

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 05/21/2025
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>45831</p> <p>Based on observation, interview and record review the facility failed to ensure the resident had a safe, clean, comfortable, and homelike environment which included but not limited to receiving treatment and supports for daily living safely for 4 of 6 shower rooms (100, 300, 400 and 500 halls) reviewed for environment.</p> <ol style="list-style-type: none"> The facility failed to ensure the 100, 300, 400 and 500 hall shower rooms were clean and free of trash and soiled towels. The facility failed to ensure the 100, 300, 400 and 500 hall shower rooms did not have broken and missing ceramic wall tiles. The facility failed to ensure unnecessary items (one wheelchair, two hangers, two pillows, and two empty plastic storage bins) were not stored in the 300 hall shower room. <p>These failures could place residents at risk of not having a safe, clean, sanitary, comfortable and homelike environment.</p> <p>Findings include:</p> <p>Observation on 05/21/2025 at 9:55 AM in the 100 Hall shower room revealed the following:</p> <ul style="list-style-type: none"> - one 7.5 oz bottle of skin and hair cleanser left out opened on the sink; - unidentified debris observed on the floor in two different corners; and - several broken and missing ceramic wall tiles <p>Observation on 05/21/2025 at 10:20 AM in the 300 Hall shower room revealed the following:</p> <ul style="list-style-type: none"> - half cup of coffee in an uncovered Styrofoam cup left on the sink; - one bottle of lotion left opened and one small clear plastic drinking cup which contained skin and hair cleanser left on the handrail; <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 05/21/2025
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>- one wheelchair, two hangers, two pillows, and two empty plastic storage bins left in the corner of the shower room; and</p> <p>- several broken and missing ceramic wall tiles</p> <p>Observation on 05/21/2025 at 10:45 AM in the 400 Hall shower room revealed the following:</p> <p>- one used large bath towel left on the sink;</p> <p>- one large bottle of lotion left on the handrail;</p> <p>- one opened gallon of skin and hair cleanser left out on the shower bed;</p> <p>- one used blue glove laying on the floor next to the wastebasket; and</p> <p>- several broken and missing ceramic wall tiles</p> <p>Observation on 05/21/2025 at 11:10 AM in the 500 Hall shower room revealed the following:</p> <p>- one opened gallon of skin and hair cleanser left on the floor in the shower area;</p> <p>- two dirty towels left on the floor; and</p> <p>- one overflowing wastebasket against the wall</p> <p>In an observation and interview on 5/21/2025 at 11:35 AM, the State Surveyor had CNA A accompany her to the shower rooms. CNA A stated she worked at the facility for one year. CNA A stated when toiletries were not being used, the items should be stored properly in the cabinet. She stated CNAs were supposed to clean the shower rooms after each use. CNA A stated some of the wall tiles needed to be repaired or replaced. CNA A stated the two hangers, the two pillows, the two empty plastic storage bins and the wheelchair needed to be removed from the shower room. CNA A stated residents risked infection or injury if the shower rooms were not maintained and cleaned properly.</p> <p>In an interview on 5/21/2025 at 2:30 PM with the MTD, he stated he started working at the facility in February 2025. He stated the building had been neglected for the past couple of years. The MTD stated they cleaned up and threw out a lot and were still actively working on it. The MTD stated they completed rounds and had already identified the concerns brought forward and was working on them. The MTD stated they brought maintenance from their sister facilities and started caulking of the broken tiles. The MTD stated the amount of work that had been neglected was too much to have completed in one week. The MTD stated they threw a lot of stuff away last week. The MTD stated it was an ongoing process until it was completed. The MTD stated he continued to in-service and encourage staff to use TELS (technology designed to create safer environments and enhance regulatory compliance). The MTD stated all the kiosks had the TELS system so when staff documented they could also submit a maintenance request at the same time. The MTD stated it was more work for him, but it needed to be reported so that they fixed it and not turn their heads from it. The MTD stated the more eyes they had on the issues the easier it was for him to know what was broken or wrong. The MTD stated it was a work in progress and their goal was to make the facility better for all residents and staff.</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 05/21/2025
