

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676029	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2025
NAME OF PROVIDER OR SUPPLIER Westpark Rehabilitation and Living		STREET ADDRESS, CITY, STATE, ZIP CODE 900 Westpark Way Euless, TX 76040	

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)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>41218</p> <p>Based on observation, interviews, and record review the facility failed to ensure all drugs and biologicals were stored securely for one (treatment cart #1) of 1 treatment carts reviewed for storage of medications.</p> <p>The facility failed to ensure treatment cart #1 was locked while unattended.</p> <p>This failure could place residents at risk of having access to unauthorized medications and/or lead to possible harm or drug diversions.</p> <p>Findings included:</p> <p>An observation on 04/01/25 at 2:36 PM revealed, treatment cart #1 was unlocked and unattended. All drawers could be opened and supplies (bandages, gauze, scissors, etc) could be easily accessed. 1 resident in a wheelchair was observed within approximately 5 feet from the treatment cart.</p> <p>In an interview and observation on 04/01/25 at 2:40 PM, with DON revealed that treatment cart #1 was unlocked and all drawers were able to be opened with supplies easily accessible. The DON stated that staff member had just stepped away. The DON stated her expectation was when the treatment cart was not in use that the treatment cart was locked. The DON stated it was important to ensure that the treatment cart was locked when not in use, so people do not get inside the cart and access medication.</p> <p>Review of facility policy titled Medication Access and Storage / Drug Destruction last revised on 07/2023 reflected: It is the policy of this facility to store all drugs and biological in locked compartments under proper temperature controls. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications Only licensed nurses, the consultant pharmacist and those lawfully authorized to administer medications (e.g., medication aides) are allowed access to medications. Medication rooms, carts, and medication supplies are locked or attended by persons with authorized access.</p>

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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