20/24, 12/23/24, 12/24/24, 12/25/24 and 12/27/24.</p> <p>Record review of Resident #1's January 2025 TAR reflected he did not receive wound care to his sacrum and heel as ordered by his physician on 01/06/25, 01/09/25, 01/14/25, 01/21/25 and 01/29/25.</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 01/31/2025 |
| 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 0686</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 nursing progress notes reflected no entries on the dates of the missed wound care in December 2024 and January 2025 to explain why it was not provided.</p> <p>Record review of Resident #1's Wound Evaluation and Management Summaries dated 12/11/24 and 01/29/25 reflected in each visit under the Expanded Evaluation Performed that Resident #1 was a current smoker which was known to affect wound healing and healing progression. Continued interventions for wound healing ordered and implemented included a multivitamin once a day, vitamin C twice a day, low air loss mattress, off-loading wound, repositioning per facility protocol and offloading chair cushion. The following measurements were reflected for his current wounds:</p> <p>1) 11/06/24- Stage 4 pressure wound to sacrum over 675 days: The measurements were 20.3 x 14.5 x 0.2 cm with a surface area: 294.35 cm, Cluster Wound open ulceration area of 88.31 cm, Sharp selective debridement procedure was used to remove biofilm over the wound surface area of 88.305 cm, Wound progress: At Goal. (Note: A cluster wound is a grouping of multiple wounds that are close to one another and documenting them as a single wound 'clustered wound' could simplify assessment, when appropriate.)</p> <p>-12/11/24- Stage 4 pressure wound to sacrum over 710 days: The measurements were 16x 6x 0.2cm with a surface area of 96 cm with noted improvement, Cluster Wound open ulceration of 19.2 cm, Wound progress: Improved-evidenced by decreased surface area. A sharp selective debridement procedure was used to remove biofilm over the wound surface area of 19.2 cm. Goal of treatment is healing as evidenced by a 61.5 % decrease in surface area within the wound bed in comparison to the last wound visit.</p> <p>-01/01/25-Stage 4 pressure wound to sacrum over 731 days: The measurements were 16.5 x22.5 x 0.2 cm with a surface area of 371.25 cm² and a Cluster Wound open ulceration area of 111.38 cm, Wound progress: Exacerbated due to multifactorial. A surgical excisional debridement procedure was used to surgically excise 37.12 cm of devitalized tissue and necrotic muscle tissue along with slough and biofilm were removed at a depth of 0.3cm and healthy bleeding tissue was observed. As a result of the procedure, the nonviable tissue in the wound bed decreased form 20 percent to 10 percent. Hemostasis was achieved and a clean dressing was applied.</p> <p>-01/15/25- Stage 4 pressure wound to sacrum over 745 days: The measurements were 13.4 x22.5 x 0.2 cm with a surface area: of 301.50 cm² and a Cluster Wound open ulceration area of 90.45 cm, Wound progress: Improved evidence by decreased surface area. A surgical excisional debridement procedure was used to surgically excise 30.15 cm of devitalized tissue including slough, biofilm and non-viable muscle tissues were removed at a depth of 0.3 cm and healthy bleeding tissue was observed. As a result of the procedure, the nonviable tissue in the wound bed decreased form 10 percent to 0 percent. Hemostasis was achieved and a clean dressing was applied.</p> <p>-01/29/25-Stage 4 pressure wound to sacrum over over 758 days: The measurements were 13.5 x21.9 x0.2cm with a surface area of 294.30 cm with the wound progress noted to be at goal.</p> <p>2) Stage 4 pressure wound to the left heel: On 12/11/24, the measurements were 3.5x 3.5x 0.1 cm with a surface area of 12.25 and was not at goal. On 01/29/25, the measurements were 2.1x 5.0x 0.1 cm with a surface area of 3.15cm and was not at goal.</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 01/31/2025 |
| 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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>3) Stage 4 pressure wound of the right lateral foot: On 12/11/24, the measurements were 1.1x 0.5x not measurable cm with a surface area of .55 cm. On 01/29/25, the measurements were 1.1x 0.7x not measurable cm with a with a surface area of .77 cm with noted wound improvement.</p> <p>An interview with Resident #1 on 01/30/25 at 1:07 PM revealed he had a very large wound that he admitted to the facility with on his bottom and it had almost gotten healed up by the previous ADON, but when he left employment at the end of November 2024, Resident #1's wounds got worse. Resident #1 said the floor nurses were providing the wound care during December 2024 because there was no wound care nurse designated for the facility. He said the floor nurse would tell him they would get to the wound care, but no one was coming into his room to do it consistently. Resident #1 said he told the ADM, who ended up getting a nurse to start coming in [ADON A] to do the wound care, but he was not sure when she started. Resident #1 stated since ADON A started working on his wounds during the weekdays they had gotten better. However, when ADON A was not at the facility, the floor nurses doing the wound care were not always knowledgeable on the required supplies, technique and application of dressings. Resident #1 stated there had never been a consistent wound care nurse until recently and there had been numerous times when ADON A was not working that his wound care did not get provided. Resident #1 felt that the lack of wound care being done consistently in December 2024 set him back two months on his healing.