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>In an interview on 5/21/2025 at 3:35 PM with the ADM, he stated he worked at the facility since November 2024. The ADM stated every shower room should be cleaned before and after each use. The ADM stated supplies should be placed back into the cabinets. The ADM stated unnecessary items (wheelchair, pillows, etc.) should not be stored in the shower rooms. The ADM stated the risk to residents was infection.</p> <p>Record review of the facility's policy titled Quality of Life-Homelike Environment, revised date of August 2009, reflected Residents are provided with a safe, clean, comfortable, and homelike environment and encouraged to use their personal belongings to the extent possible. The facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: a. cleanliness and order.</p> <p>Record review of the facility's policy titled Maintenance Service, revised date of December 2009, reflected Maintenance service shall be provided to all areas of the building, grounds, and equipment.</p> <p>1. The Maintenance Department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times.</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 05/21/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45831</p> <p>Based on observation, interview and record review the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen reviewed for Food and Nutrition Services.</p> <p>1) The facility failed to ensure food items were properly labeled and dated with the product's name.</p> <p>2) The facility failed to ensure food items were properly sealed when not in use.</p> <p>These failures could place residents at risk for food-borne illness and food contamination.</p> <p>Findings include:</p> <p>An observation on [DATE] at 11:50 AM revealed in the dry food pantry one large plastic container of rice (was not labeled with the product type or dated); one opened bag of potato chips wrapped in plastic wrap (was undated and not properly stored according to the facility's policy); one opened bag of tortilla chips wrapped in plastic wrap (was undated and not properly stored according to the facility's policy).</p> <p>An observation on [DATE] at 12:10 PM in the large refrigerator revealed two bags of opened bread (was not labeled, dated, nor properly stored); white gravy in a plastic container covered with plastic wrap (had a large hole in the plastic wrap); chopped up meat (was not labeled with the product type or dated); one opened pack of deli meat (was not labeled with the product name or dated); one large bowl was uncovered which contained chocolate pudding (was not labeled with the product name or dated).</p> <p>An observation on [DATE] at 12:30 PM in the walk-in freezer revealed an opened plastic bag with four meat patties (were not labeled with the product name or dated); two opened large packs of hamburger buns (was not labeled or dated) and one large roll of ground beef (was not labeled with the product name or dated).</p> <p>In an interview on [DATE] at 1:25 PM, the DM stated she worked at the facility for 3 days. The DM stated all kitchen staff were responsible for labeling and dating all items. The DM stated when staff opened anything, all unused products must be placed inside of a Ziplock bag or container and labeled and dated. The DM stated all leftover cooked items, must be stored in a closed container, labeled, and dated. The DM stated the brown substance in the large bowl was chocolate pudding the worker had just made for tonight's dinner. The DM stated frozen foods should be dated upon arrival to the facility. The DM stated if the frozen boxes were emptied all removed bags of that item, must be labeled, and dated. The DM stated based on her first 3 days of observations, she needed to in-service staff regarding proper labeling and dating. The DM stated serving residents expired food or food not properly stored according to the facility's policy could cause food poisoning and make the resident ill.</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 05/21/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>In an interview on [DATE] at 2:00 PM, DA A stated whenever stocked the food from the delivery truck, must date it. DA A stated any opened dry food must be placed in a container, properly labeled and dated. DA A stated any opened perishable food must be placed in a Zip Loc bag, labeled, and dated. DA A stated not following protocol could make the residents sick.</p> <p>In an interview on [DATE] at 3:20 PM, DA B stated the entire staff was responsible for labeling and dating opened containers and packages. DA B stated without a proper label and date, the next worker would not know when the items were placed there. DA B said the DM was in charge of overseeing the kitchen and she instructed them to label everything. DA B said failing to do so placed the residents at risk of becoming ill.