

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676268	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Villages of Lake Highlands		STREET ADDRESS, CITY, STATE, ZIP CODE 8615 Lullwater Dr Dallas, TX 75238	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44786</p> <p>Based on interview and record review, the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights, that included measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that were identified in the comprehensive assessment for 1 of 5 residents, (Resident #1) reviewed for care plans.</p> <p>The facility failed to ensure Resident #1's care plan reflected the resident's primary diagnosis of cancer.</p> <p>This failure could place the residents at risk of not receiving adequate care.</p> <p>Findings included:</p> <p>Record review of Resident #1's face sheet, date 08/19/24, reflected Resident #1 was a [AGE] year-old male, who admitted to the facility on [DATE]. Resident #1 had a diagnoses which included Malignant Neoplasm of Right Kidney (cancer of the kidney), Pneumonia (bacterial infection of the lungs), Acute Respiratory Failure with Hypoxia (low oxygen level of body tissue), Severe Protein/Calorie Malnutrition, Type 2 Diabetes Mellitus with Diabetic Chronic Kidney Disease, Secondary and Unspecified Malignant Neoplasm of Lymph Nodes of Multiple Regions (cancer of the lymph nodes), Anemia, Thrombocytosis (high platelet count in blood), Hypercalcemia (too much calcium in the blood), Hyperkalemia (too much potassium in the blood), Essential Hypertension (High Blood Pressure), Myocarditis (inflammation of the heart wall), Pleural Effusion (build up of fluid between the lungs and chest wall), Malignant Pleural Effusion (cancer between the lungs and chest wall cavity), Multisystem Inflammatory Syndrome (inflamed internal and external body parts), Acute Kidney Failure (sudden decline of kidney function), Chronic Kidney Disease Stage 3 (damaged kidneys), and Hematuria (blood or blood cells in the urine).</p> <p>Record review of Resident #1's Care Plan with an initial date of 07/11/24 did not address Resident #1's diagnosis of Kidney Cancer or Lymph Node Cancer.</p> <p>Record review of Resident #1's MDS, dated [DATE], did not reflect a BIMS score or the cancer diagnosis.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676268	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Villages of Lake Highlands		STREET ADDRESS, CITY, STATE, ZIP CODE 8615 Lullwater Dr Dallas, TX 75238	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 08/19/24 at 2:54 PM, The DON stated the cancer diagnosis was addressed by addressing some symptoms of the cancer. She stated they did not address the cancer specifically on the care plan.</p> <p>In a follow-up interview on 08/20/24 at 2:32 PM, the DON stated the facility had an RN initiated care plan that is tailored by MDS Nurse B for each resident. The DON stated MDS Nurse B signed off on the care plans once the plans were completed. The DON stated Resident #1 did not have a baseline care plan. She stated they started the comprehensive care plan a day or so after he admitted to the facility, so the baseline care plan was not done. The DON stated she believed the system generated the care plan from the resident's listed diagnoses, and it pulled the cancer diagnosis over as a general diagnosis. The DON stated that was when it was up to a nurse to go in and specify and that is where MDS Nurse B would have started. The DON stated she believed it was a system issue, as to why the cancer did not populate on Resident #1's care plan. She stated the issue now had their attention, and they were working on ensuring the care plans are more detailed. The DON stated she felt there was no risk, because the nurses knew the resident's diagnosis and treated Resident #1. The DON stated the physician orders were in the system, so they did not have to look at the care plan. The DON stated the care plan provided an overall view of care for Resident #1 and set goals.</p> <p>In an interview on 08/20/24 at 2:55 PM, MDS Nurse B stated she was responsible for the resident care plans. She stated she did not generate the care plans. MDS Nurse B stated RNs generated the initial care plans for residents. She stated the initial part of the care plans was not her responsibility, but cancer should have been listed on the care plan for Resident #1. MDS Nurse B stated she was at the end of the care plan process and was not sure if Resident #1's care plan was completed, as he had recently admitted to the facility.