STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676141	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Matlock Place Health & Rehabilitation Center	7100 Matlock Rd Arlington, TX 76002

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. (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
	676141	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Matlock Place Health & Rehabilitation Center	7100 Matlock Rd Arlington, TX 76002

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that all alleged violations involving abuse of residents are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury to HHSC for 1 of 5 residents (Resident #1) reviewed for abuse. The facility failed to report, within 2 hours, to the SA after Resident #1 alleged sexual abuse to her Mental Health Habilitator on [DATE], who then notified the facility the same day on [DATE]. The facility did not report Resident #1's allegation to law enforcement, nor the SA. This failure could place residents at risk of abuse, physical harm, mental anguish, and emotional distress. Findings included:Record review of Resident #1's admission record, dated [DATE], reflected she was a [AGE] year-old female who was admitted to the facility on [DATE] and had diagnoses including Bipolar Disorder (brain disorder causing extreme mood swings), Cognitive Communication Deficit (impaired thinking skills), Impulse Disorder (difficult to control your actions or reactions), Dementia (group of symptoms affecting memory, thinking and social abilities), Down Syndrome (genetic condition causing developmental delays and learning challenges), Glaucoma (irreversible vision loss), Major Depressive Disorder (mood disorder), Unspecified Speech Disturbances (slurred, broken, or disorganized speech). Record review of Resident #1's quarterly MDS assessment, dated [DATE], reflected she had a BIMS score of 5, which indicated she had severe cognitive impairment. Resident #1's functional abilities section indicated she was dependent on staff for her personal hygiene and required partial/moderate assistance with dressing and eating. Resident #1 always had urinary and bowel incontinence. Record review of Resident #1's care plan, revised [DATE], reflected Resident #1 verbalized an event related to sexual abuse the resident experienced in her younger years - resident on occasion relives trauma. Some of the interventions included: -Provide the resident with consistency, predictability and choice making opportunities, remind resident she is safe. -Resident is triggered by safe surveys and trauma assessments, do not interview resident about trauma, she will relive it in that moment. Record review of Resident #1's care plan, revised [DATE], reflected Resident #1 had a behavior problem r/t Down Syndrome and would report allegations of abuse from other residents and staff on occasion, have been determined to be false on investigation. Some of the interventions included: -Minimize potential for the resident's disruptive behaviors by offering tasks which divert attention.-Explain all procedures to the resident before starting and allow the resident to adjust to changes.-If reasonable, discuss the resident's behavior. Explain/reinforce why behavior is inappropriate and/or unacceptable to the resident. Record review of TULIP intake for Resident #1 indicated information date received on [DATE] at 11:23 AM, read that the allegation of abuse was made on [DATE] at 09:00 AM (2 hours prior). Caller information indicated that the reporter of the allegation was the HAB. The intake stated, The HAB came to work with [Resident #1]. Before any services could be provided, [Resident #1] was crying and told HAB that They raped me. The HAB inquired immediately about names, timeframes, and other details. The HAB asked [Resident #1] multiple times for additional information; however, [Resident #1] was only able to provide the limited information below. On [DATE] at 9:00 AM, Resident #1 reported a white man, after dinner, hit my head. In addition, Resident #1 showed gestures of penetration by moving her arms and pelvis to reenact the rape. Additional details were unknown to Resident #1 when probed further by the HAB. The HAB reports that Resident #1 was unable to provide other demographics about the white male, unable to articulate an exact date or timeframe of the rape, and not able to provide details about a head injury. On [DATE], after 9:00 AM, after the above interaction, the HAB informed facility [ADON] about what just occurred. The [ADON] was not concerned and told the HAB that it was a recurring behavior history that [Resident #1] exhibits. On [DATE], after 9:00 AM, the [ADON] left and came back informing the HAB that he looked in [Resident #1's] facility file to see if there was any documentation indicating that [Resident #1] had been raped recently. The [ADON] reported to the HAB that [Resident #1] has a tendency to have flashbacks of when she was previously raped and is possibly reliving it. The HAB remains concerned that a rape potentially occurred recently due to allegations of rape not being a pattern of behavior that [Resident #1] has exhibited in front of the HAB in the past. Since 2024, the HAB has never observed any type of flashback behaviors or allegations of rape from [Resident #1] while working with her as indicated by the [ADON]. The HAB wishes for [State Surveyor] to confirm if a rape occurred or if it was a previous memory as indicated by the [ADON]. Observation on [DATE] at 9:30 AM revealed Resident #1 sitting in the lobby in her wheelchair. Resident #1 appeared happy as she