</p> <p>In an interview on [DATE] at 3:35 PM, the ADM stated all food should be labeled, dated, and stored properly. The ADM stated the kitchen staff should know when food was made and what it was being used for at the time. The ADM stated this was important to prevent the residents from becoming ill. The ADM stated they must continue to educate staff on proper food storage and safety.</p> <p>Record review of the facility's policy titled Accepting Food Deliveries, published date of 2013, reflected Food deliveries will be accepted into the facility on ly by the following procedure . 4. Perishable foods will be properly covered, labeled, and dated and promptly stored in the refrigerator or freezer as appropriate.</p> <p>Record review of the facility's policy titled Food Storage, published date of 2013, reflected:</p> <p>.4. Plastic containers with tight-fitting covers must be used for storing cereals, cereal products, flour, sugar, dried vegetables, and broken lots of bulk foods. All containers must be legible and accurately labeled and dated .</p> <p>c. Food should be dated as it is placed on the shelves .</p> <p>13. Leftover food is stored in covered containers or wrapped carefully and securely. Each item is clearly labeled and dated before being refrigerated. Leftover food is used within 3 days or discarded.</p> <p>14. Refrigerated Food Storage . f. All foods should be covered, labeled, and dated. All foods will be checked to assure that foods (including leftovers) will be consumed by their safe use by dates, or frozen (where applicable), or discarded.</p> <p>15. Frozen Foods . c. All foods should be covered, labeled, and dated. All foods will be checked to assure that foods will be consumed by their safe use by dates or discarded.</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 05/21/2025
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 - Few</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>45831</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 1 of 1 walk-in freezer reviewed for environment.</p> <p>The facility failed to ensure the walk-in freezer was maintained to prevent the vent in the ceiling from dripping which caused a chunk of ice to form on the floor.</p> <p>This failure could affect all kitchen staff by placing them at risk for falls and slipping hazards inside the freezer.</p> <p>The findings include:</p> <p>Observation on 5/21/2025 at 12:30 PM, in the walk-in freezer revealed small pieces of ice and two large chunks of ice on the floor. There was one long icicle hanging from the vent in the ceiling of the freezer.</p> <p>In an interview on 5/21/2025 at 1:25 PM, the DM stated she had only worked at the facility for three days. The DM stated she had no idea how long the leak had been there. The DM stated she read in the Registered Dietician's notes, dated 9/30/24 (ice accumulation on floor); 12/13/24 (ice accumulation) and on 3/30/2025 ice all over the floor greater than 3 inches. The DM stated this was a hazard due to herself or her staff becoming injured.</p> <p>In an interview on 5/21/2025 at 2:30 PM with the MTD, he stated he was aware of the leak in the walk-in freezer. The MTD stated it was an ongoing issue and whenever there were water dripping he would break up the ice and clean it up. The MTD stated it was a lot worse so he contracted a company to come out to fix it. The MTD stated he climbed onto the roof and cleaned the coils a couple of weeks ago as preventative maintenance to see if it was the sealing on the bottom. The MTD stated staff could suffer an injury if they were to slip and fall due to ice accumulation.</p> <p>In an interview on 5/21/2025 at 3:35 PM with the ADM, he stated they were already addressing the ice accumulation. The ADM stated the tile on the freezer's floor was being updated. The ADM stated the ice used to be worse, but they had been working on it and their last step was to reinforce the seal. The ADM stated it was urgent that they finished fixing the issue causing the ice to accumulate. The ADM stated staff could become injured if they slipped and fell on the ice.</p> <p>Record review of the facility's policy titled Maintenance Service, revised date of December 2009, reflected Maintenance service shall be provided to all areas of the building, grounds, and equipment.</p> <p>1. The Maintenance Department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times .</p> <p>b. Maintaining the building in good repair and free from hazards .</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 05/21/2025
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 - Few</p>	<p>10. Maintenance personnel shall follow established safety regulations to ensure the safety and well-being of all concerned.</p>