</p> <p>In an interview on 08/20/24 at 3:05 PM, Chief Nursing Officer C stated she did not feel there was a risk of Resident #1's cancer not being addressed on his care plan. She stated all nurses were aware of his diagnosis, and she did not feel the staff would have done anything differently. Chief Nursing Office C stated the triggers on the care plan are completed by nursing staff. She stated the comprehensive assessment is completed within 14 days of admission, and Resident #1's comprehensive care plan was initiated within 24-48 hours of his admission.</p> <p>In an interview on 08/20/24 at 3:18 PM, Chief Executive Officer D stated he did not feel there was a risk with the cancer not being addressed on Resident #1's comprehensive care plan. He stated he believed chronic illness was addressed on the care plan.</p> <p>Record review of the facility's policy, dated 2001, with a revision date of 03/22 and titled, Care Plans Comprehensive-Person Centered, reflected the following:</p> <p>Policy Statement</p> <p>A comprehensive person-centered care plan that includes measurable objectives and timetable to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.</p> <p>Policy Interpretation and Implementation</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676268	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Villages of Lake Highlands		STREET ADDRESS, CITY, STATE, ZIP CODE 8615 Lullwater Dr Dallas, TX 75238	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. The interdisciplinary team, in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident.</p> <p>2. The comprehensive, person-centered care plan is developed within 7 days of the completion of the required MDS assessment (Admission, Annual or Significant Change in status), and no more than 21 days after admission.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676268	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Villages of Lake Highlands		STREET ADDRESS, CITY, STATE, ZIP CODE 8615 Lullwater Dr Dallas, TX 75238	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44786</p> <p>Based on interview and record review the facility failed to ensure the resident was free of any significant medication errors for one (Resident #1) of five residents reviewed in that:</p> <p>The facility failed to ensure Admitting Nurse E added Resident #1's medication order correctly for Cabozantinib, a medication for cancer, to the electronic record. As a result, the facility did not administer the correct amount of Cabozantinib to Resident #1 from 07/11/24-07/13/24.</p> <p>These failures could place residents at risk of not receiving their medications as ordered or possible illness.</p> <p>Findings included:</p> <p>Record review of Resident #1's face sheet, date 08/19/24, reflected Resident #1 was a [AGE] year-old male, who admitted to the facility on [DATE]. Resident #1 had a diagnoses which included Malignant Neoplasm of Right Kidney (cancer of the kidney), Pneumonia (bacterial infection of the lungs), Acute Respiratory Failure with Hypoxia (low oxygen level of body tissue), Severe Protein/Calorie Malnutrition, Type 2 Diabetes Mellitus with Diabetic Chronic Kidney Disease, Secondary and Unspecified Malignant Neoplasm of Lymph Nodes of Multiple Regions (cancer of the lymph nodes), Anemia, Thrombocytosis (high platelet count in blood), Hypercalcemia (too much calcium in the blood), Hyperkalemia (too much potassium in the blood), Essential Hypertension (High Blood Pressure), Myocarditis (inflammation of the heart wall), Pleural Effusion (buildup of fluid between the lungs and chest wall), Malignant Pleural Effusion (cancer between the lungs and chest wall cavity), Multisystem Inflammatory Syndrome (inflamed internal and external body parts), Acute Kidney Failure (sudden decline of kidney function), Chronic Kidney Disease Stage 3 (damaged kidneys), and Hematuria (blood or blood cells in the urine).</p> <p>Record review of Resident #1's MDS, dated [DATE], did not reflect a BIMS score or the cancer diagnosis.</p> <p>Record review of the Resident #1's hospital document dated 06/15/24, reflected an order for Cabozantinib (Cabometyx) 60 MG tablet, to be given daily before dinner.</p> <p>Record review of Resident #1's orders noted on the facility's electronic record, dated 08/19/24, reflected the following:</p> <p>Cabozantinib S-Malate oral tablet 60 MG</p> <p>Give one tablet by mouth before meals related to dependence on renal dialysis</p> <p>Order date 07/10/24</p> <p>Start date 07/11/24</p> <p>End date 07/13/24</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676268	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Villages of Lake Highlands		STREET ADDRESS, CITY, STATE, ZIP CODE 8615 Lullwater Dr Dallas, TX 75238	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Cabozantinib S-Malate oral tablet 60 MG</p> <p>Give one table by mouth in the afternoon related to dependence on renal dialysis</p> <p>Order date 07/13/24</p> <p>Start date 07/14/24</p> <p>Administrative order to hold 07/13/24</p> <p>Record review of Resident #1's Medication Administration Record, dated July 2024, on the resident's electronic record reflected the following:</p> <p>Canzantinib S-Malate oral tablet 60 MG was marked as given to Resident #1 on:</p> <p>07/11/24 at 7:30 and 16:30 (4:30 PM)</p> <p>07/12/24 at 11:30 and 16:30 (4:30 PM)</p> <p>07/13/24 at 7:30 and 16:30 (4:30 PM)</p> <p>Starting on 07/16/24, the medication was marked as given once a day at 16:00 (4:00 PM)</p> <p>There was an exception marked on 07/11/24 at 11:30 as 1.