| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675112 | A. Building<br>B. Wing | 07/26/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coral Rehabilitation and Nursing of Arlington | 1112 Gibbins Rd<br>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) |
|---|---|
| F 0600<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.<br><br>(continued on next page) |

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: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675112 | A. Building<br>B. Wing | 07/26/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coral Rehabilitation and Nursing of Arlington | 1112 Gibbins Rd<br>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) |
|---|---|
| F 0600<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure residents had the right to be free from abuse, neglect, misappropriation of resident property, and exploitation for 2 of 4 residents (Resident #1, Resident #2) reviewed for abuse and/or neglect.The facility failed to ensure Resident #1 was free from abuse when the call device was not functioning and available to call for immediate assistance when she was physically abused by Resident #2. A manual bell had been placed at Resident#1's door and in her drawer, but Resident #1 had not been instructed on how/when to use the bells. On 07/24/25 at 5:20 PM an Immediate Jeopardy (IJ) was identified. While the IJ was removed on 07/26/25 the facility remained out of compliance at a scope of no actual harm with a potential for more than minimal harm and a scope of isolated that was not an immediate jeopardy due to the facility's need to monitor the implementation and the effectiveness of their Plan of Removal. This failure could place residents at risk of abuse, neglect, and psychosocial harm.Findings included: Record review of Resident #1's admission record, dated 07/24/25, reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #1 had diagnoses which included, cognitive communication deficit (communication disorder stemming from cognitive impairments that affect a person's ability to communicate effectively), bipolar disorder (associated with episode of mood swings ranging from depressive lows to manic highs), calculus of kidney (small, hard deposit that forms in the kidneys and is often painful when passed), morbid (severe) obesity (a disorder that involves having too much body fat, which increases the risk of health problems), and paraplegia (condition characterized by the loss or impairment of motor and sensory functions in the lower half of the body). Record review of Resident #1's care plan dated 6/13/25 reflected the resident had limited physical mobility, does not walk, used manual wheelchair for locomotion, was totally dependent on staff for repositioning and turning in bed, and totally dependent on (2) staff for transferring. The care plan addressed Resident #1's behavior problem of cursing out the staff when she did not get her way, the facility was to monitor her daily/weekly and administer medications as ordered. The resident's plan did not address her rooming with resident #2, the staff involved in the decision were no longer working at the facility. Record review of Resident #2's admission record, dated 07/24/25, reflected a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #2 had diagnoses which included, a diffuse traumatic brain injury (widespread damage to the brain's white matter), major depressive disorder (persistently depressed mood or loss of interest in activities, causing significant impairment in daily life activities), epilepsy (a disorder in which nerve cell activity in the brain is disturbed causing seizures), chronic pain syndrome (persistent pain that last weeks to years by be caused by inflammation or dysfunctional nerves), bipolar disorder (associated with episode of mood swings ranging from depressive lows to manic highs), and antisocial personality disorder (a mental health disorder characterized by disregard for other people).Record review of Resident #2's care plan dated 6/13/25 reflected the resident required limited assistance by (1) staff tomove between surfaces, the resident did not walk, and resident used a manual wheelchair for locomotion. Resident #2's care plan addressed his psychiatric illness and refusing medications and services, staff were to monitor, encourage him to participate, inform him of the danger to his health if he did not participate, staff were to document his refusals. Resident #2's care plan did not address him rooming with Resident #1, the staff involved with that decision were no longer working at the facility. The plan addressed the facility educating Resident #2 on the dangers of sleeping in the bed with Resident #1. Resident #2's care plan did not address him leaving the facility, nor did it address any drug/alcohol use.Current MDS requested for Resident #1 and Resident #2 on 07/26/25 at 2:11 PM, and reminder sent on 07/28/25 at 5:16 PM. Received MDS for Resident #1 and Resident #2 on 07/29/25 at 5:04 PM the BIMS was blank.On 07/31/25 at 6:10 AM emailed Administrator-B and Director of Clinical Services and informed the MDS' for Resident's #1 and #2 had no BIMS and if the admission MDS could be provided. On 08/06/25 at 12:07 PM an email was sent to Administrator-B, the MDS for Residents #1 and #2 were requested and received, noting that Resident #1 and Resident #2 both had a BIMS of 15. Interview on 07/24/25 at 11:04 AM with Resident #1 revealed she and Resident #2 were roommates. She stated he was her fiance. She stated earlier in the day on 07/22/25, Resident #2 was upset with RN-A and called the police on him. She stated Resident #2 left to get some beer and brought it back to the room to drink. She stated another resident's friend gave Resident #2 drugs and when he came to the room to try to smoke it, she told him he could not smoke it and he got upset and began to beat on her. She stated she was yelling for help |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675112 | A. Building<br>B. Wing | 07/26/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coral Rehabilitation and Nursing of Arlington | 1112 Gibbins Rd<br>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) |
