

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 03/31/2026
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide pharmaceutical services to ensure the accurate acquiring, receiving, dispensing, and administering of all drugs to meet the needs of each resident of 1 of 4 residents reviewed for pharmacy services. The facility failed to ensure an expired Tylenol with Codeine tablet 300-30mg was removed from the 300 hall nurses' medication cart and disposed of. This failure could place residents at risk of receiving ineffective treatment, and potential medication error. Record review of Resident #1's Comprehensive MDS Assessment, dated 03/06/26, reflected Resident #1 was a [AGE] year-old male, admitted [DATE]. He had a BIMS score of 15, indicating intact cognition. The resident had diagnoses including muscle weakness, anxiety disorder, depression, seizures, and Post Traumatic Stress Disorder (PTSD). Record review of Resident #1's Comprehensive Care Plan, Revision on: 12/07/2025 reflected Resident #1 is at risk for alteration in comfort Related to: seizures, history of falls, Goal Resident #1's pain will not interfere with functional performance, activity engagement, and/or sleep patterns. Interventions Attempt Pain interview on admission and at least quarterly, observe for and report symptoms of pain such as crying, wincing, guarding, facial expressions etc., in cognitively impaired patients pain meds as ordered, report unrelieved pain to MD. Record review of Resident #1 's active physician orders, dated 08/31/2025, reflected Tylenol with Codeine#3 tablet 300-30mg (acetaminophen-codeine) Give 1 tablet by mouth every 6 hours as needed for pain. During an observation on 03/31/26 at 11:45 am, on 300 hall nurses' carts with LVN A revealed Resident #1's expired Tylenol with Codeine#3 tablet 300-30mg(acetaminophen-codeine) Medication expired on 03/09/2026. During an interview on 03/31/26 at 11:50 am, LVN A stated she was unaware Resident #1's Tylenol with Codeine#3 tablet 300-30mg was expired. She stated expired medication should be removed from the cart immediately and given to the DON for proper disposal by pharmacy. She stated the risk of expired medication in the cart was medication error by administering expired medication which would not be effective to treat the patients' symptoms. She stated the nurses and medication aides were responsible for checking the medication to ensure all medications were not expired. She stated she had been in-serviced on medication labeling and storage. During an interview on 03/31/26 at 12:00pm, with the ADON revealed the nurses and medication aides were responsible for checking the medications to ensure no medication was expired. She stated that the ADONs audited the medication carts weekly, then the Pharmacy consultant audited the carts every other month. She stated expired narcotics were to be removed from the cart immediately and given to the DON for proper disposal. She stated the risk to the patients was medication error by administering expired medication that could be ineffective to the residents' symptoms. She stated the nurses and the Medication Aides had been in-serviced on medication storage. During an interview on 03/31/26 at 2:50 pm, RN B stated she was unaware Resident #1's Tylenol with Codeine#3 tablet 300-30mg was expired. She stated the nurses and medication aides were responsible for checking the medications to ensure no medication was expired. She stated that the risk of an expired medication in the cart was administering it to the resident and the resident suffering side effects that could make them sick. She stated she had been in-serviced on (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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>medication storage. During an interview on 03/31/26 at 3:00pm the DON stated that expired medication was not supposed to be in the medication cart. The DON stated the risk would be administering expired medication to the resident that would not be effective. She stated nurses and Medication Aides were responsible for checking the medication to make sure there were no expired medications in the medication carts. The DON stated the ADONs audited the medication carts weekly, then the pharmacy consultant audited the medication room, and the medication carts every other month. She stated the nurses and the MAs had been in-serviced on medication storage. Review of Facility's Medication Storage policy revised 10/2023 reflected:Outdated, contaminated, or deteriorated medication and those in containers that are cracked soiled or without secure closure are immediately removed from stock and disposed according to the procedures for medication destruction, and reordered from the pharmacy, if a current order exists.</p>		