</p> <p>An interview with Resident #1's RP on 01/31/25 at 10:11 AM revealed she had been having concerns about his wound care not being done as well as the nurses not coming to check on him. The RP stated she had seen Resident #1's wounds via photos and they had almost healed around Thanksgiving 2024, but within a few weeks after that, the one on his bottom started going downhill and getting bad. The RP stated Resident #1 could not feel his feet and the wounds on them were chronic and always recurring. As a result, they were not as much of an issue as the one on his bottom. The RP stated, But the bottom wound, they weren't doing right. The RP stated she had tried to get in touch the DON with no success as well as the ADON.</p> <p>Record review of a grievance form for Resident #1 dated 12/30/24 reflected a concern that Resident #1 was not getting his wound care done daily. The grievance resolution reflected the DON educated the Resident #1 that his wound care was not done daily and a documented he was told a majority of his wound care was done on Mondays, Wednesdays and Fridays and that the resident should speak with the doctor regarding any order changes. The grievance also reflected Resident #1 then stated, Well they are not doing it on Mondays, Wednesdays and Fridays either and showed me [DON] pictures of his wounds and said they are getting worse. I asked if I could do a full head to toe assessment and the resident refused.</p> <p>An interview with the ADM on 01/30/25 at 9:30 AM revealed the DON was out sick on leave.</p> <p>An interview with the SW on 01/30/25 at 2:45 PM revealed Resident #1 did make a complaint about his wounds and said he was going to contact the State [HHSC] because he was not getting wound care every day. The SW said, however, the doctor did not order wound care every day and Resident #1 wanted to know why. The SW stated, I think the nurse talked to him and helped him understand that we are only following doctor's orders .He gets worked up sometimes.</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 01/31/2025 |
| 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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>An interview with the wound care nurse, ADON A on 01/31/25 at 11:23 AM revealed she started as the wound care nurse on 01/08/25 and prior to that she was a PRN floor nurse at the facility. ADON A said any wounds from 01/08/25 to present were wounds she had done wound care for, unless she was working on the floor. ADON A stated that she could not speak for anyone else, but if there were blanks on the TAR during January 2025 when she was doing wound care, it may have been due to updating orders in the system, but she was not sure. ADON A stated she was at the facility during the weekdays and the only time she delegated wound care to the charge nurses was if she was working on the floor She stated, Sometimes I try to do wounds before the floor shift starts; sometimes I don't and will delegate to the nurses who are capable of doing treatments. ADON A stated the weekend charge nurses were responsible for doing wound care on the weekends. Regarding Resident #1, ADON A stated he had told her the nurses were not doing the wound care correctly but she did not know what he meant. She said Resident #1's wound drained a lot and she taped them up very well and they did not come undone, so she thinks when other nurses did it, Resident #1 may feel that the bandages were falling off. ADON A stated residents' wounds in the facility were tracked by herself. She said she would know if wound care was not getting done because of how the bandages were dated when came in for her next shift.</p> <p>An interview with the ADM on 01/31/25 at 1:54 PM revealed ADON A was in charge of monitoring wound care and sometimes the DON did weekly random audits of wounds.</p> <p>Record review of the facility's policy titled Wound Care revised October 2010 reflected, Purpose: The purpose of this procedure is to provider guidelines for the care of wounds to promote healing .Steps in the Procedure .12. Apply treatments as indicated, 13. Dress wound .Documentation: The following information should be recorded in the resident's medical record: 1. The type of wound care given, 2. The date and time the wound care was given .4. The name of the individual performing the wound care, 5. Any change in the resident's condition .10. The signature and title of the person recording the data.</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 01/31/2025 |
