STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675870	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lindan Park Care Center LP	1510 N Plano Rd Richardson, TX 75081

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. Based on observation, interviews, and record review the facility failed to ensure all drugs and biologicals were stored in locked compartments and permit only authorized personnel to have access to the keys for one (medication cart #1) of 6 medication carts reviewed for storage of medications.The facility failed to ensure medication cart #1 was locked while unattended on 06/04/26.This failure could place residents at risk of having access to unauthorized medications and/or lead to possible harm or drug diversions. Findings included:An observation on 06/04/26 at 8:10 PM revealed medication cart #1 was unlocked and unattended with no staff within eyesight of medication cart #1. All drawers could be opened, and medication and supplies (needles, gauze, ointments, etc.) could be easily accessed. In an observation and interview on 06/04/26 at 8:15 PM, with LVN B she stated medication cart #1 belonged to her. LVN B locked medication cart #1. LVN B said she had allowed MA A to get supplies out of medication cart #1, unaware it was not locked after the supplies were obtained. LVN B said by not locking medication cart #1 residents can get into the cart and have access to medications.In an interview on 06/04/26 at 8:20 PM, MA A returned to medication cart #1 to return the supplies she used. MA A saw medication cart #1 was locked. MA A stated LVN B was right there, as she pointed to a resident's room next to the medication cart. Observed MA A could not see LVN B with the curtain pulled closed. MA A stated she should have locked medication cart #1. MA A stated the worst that could have happened would be a resident taking medication that did not belong to them, getting sick.In an interview on 06/04/26 at 8:25 PM, the DON stated that her expectation was medication cart#1 was always locked unless it was in use. The DON stated that any staff member could lock medication cart #1 if they observed it unlocked. The DON stated the MA A is expected to lock medication cart #1 after getting supplies from it and returning supplies to the cart. DON stated it was important for medication cart #1 to be locked when not in use to not allow access when a nurse is not using medication cart #1.Review of the facility policy titled Storage of Medications dated Reviewed December 2025 reflected: 7. Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes.) containing drugs and biologicals shall be locked when not in use, and trays or carts used to transport such items shall not be left unattended if open or otherwise potentially available to others.

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