|---|---|
| F 0919<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Make sure that a working call system is available in each resident's bathroom and bathing area.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675112 | A. Building<br>B. Wing | 07/26/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Coral Rehabilitation and Nursing of Arlington | 1112 Gibbins Rd<br>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) |
|---|---|
| F 0919<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review, the facility failed to ensure the facility was adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area for four residents (Resident #1, Resident #2, Resident #6, and Resident #7) of 83 residents reviewed for resident call system in that: The facility failed to ensure the call lights in Resident #1's and Resident #2's shared room were in working order. Resident #1 was not able to use her call light to call for help when she was physically assaulted by her roommate, Resident #2. On 07/25/25 at 11:20 AM an Immediate Jeopardy (IJ) was identified. While the IJ was removed on 07/26/25 the facility remained out of compliance at a scope of isolated and a severity level of potential for more than minimal harm that was not immediate jeopardy due to the facility's need to monitor the implementation and the effectiveness of their Plan of Removal. The facility failed to ensure call lights were flashing outside Resident #6's and Resident #7's rooms to ensure staff knew the Residents needed assistance. This failure could place residents at risk of being unable to obtain assistance for activities of daily living or in the event of an emergency.Based on observations, interviews and record review, the facility failed to ensure the facility was adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area for four residents (Resident #1, Resident #2, Resident #6, and Resident #7) of 83 residents reviewed for resident call system in that: The facility failed to ensure the call lights in Resident #1's and Resident #2's shared room were in working order. Resident #1 was not able to use her call light to call for help when she was physically assaulted by her roommate, Resident #2.xOn 07/25/25 at 11:20 AM an Immediate Jeopardy (IJ) was identified. While the IJ was removed on 07/26/25 the facility remained out of compliance at a scope of isolated and a severity level of potential for more than minimal harm that was not immediate jeopardy due to the facility's need to monitor the implementation and the effectiveness of their Plan of Removal. The facility failed to ensure call lights were flashing outside Resident #6's and Resident #7's rooms to ensure staff knew the Residents needed assistance . This failure could place residents at risk of being unable to obtain assistance for activities of daily living or in the event of an emergency.Findings included:Record review of Resident #1's admission record, dated 07/24/25, reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #1 had diagnoses which included, cognitive communication deficit (communication disorder stemming from cognitive impairments that affect a person's ability to communicate effectively), bipolar disorder (associated with episode of mood swings ranging from depressive lows to manic highs), calculus of kidney(small, hard deposit that forms in the kidneys and is often painful when passed), morbid (severe) obesity (a disorder that involves having too much body fat, which increases the risk of health problems), and paraplegia (condition characterized by the loss or impairment of motor and sensory functions in the lower half of the body).Record review of Resident #1's care plan dated 6/13/25 reflected the resident had limited physical mobility, does not walk, used manual wheelchair for locomotion, is totally dependent on staff for repositioning and turning in bed, and totally dependent on (2) staff for transferring. Record review of Resident #2's admission record, dated 07/24/25, reflected a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #2 had diagnoses which included, a diffuse traumatic brain injury (widespread damage to the brain's white matter), major depressive disorder (persistently depressed mood or loss of interest in activities, causing significant impairment in daily life activities), epilepsy (a disorder in which nerve cell activity in the brain is disturbed causing seizures), chronic pain syndrome (persistent pain that last weeks to years by be caused by inflammation or dysfunctional nerves), bipolar disorder (associated with episode of mood swings ranging from depressive lows to manic highs), and antisocial personality disorder (a mental health disorder characterized by disregard for other people).Record review of Resident #2's care plan dated 6/13/25 reflected the resident requires limited assistance by (1) staff to move between surfaces, the resident does not walk, and resident uses manual wheelchair for locomotion.Record review of Resident #6's admission record, dated 7/24/25, reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #6 had diagnoses which included, Depression (the elevation or lowering of a person's mood), Anxiety (intense, excessive, and persistent worry and fear about everyday situations), Cognitive Communication Deficit (difficulties in communication arising from impairments), Type 2 Diabetes (long-term condition in which the body has trouble controlling blood sugar and using it for energy), and Parkinsonism |