| 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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</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 a safe, functional, sanitary and comfortable environment for residents, staff and the public for one hall (Hall 400) of six halls reviewed for physical environment.</p> <p>The facility failed to ensure the water heater supplying heat to three resident rooms on Hall 400 was in operating condition (including Residents #2, #3 and #4). The residents in the rooms did not have hot or warm water available as a result of the broken water heater.</p> <p>Findings included:</p> <p>Record review of Resident #2's Face Sheet reflected dated 01/30/25 reflected he was a [AGE] year-old male admitted to the facility on [DATE]. Resident #2's active diagnoses included paraplegia (a condition that causes paralysis or loss of muscle function in both legs), neuromuscular dysfunction of bladder (impaired bladder control due to disrupted communication between the brain and the bladder muscles), Stage 4 pressure ulcer of right heel and Stage 4 pressure ulcer of right lower back.</p> <p>Record review of Resident #3's Face Sheet dated 01/30/25 reflected he was a [AGE] year-old male who admitted to the facility on [DATE]. Resident #3's active diagnoses included paraplegia (a condition that causes paralysis or loss of muscle function in both legs), colostomy status (a surgical procedure that creates an opening in the colon, allowing stool to be diverted from the rectum and collected in a bag), Stage 4 right and left lower back pressure ulcer, stage 4 of sacral region and flaccid neuropathic bladder (a condition where the bladder muscles are weak and unable to contract properly, leading to difficulty or inability to urinate).</p> <p>Record Review of Resident #4's Face Sheet dated 01/30/25 reflected she was a [AGE] year-old female who admitted to the facility on [DATE]. Resident #4's active diagnoses included schizophrenia (a chronic mental illness characterized by disruptions in thought processes, perceptions, emotions, and social interactions), type 2 diabetes (a chronic disease that affects how the body uses glucose for energy), congestive heart failure (a condition where the heart muscle is weakened and cannot pump blood effectively), edema (a condition where excess fluid accumulates in the body's tissues, causing swelling) and lymphedema (a condition that causes swelling in the body's tissues due to a buildup of lymph fluid).</p> <p>An interview with Resident #4 on 01/30/25 at 1:35 PM she said there was no hot or warm water available in her room. Resident #4 stated the maintenance director had talked to her about it the week prior and said someone was going to fix it but nothing happened. Residents #4 said the issue with hot water had been going on for over a year. Resident #4 thought the facility should offer to move them but they have not offered and she had not asked. Resident #4 stated she preferred to get bed baths rather than going to the shower room. She said presently the CNAs were having to go get hot water in a plastic bin from somewhere else and bring it to her room.</p> <p>An observation of Resident #4's bathroom sink faucet on 01/30/25 at 1:40 PM revealed it did not have hot or warm water available.</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 01/31/2025 |
| 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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Review of a facility grievance form lodged by Resident #4's family member dated 01/06/25 reflected a verbal communication was made to the Administrator of no hot water available in the resident's bathroom. The person assigned the responsibility for the investigation was the ADM and the maintenance director and it was assigned to them on 01/07/25 and was due for completion by 01/10/25. The plan to resolve the grievance was to replace the water heater and the results of actions taken were that bids were pending and corporate approval was needed (dated 01/10/25). The resolution section of the grievance form was blank and did not indicate if the issue had been resolved and if the results were communicated to the family member.</p> <p>An interview with Resident #2 on 01/30/25 at 1:49 PM revealed he had been moved to the room he was in several days prior and there was no hot or warm water available in his bathroom to use. Resident #2 stated he had let the water run in his bathroom sink for over an hour when he first got moved to the room but there was nothing but cold water. He said the shower at the end of his hall also did not have any hot or warm water. Resident #2 said he had not received a shower the past two scheduled times (01/27/25 and 01/29/25). Resident #2 stated he felt not having hot or warm water available in his room made him feel very dirty, he said he could not wash his face well and it was starting to breakout and his skin was starting to get itchy all over.</p> <p>An observation of Resident #2's bathroom sink faucet on 01/30/25 at 1:50 PM revealed it did not have hot or warm water available.