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	06/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Matlock Place Health & Rehabilitation Center	7100 Matlock Road 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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents for 2 of 6 residents (Resident#1, and Resident#2) reviewed for accommodation of needs.The facility failed to ensure the call light system was within reach of the Resident #1 and Resident #2 on 06/30/2026. This failure could place residents in the facility at risk of being unable to obtain timely assistance form staff. Findings included:1. A record review of Resident #1's quarterly MDS assessment dated [DATE] reflected Resident #1 was an [AGE] year-old female admitted to the facility on [DATE] and readmitted on [DATE] with the diagnosis of: hypertension (elevated blood pressure), neurogenic bladder (a loss of bladder control caused by nerve damage), Non-Alzheimer's Dementia (a broad group of brain disorders causing cognitive decline), and muscle weakness (Generalized). Resident#1 had a BIMS score of 15 of 15 indicating intact cognition. A record review of Resident #1's Comprehensive Care Plan dated 01/13/26 reflected Focus: [Resident#1] has Impaired Physical Mobility related to general weakness. Goal: Resident will be able to perform activity within Physical Limits. Interventions: . Ensure call light is available to Resident. Observation on 06/30/26 at 09:30 AM revealed Resident#1 was sitting by the foot edge of the bed and asking for help to use the bathroom. Resident#1 could not reach the call light button laying in the floor at bed side. Resident#1 could not reach the call light. The call light on Resident#1's roommate side was pressed, and LVN A entered the room to answer the call light. LVN A located the call light on the floor. LVN A took the call light from the floor and placed it next to Resident#1in the bed, then called an aide to take Resident#1 to the bathroom. Interview on 06/30/26 at 09:33 AM, LVN A stated the call light was not within Resident#1's reach. LVN A stated call light should always be within residents reach. LVN A stated the risk to residents not getting help on time, were falls, and possible injury. LVN A stated it was the responsibility of all the staff to make sure the call light was within resident's reach before exiting the room. 2. A record review of Resident #2's quarterly MDS assessment dated [DATE] reflected Resident #2 was a [AGE] year-old female admitted to the facility on [DATE] and readmitted on [DATE] with the diagnosis of: Non-Alzheimer's Dementia (a broad group of brain disorders causing cognitive decline), and muscle weakness (Generalized). Resident#1 had a BIMS score of 06 of 15 indicating severe cognitive impairment. A record review of Resident #2's Comprehensive Care Plan dated 04/03/26 reflected Focus: [Resident#2] has IMPAIRED COGNITION, MEMORY LOSS ANDIMPAIRED DECISION MAKING related to Dementia. Goal: [Resident#2] will be able to communicate basic needs on a daily basis through the review date. Interventions. Ensure/provide a safe environment: Call light in reach, Adequate low glare light, Bed in lowest position and wheels locked, Avoid isolation Encourage to discuss feelings about self-care deficit. Observation on 06/30/26 at 10:44 AM revealed Resident#2 was lying in bed, awake, and watching TV. Resident#2's special call light device was on the floor, under the head of the bed. Resident#2's roommate turned her call light on, and the DON entered the room to answer the call light. Resident#2's call light on the floor, and the DON took the call light from the floor and clipped it to Resident#2's linen next to her. Interview on 06/30/26 at 10:48 AM, the DON stated all call lights (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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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	needed to always be within reach of the resident. The DON stated the risk to the residents, if they could not reach the call light, was they could not call for help, and they will not get the help they need. In an interview on 06/30/26 at 1:25 PM, the Administrator stated it was the responsibility of every staff to make sure the call light device was within resident reach before leaving the room. The administrator stated the risk to residents, if the call light was not within resident reach, or did not work properly was the residents could not call for help. Review of the facility's policy titled Answering the Call Light, revised 09/2022 revealed PurposeThe purpose of this procedure is to ensure timely responses to the resident's requests and needs. General Guidelines1. Upon admission and periodically as needed, .5. Ensure that the call light is accessible to the resident when in bed, from the toilet, from the shower or bathing facility and from the floor.