STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675051	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakeview Rehabilitation & Healthcare Center	502 East Coke Rd Winnsboro, TX 75494

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview the facility failed to ensure all drugs were stored in a locked compartment, only accessible by authorized personnel, and labeled and dated correctly for 2 of 2 medication cart observed for medication storage and for medication labeling. The facility failed to ensure insulin was dated when opened on the medication/nurse cart for the East Hall. The facility failed to ensure that insulin was labeled with a resident name the medication/nurse cart for the [NAME] Hall. These failures could place residents at risk for not receiving drugs and biologicals as needed, not receiving the right medication, medications being used passed their effective or expiration date, and a drug diversion.Findings included: 1. During an observation on [DATE] at 9:01 am, the medication/nurse cart on the East Hall A Lantus Solostar Pen (pre-filled long-acting insulin pen used to treat and manage diabetes) was not dated with the opened date. During an interview on [DATE] at 9:05 a.m., LVN A said she did not know why the insulin was not dated. LVN A said insulin should be dated with the date it was open because it was only good for 28 days after opening. 2. During an observation on [DATE] at 9:07 a.m., the medication/nurse cart on the [NAME] Hall had a Tresiba FlexTouch pen (pre-filled long-acting insulin pen used to treat and manage diabetes) without a resident name or opened date. During an interview on [DATE] at 9:08 a.m., LVN B said the Tresiba (insulin pen) was probably out of the emergency kit. LVN B said insulin from the emergency kit should be labeled with the name of the resident it was for and dated with an open date, so the wrong person did not get the wrong medication and because insulin pens are only good for 28 days after opening. During an interview on [DATE] at 1:32 p.m., the DON said she expected insulin pens that were labeled by the pharmacy with a resident's name on it to be dated when it was opened. The DON said if the nurses pulled an insulin pen out of the emergency kit, she expected the insulin pen to be labeled with the resident's name and date of birth who it was pulled for from the emergency kit and dated with the date it was opened. The DON said insulin was only good for 28 days after being opened. The DON said the importance of ensuring insulin was dated when it was opened was to ensure a resident was not given expired or ineffective medication. The DON said the importance of ensuring each insulin pen was labeled with the correct resident name was to ensure the right person was receiving the right medication. Record review of the facility's Medication Administration policy last revised [DATE] indicated, Medications are administered in a safe and timely manner, and as prescribed.Insulin pens containing multiple doses of insulin are for single-resident use only. Changing the needle does not make it safe to use insulin pens for more than one resident. Insulin pens are clearly labeled with the resident's name or other identifying information. Prior to administering insulin with an insulin pen, the nurse verifies what the correct pen is used for that resident.

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