</p> <p>An interview and observation of Resident #3 on 01/30/25 at 2:03 PM revealed he was sitting in a reclined wheelchair in his room with his eyes closed. Resident #3 stated he had not been bathed or showered in the past week. He said he could not remember the last time he had been bathed but it had been a long time, over a month. During the interview, Resident #3 kept trying to peel his right eye open with his fingers as it was observed to be crusty and sealed shut. Resident #3 said he did not know why the staff were not bathing him and stated, They don't tell me why. I want one though. Resident #3 was not aware if he had hot water in his bathroom. He stated he did not use it.</p> <p>An observation of Resident #3's bathroom sink faucet on 01/30/25 at 2:05 PM was revealed it did not have hot or warm water available.</p> <p>An observation of Resident #2, #3 and #4's shower room at the end of Hall 400 on 01/30/25 at 1:56 PM revealed there was no hot or warm water coming from the shower faucet.</p> <p>An interview with the ADM on 01/30/25 at 10:30 AM revealed he had obtained three quotes for the water heater at the end of Hall 400. He stated there was currently no hot water for six rooms at the end of that hall, as well as the shower room. The ADM stated he was waiting for the owner of the facility to make a decision on how to move forward. The ADM stated the residents affected were being showered on another hall and staff had been informed. For residents who wanted bed baths, the staff were using hot water sourced from another resident's room with hot water on the hall. The ADM stated none of the residents were upset about it and the new maintenance director that was starting the following week was going to buy a new heater at a local hardware store and install it himself. The ADM stated the water coming out of the six resident rooms was cold, not warm or hot. He said there was one family member of an affected resident who was upset about it and had notified him of her concerns (Resident #3's RP).</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 01/31/2025 |
| 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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>An interview with the Maintenance Director on 01/30/25 at 2:30 PM revealed in early December 2024 (date unknown), the facility had a routine gas pressure test done by a plumbing company and everything worked fine. However, a couple days later the one water heater that controlled the heat for the last part of hall 400 shut off and started malfunctioning and then there was no hot water. The Maintenance Director thought the hot water had been out for the affected rooms for about two weeks. He stated it affected only the rooms at the end of that hall and their shower room. The Maintenance Director stated three bids had been completed but they were in limbo waiting for the owner to make a decision. The Maintenance Director stated, I really need them to approve the money to fix it. I kind of wish it wasn't out of my hands because I would not have let it last that long. He said Resident #2 was the only resident who was upset about the lack of warm/hot water that he knew of and remembered seeing a grievance filled out about it. The Maintenance Director stated that the residents affected have to shower on a different hall for the time being. He said he did not know if there was a policy or protocol about what to do when there is no hot/warm water available in a resident's room, But I know if it gets to a place where a resident doesn't want to be in the room, we can move them.</p> <p>Review of four bids provided by the ADM on 01/31/25 reflected they were obtained on 01/08/25 and 01/22/25 and varied in estimated amounts from \$12,482, \$16,850, \$25,000 and \$41,600 depending on the amount of work to be completed.</p> <p>An interview with ADON A on 01/31/25 at 11:23 AM revealed she was not aware there was no warm/hot water for six rooms at the end of Hall 400.</p> <p>An interview with CNA C on 01/31/25 at 12:37 PM revealed she worked double shifts on the weekends and picked up shifts during the week sometimes. She said she worked on the 400 Hall but did not know there was hot water in the rooms she was assigned. CNA C said she knew the shower was overflowing and blocked so residents were having to be showered on another hall. She said no residents had complained of no warm/hot water to her directly.</p> <p>An interview with LVN B on 01/31/25 at 1:04 PM revealed he was the charge nurse for hall 400 but was not aware there was no hot water available for six rooms until 01/31/25. LVN B stated the potential negative outcome of no warm/hot water was washing hands, killing germs and rinsing soap away could be less effective. He also said when administering medications via a g-tube, using warm water was better at dissolving the medications, because they don't dissolve as easily with cold water.</p> <p>A policy was requested for the water heater protocol from the ADM on 01/30/25 at 4:30 PM but he stated there was not one.</p> | | |