STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676029	A. Building B. Wing	03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westpark Rehabilitation and Living	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)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure resident received services in the facility with reasonable accommodation of resident needs for 2 of (Resident #1 and Resident #2) 7 resident rooms reviewed for reasonable accommodations. The facility failed to ensure the call light was accessible to Resident #1 and Resident #2 when lying in bed. This failure could place residents at risk of being unable to have a means of directly contacting caregivers.Findings Included: Record review of Resident #1's face sheet, dated 03/18/26, reflected an [AGE] year-old female who was admitted to the facility on [DATE]. Resident #1 had diagnoses which included: cerebral infraction (a type of ischemic (blood clot block artery) stroke), type 2 diabetes mellitus (body resist insulin or fails to produce enough), vitamin deficiency (body lacking sufficient iron), pure hypercholesterolemia (genetic disorder with high bad cholesterol levels), vascular dementia (decline in thinking skills), mood affective disorder (mental health condition characterized by long-term emotional disturbances), Alzheimer's disease (incurable neurological disorder characterized by memory loss, cognitive decline and behavioral changes), insomnia (difficulty falling asleep or staying asleep), hypertension (blood pushing too hard against artery walls), muscle weakness (a reduction in physical strength), neuralgia (intense, sharp, stabbing and burning pain along a damaged nerve) and neuritis (inflammation of a nerve), lack of coordination (muscle movements are clumsy or unsteady), cognitive communication deficit (difficulty with verbal or non-verbal communication), aphasia (a language disorder cause by brain damage), adult failure to thrive, and need for assistance with personal care. Record review of Resident #1's MDS assessment, dated 12/30/25, reflected BIMS a score of 05, which indicated severe cognitive impairment. The MDS assessment under Section GG-Functional Abilities reflected Resident #1 needed setup or clean-up assistance with eating, supervision or touching assistance with oral hygiene, substantial assistance with upper body dressing and personal hygiene. Record review of Resident #1's care plan, date initiated 12/24/25, reflected Resident #1 was at risk for falls related to an unstable gait. Interventions included: Ensuring the call light was within reach and encouraging to use it to call for assistance, keeping needed items within reach, maintaining a clear pathway, free of obstacles, and a safe environment including floors free from spills and/or clutter, glare-free light, working and reachable call light, bed in a low position at night, side rails as ordered. Further review reflected Resident #1 had an actual fall on 01/27/26. Interventions included: educating resident how to use call light for assistance and neuro-checks as ordered. Record review of Resident #2's face sheet, dated 03/18/26, reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #2 had diagnoses which included: Alzheimer's disease (incurable neurological disorder characterized by memory loss, cognitive decline and behavioral changes), dementia (decline in mental ability), mild protein-calorie malnutrition (nutritional deficiency characterized by inadequate intake of protein and calories), muscle weakness (a reduction in physical strength), age-related osteoporosis (a condition where bones become brittle and fragile), unsteadiness on feet, cognitive communication deficit (difficulty with verbal or non-verbal communication), dysphagia (difficulty swallowing), lack of coordination (muscle movements are clumsy or unsteady), contracture right and left knee (permanent, abnormal tightening or shortening of muscles, tendons, skin or tissues), (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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(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 - Some	weakness, normal pressure hydrocephalus (brain disorder causing excess cerebrospinal fluid buildup in the brain's ventricles), constipation (infrequent bowel movements or difficulty passing stool), major depressive disorder (persistent feelings of sadness, loss of interest in activities, and various emotional and physical problems), insomnia (difficulty falling asleep or staying asleep), seizures (sudden, uncontrollable electrical surges in the brain), cataract (clouding of the eye's natural lens), generalized anxiety disorder (persistent, excessive and uncontrollable worry), hypothyroidism (underactive thyroid gland), gastro-esophageal reflux disease (chronic digestive disorder where stomach acid frequently flows back into the esophagus), and visual hallucinations (perceptions of objects, shapes, people, or lights that are not actually present). Record review of Resident #2's MDS assessment, dated 03/02/26, reflected a score of 09, which indicated moderate cognitive impairment. The MDS assessment under Section GG-Functional Abilities reflected Resident #2 setup or cleanup assistance with eating, partial assistance with oral hygiene and upper body dressing and substantia assistance with showering and bathing. Record review of Resident #2's care plan, date initiated 10/18/23, reflected Resident #2 had alteration in musculoskeletal status, had contractures and tightness, impairment to range of motion of bilateral shoulders, spine, neck, hip and knees. Interventions included: anticipating and meeting need, ensuring call light was within reach and responding promptly to all requests for assistance, assisting with gentle passive/active range of motion as tolerated, educating resident/family/caregivers on joint conservation techniques, giving analgesics as ordered by physician, monitoring for fatigue, monitoring/documenting for risk falls, and monitoring/documenting/reporting to MD PRN signs and symptoms or complications related to arthritis. In an interview and observation on 03/17/26 at 3:39 PM, Resident #2 stated she had to wait a long time for staff to assist her whenever she did use her call light. Resident #2 stated she was not always able to use her call light because it was not near her. She stated sometimes she needed to use her call light to have staff put her in bed. She stated her roommate sometimes went to get staff to help her when her call light was not near. An observation revealed Resident #2's call light was not in her bed. Further observation revealed Resident #2's call light was on the floor behind a mat that was against her wall. In an interview and observation on 03/17/26 at 4:19 PM, Resident #1 stated she could not call staff when she needed assistance. Resident #1 stated she did not have a way to call staff to her room because she did not have a call light. Resident #1 stated she asked a guy about her call light and was told that she did not have one. Resident #1 stated she did not know who the staff was that she asked. Resident #1 stated she had not had a call light for some time, but did not know exactly how long it had been. During an observation, call light was not found on the bed or within Resident #1's side of the room. Further observation revealed Resident #1's call light was on the side of her roommate's bed intertwined with her roommate's call light. In an interview and observation on 03/17/26 at 4:27 PM, the DON removed Resident #1's call light from Resident #1's bed and placed it on Resident #1's bed within reach. The DON stated she did not know how it got attached to Resident #1's roommate bed. In an interview and observation on 03/17/26 at 4:30, the DON found Resident #2's call light that was placed on the floor behind a mat that was against the wall. The DON placed the call light on Resident #2's bed within reach. She stated she did not know how it got on the floor, but it should be on Resident #2's bed. She stated if the call light was not within reach, the risk was that the resident was unable to call for assistance. Record review of the facility policy, Call Light/Bell, revised 08/03/2021, reflected in part the following: Policy: It is the policy of this facility to provide the resident a means of communication with nursing staff. Procedures: 1. Answer the light/bell within a reasonable time.2. Listen to the resident's request/need. 3. Respond to the request. If the item is not available or you are unable to assist, explain to the resident and notify the charge nurse for further instructions.4. Leave the resident comfortable. Place the call device within residents' reach before leaving the room. If the call light/bell is defective, immediately report this information to the unit supervisor.