

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2025
NAME OF PROVIDER OR SUPPLIER Willow Park Rehabilitation Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 Fm 3220 Clifton, TX 76634	

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 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (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

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>**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 for 5 (Resident #6, Resident #11, Resident #57, Resident #84, and Resident #85) of 13 residents reviewed for abuse. The facility failed to ensure the safety of Resident #84 on 12/3/25 when Resident #11 hit him in the chest causing the resident to fall and hit the ground hard resulting in Resident #84 being sent out to the hospital for evaluation of injuries. The facility failed to ensure the safety of Resident #85 on 11/19/25 when Resident #11 punched him in the face. The facility failed to ensure the safety of Resident #6 on 11/22/25 when Resident #11 pushed him to the ground. The facility failed to ensure the safety of Resident #57 on 12/9/25 when Resident #11 hit him on the arm. An Immediate Jeopardy (IJ) was identified on 12/16/2025. The IJ template was provided to the facility on [DATE] at 4:45 PM. While the IJ was removed on 12/18/2025, the facility remained out of compliance at a scope of pattern and a severity level of no actual harm with potential for more than minimal harm that is not immediate jeopardy because all staff had not been trained on abuse/neglect. This failure placed residents at risk of abuse, trauma, and/or psychosocial harm. Findings included: Review of Resident #11's quarterly MDS dated [DATE] reflected a [AGE] year-old male who was admitted to the facility on [DATE] with the following diagnoses: Alzheimer's (mental deterioration), depression (persistent feelings of sadness and loss of interest), bipolar (periods of depression and abnormally elevated mood), anxiety (feelings of worry, nervousness, or unease), and mood disorder (imbalance of brain chemicals that can lead to long periods of extreme happiness, extreme sadness, or both). Resident #11 had a BIMS score of 01, indicating severely impaired cognition. His most current height was 6ft 9in and his weight was 238.4lbs. In section E - Behavior it was indicated that within the last 1 to 3 days Resident #11 exhibited physical behavioral symptoms toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually) Review of Resident #11's comprehensive care plan dated 12/16/2025 reflected, The resident is physically aggressive at times r/t Dementia can be combative with staff during care and also be resistant to care at times.08/06/2025 I have been physically aggressive with another resident.10/11/2025 I initiated physical aggression toward a peer.10/22/2025- I initiated physical aggression toward my peers and staff members X2 this day.10/23/2025- I initiated physical aggression toward my peers and staff members today11/15/2025- I initiated physical aggression toward my peers and staff members today. (while on 1:1)11/19/2025- I initiated physical aggression toward my peers and staff members today. (while on 1:1)11/22/2025- I initiated physical aggression toward my peer. (while on 1:1)12/03/2025- I initiated physical aggression toward my peer today. (while on 1:1)12/05/2025- resident became combative. After combative episode left knee skin tear noted. (while on 1:1)Resident #11 was put on 1:1 precaution on 11/11/2025 due to his behaviors with his peers. The goal was to have fewer episodes of aggressive behaviors, and no evidence of behavior problems (aggression/agitation and/or anxiety). The interventions listed were to anticipate and meet the resident's needs, caregivers to provide opportunity for positive interactions, attention, and to stop and talk with Resident #11 when passing, and to praise any indication of progress/improvement in behavior. Review of Resident #85's quarterly MDS dated [DATE] reflected a [AGE] year-old male who was admitted to the facility on [DATE] with the following diagnoses: heart failure (when the heart cannot pump enough blood to meet the body's needs), high blood pressure, high cholesterol, Alzheimer's disease (mental deterioration), stroke (when blood supply to part of the brain is cut off), anxiety (feelings of worry, nervousness, or unease), depression (persistent feelings of sadness and loss of interest), cardiac pacemaker (device implanted in the heart to help regulate the heart's rhythm), and muscle weakness. Resident #85 had a BIMS score of 03, indicating severely impaired cognition. Review of Resident #85's comprehensive care plan dated 10/23/2025 reflected he received physical aggression from his peer, and the goal was to be safe and free from injury, and the interventions were that Resident #85 was removed from the aggressor and assessed for injuries and that staff monitored for delayed injuries. The care plan also indicated that Resident #85 received physical aggression from a peer on 11/19/2025. Review of Resident #6's comprehensive MDS dated [DATE] reflected a [AGE] year-old male who was admitted to the facility on [DATE] with the following diagnoses: high blood pressure, arthritis (painful inflammation and stiffness of the joints), Non-Alzheimer's dementia (memory impairment and challenges in performing daily activities), anxiety (feelings of worry, nervousness, or unease), Post-Traumatic Stress Disorder (mental health condition that arises after experiencing or witnessing and extremely stressful or terrifying event) Resident #6 had a BIMS</p>		