

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676080	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/20/2025
NAME OF PROVIDER OR SUPPLIER  Town Hall Estates Arlington, Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE  824 W Mayfield Rd Arlington, TX 76015	

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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <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:  676080	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/20/2025
NAME OF PROVIDER OR SUPPLIER  Town Hall Estates Arlington, Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE  824 W Mayfield Rd Arlington, TX 76015	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure each resident received adequate supervision and assistive devices to prevent accidents for 1 of 1 resident (Resident #1) reviewed for accidents. The facility failed to provide Resident #1, who had dementia, with adequate supervision to prevent her from eloping from the facility on 11/03/25. The noncompliance was identified as past noncompliance. The Immediate Jeopardy began on 11/03/25 and ended on 11/03/25. The facility had corrected the noncompliance before the investigation began. This failure could place residents at risk of harm, severe injury, and possible death. Findings included: Record review of Resident #1's Quarterly MDS Assessment, dated 09/04/25, reflected she was an [AGE] year-old female who was admitted on [DATE]. She had a BIMS score of 08, indicating moderate cognitive impairment. Her MDS did not indicate she had any wandering behaviors. Her active diagnoses included Non-Alzheimer's Dementia (loss of cognitive functioning that interferes with daily life and activities) and Schizophrenia (a serious mental health condition that affects how people think, feel, and behave). Record review of Resident #1's Care Plan, revised on 11/04/25, reflected the following: Focus: Resident has Episodes of Unwanted Behaviors As Evidenced By: [sic] Walked away from the Facility [sic] without telling anyone. Interventions: Encourage to attend social activities of preference. Focus: Risk for Wandering/Elopement Identified. Interventions: Engage Resident in purposeful activity, Schedule time for regular walks/appropriate activity. Record review of Resident #1's Wandering Risk Assessment, dated 07/03/24, reflected she scored a 5 which was at moderate risk for wandering. Record review of Resident #1's Elopement Evaluation, dated 11/04/25, reflected the following: she had a history of elopement, had a history of elopement or attempted to leave the facility without informing staff, and she wandered. It also noted she went out of the facility today, ambulated with a walker. State; she was going to the store [sic]. Record review of Resident #1's Progress Notes reflected the following:- 11/03/25 at 5:06 PM, the SW wrote: Social Worker was notified that resident was observed outside of facility boundaries walking down the street after her routine time sitting outside for fresh air. This is the first known incident of wandering for this resident. Upon approach, resident reported that she was 'going down the street to the hospital for an injection.' Resident was calm and cooperative as staff escorted her safely back into the facility. Social Worker completed a Brief Interview for Mental Status (BIMS) assessment; resident [sic] scored 10/15, indicating moderate cognitive impairment. While being escorted back inside, resident stated, 'Please don't send me to live somewhere else because of this,' suggesting that she has some awareness and insight regarding the [sic] incident and potential consequences. Social Worker provided re-education to resident on the importance of notifying staff when desiring to go for a walk or leave the facility area so that staff can provide appropriate supervision and support to ensure her safety. Resident verbalized understanding and agreement with this plan. Attempted to contact [Resident #1's RP] to inform of incident; no answer, voicemail message left requesting return call. No adverse psychosocial or physical effects noted as a result of this incident. Social Services will continue to monitor and provide support as needed. - 11/03/25 at 9:30 PM, LVN A wrote: Resident tries to leave the facility when she was let out by staff to sit outside for a bit as per resident's request. Resident was brought back to the facility without any concern noted or voice. [sic] This writer asked resident where she was going, resident states ' I [sic] was going to get something from the store' This [sic] writer called RP. no [sic] response. Resident is sitting at the nursing station at this time. Will continue to monitor. - 11/04/25 at 6:06 AM, LVN B wrote: Resident monitored this shift q 15min continues slept most of the shift no any concerns voiced wctm [sic] - 11/04/25 at 12:52 PM, the SW wrote: SW met with resident to follow up regarding the wandering incident noted on 11/3/25. Resident was observed to be doing well, pleasant, and cooperative during the visit. No adverse psychosocial issues or changes in behavior were noted or reported at this time. Resident denied feelings of anxiety or distress. SW will continue to monitor and provide support as needed.- 11/05/25 at 2:59 PM, the SW wrote: SW completed a second follow-up visit with resident to provide ongoing support and assess for any arising needs related to the prior wandering incident. Resident remained calm, oriented, and engaged appropriately during the interaction. No new behavioral concerns or psychosocial issues were identified. Resident reported feeling comfortable and well-adjusted in the current environment. SW offered continued emotional support and reminded resident to seek staff assistance if feeling restless or disoriented. SW will continue routine monitoring and support. Record review of a Provider Investigation Report dated 11/04/25 reflected the following: Description of the</p>		