STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676080	A. Building B. Wing	06/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town Hall Estates - Arlington, Inc.	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 1 of 4 residents (Resident #1) reviewed for infection control.CNA A failed to appropriately change gloves, perform hand hygiene, and provide a clean brief while providing incontinence care to Resident #1 on 06/24/26.This failure could place residents at risk for cross-contamination. Findings included:Record review of Resident #1's comprehensive MDS assessment, dated 04/08/26, reflected a [AGE] year-old female, who was admitted to the facility on [DATE] and readmitted on [DATE]. Resident #1 had a diagnosis which included hypertension (high blood pressure). The resident's cognition was moderately impaired with a BIMS score of 11, and she was always incontinent for bowel and bladder.Record review of Resident #1's Care Plan, dated 01/12 /26, reflected Resident #1 was incontinent of bowel and bladder. The care plan reflected: Goal: No occurrence of skin breakdown will occur over the next 90 days . intervention: Monitor for incontinence every 2 hours and as needed, change promptly-cleanse and apply a protective skin barrier to skin During an observation on 06/24/26 at 10:39 AM, CNA A entered Resident #1's room to provide the resident with incontinence care. After explaining the procedure to Resident #1, she washed her hands, put on two pairs of gloves, and put supplies together. CNA A then unfastened the resident's brief. She wiped the resident's abdominal folds and perineal area (area between the genitals and anus). She then positioned Resident #1 on her side and wiped the resident's buttocks and thighs. Resident #1's had a bowel movement (feces). While wearing the same gloves, CNA A picked up a clean brief from the floor and placed it on Resident #1 and applied zinc oxide (barrier cream) with the same gloves. She then removed one pair of gloves and fastened the brief. She removed her gloves, washed hands, left Resident #1's comfortable, bed low and call light within reach and left the room. During an interview on 06/24/26 at 10:57 AM, CNA A revealed she forgot to change gloves and perform hand hygiene when she provided care to Resident #1. CNA A stated she was expected to change gloves and wash hands, between care if her gloves were soiled, but she forgot. She also said she was not supposed to put on two pairs of gloves while providing care and she was not supposed to pick up a brief from the floor and put it on Resident #1. CNA A said she was supposed to complete hand hygiene, change soiled gloves, and provide a clean brief during incontinence care to prevent cross contamination. She stated failure to change gloves, when soiled, wash her hands, and provide a clean brief, could lead to cross contamination and infection. During an interview on 06/24/26 at 02:37 PM, ADON B revealed she expected staff to change gloves during incontinence care, when soiled, and not to wear two pairs of gloves. The ADON stated CNA A was supposed to change soiled gloves, complete hand hygiene, and use a clean brief, while providing Resident #1 with incontinence care to prevent cross contamination and infection. ADON B stated the nursing staff were offered in-service training on hand hygiene/infection control, but she could not recall when. Copies of training were provided.During an interview on 06/24/26 at 02:51 PM, the DON revealed she expected staff to complete hand hygiene before, during, and after incontinence care. She said CNA A was supposed to change gloves to (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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	perform hand hygiene during care since Resident #1 had a bowel movement, and when moving from dirty to clean. She said she was not supposed to pick a brief from the floor and put it on a resident. She stated she could have picked a clean one. She said staff were expected to change soiled gloves and perform hand hygiene to prevent the spread of infection. The DON stated the nursing staff were offered an in-service training on hand hygiene/infection.Record review of the facility training's on 06/24/26 revealed proper incontinent care procedure training dated 01/30/26 and CNA A was not in attendance.Record review of the facility's Hand washing/Hand Hygiene policy, dated August 2025, reflected: .6.Wash Hands with soap (antimicrobial or non-antimicrobial) and water for the following situations:a. When hands are visibly soiled.7. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: .h. Before moving from a contaminated body site to a clean body site during resident care.