

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 04/17/2025
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 0584</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 a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents on 3 of 5 Halls (200, 300 and 400 Halls) reviewed for environmental concerns.</p> <p>The facility failed to ensure residents overhead light fixtures illuminated in the resident's bedrooms on hall 200 (Rm# 206,212, and 222), hall 300 (Rm# 301, 303, and 310) and hall 400 (Rm#405, 406 and 419).</p> <p>This failure could place residents at risk of not having a safe and functional environment.</p> <p>Findings included:</p> <p>Interview and observation on 04/16/25 at 8:00 AM Resident#1 and Resident#2 who shared a room stated it was hard to see in their room. Right side of the room overhead fixtures did not work at all. Left side of the room overhead light fixture had one working light bulb.</p> <p>Interview on 04/16/25 at 9:30 AM MD stated that he had been employed at the facility for 3 months. The MD stated the old fixtures did not provide adequate light in residents rooms. The MD stated the light in the residents' rooms did not read at 50-foot candle . The MD stated he is currently working on updating the lights in the resident's rooms to the required 50fc, but it would take some time and he did not know approximately how long it would take. The MD stated he did not have a light meter reader on him today but would bring one in.</p> <p>Observation on 04/17/25 between 3:45 PM and 4:30 PM the MD tested lighting in resident's rooms which revealed:</p> <ol style="list-style-type: none"> 1. Lighting measured between 20.3 fc and 25.4 fc in the resident's rooms on hall 200. Lighting was measured approximately 30 inches above the floor. Resident room that was randomly checked included rooms 206,212, and 222. 2. Lighting measured approximately 19.6 fc and 20.2 fc in the residents' rooms on Hall 400. Lighting was measured approximately 30 inches above the floor. Resident room that was randomly checked included rooms [ROOM NUMBER]. <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
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Lighting measured approximately 20.7 fc and 30.5 fc in residents' rooms on hall 300. Lighting was measured approximately 30 inches above the floor. Resident room that was randomly checked included rooms 405, 406 and 419.</p> <p>Attempted to do an observation and interview on 04/17/25 at 4:30 PM with Resident #1 and Resident#2 with MD. Resident#1 and Resident#2 stated they were asleep and to come back later.</p> <p>Interview on 04/17/25 at 4:45 pm the Administrator stated low lighting could result in trips and falls. The DON stated residents would not be able to see.</p> <p>Record review of the facility's policy and procedures revised August 2009 revealed Quality of Life-Homelike Environment read in part .Policy Statement: Resident are provided with a safe, clean, comfortable, and homelike environment and encouraged to use their personal belongings to extent possible . Comfortable and adequate lighting is provided in all areas of the facility to promote a safe, comfortable and homelike environment. The lighting design emphasizes:</p> <ol style="list-style-type: none"> 1. Sufficient general lighting in resident-use areas; 2. Task lighting as needed; 3. Reduction in glare (through use of light filters, no wax floors); 4. Even light levels; 		