</p> <p>There was an exception marked on 07/12/24 at 7:30 as 9</p> <p>There was an exception marked on 07/13/24 at 11:30 as 1</p> <p>The exception codes noted on the medication administration record for 1 was absent from home without meds and 9 was Other/ See progress notes</p> <p>Record review of the progress notes on Resident #1' electronic record for 07/12/24, reflected no progress note for the medication exception.</p> <p>In an interview on 08/19/24 at 11:46 AM, Family Member stated the resident admitted to the facility on [DATE], and from 07/10/24 to 07/13/24 the facility had been giving Resident #1 his cancer medications 3 times a day instead of once a day. Family Member stated the family provided the order and the cancer medication to the facility. Family Member staed the medication was mail ordered to the family's house. Family Member stated Resident #1 was not doing well after dialysis, so a call was made to the facility to check on Resident #1. Family Member stated ADON mentioned giving Resident #1 cancer medications three times a day, and Family Member said it should have only been once a day. Family Member said ADON said they would check into it. Family Member stated on 07/22/24 Resident #1 went to the hospital from the facility, and he was diagnosed with mini strokes. Family Member stated Resident #1 did not return to the facility and passed away on 07/28/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676268	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Villages of Lake Highlands		STREET ADDRESS, CITY, STATE, ZIP CODE 8615 Lullwater Dr Dallas, TX 75238	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In a group interview on 08/19/24 at 2:54 PM, the DON stated Nurse E was the one responsible for adding the order incorrectly for Cabozantinib, to Resident #1's electronic record. Chief Nursing Officer C stated she was never able to get a statement from Nurse E, because she was a no call no show. Chief Nursing Officer C stated she never returned to work. Chief Nursing Officer C stated Nurse E is the one that documented the admission of Resident #1. The DON stated Resident #1's family member was the one that let the staff know the medication order was incorrect and the resident should only receive one dose per day of the Cabozantinib. The DON stated the facility contacted the oncologist, and the oncologist told the facility to hold the medication and to watch for side effects like blood pressure. The DON stated the only side effect noted and observed was diarrhea. The DON stated a couple of days later the oncologist told the facility to start the medication back as ordered.</p> <p>In a follow-up interview on 08/20/24 at 2:32 PM, the DON stated the nurse managers were generally responsible for adding the admission orders, but any nurse could do it. She stated all nurses were trained on how to properly add new medication orders to the resident's electronic record. She stated the assistant directors of nursing were responsible for verifying orders were added correctly. The DON stated the verification should happen daily. She stated she encouraged the nurses to go over medications with the resident's responsible party as well. The DON stated since the incident with Resident #1's medication, all nurses had been retrained on adding orders, neglect, and medication administration. The DON stated the risk of Resident #1 receiving the wrong amount of the medication varied, and one risk was the resident's blood pressure increasing.</p> <p>In a follow-up interview on 08/20/24 at 3:05 PM, Chief Nursing Officer C stated there was always a risk to the resident when a higher than ordered dosage was given. She stated the only side effect noted for Resident #1 was diarrhea.</p> <p>In a follow-up interview on 08/20/24 at 3:18 PM, Chief Executive Officer D stated he felt it was not a major risk of Resident #1 receiving the wrong dosage of medication, because the oncologist was contacted, and the resident was monitored for adverse effects. He stated the only adverse effect was diarrhea. Chief Executive Officer stated Nurse E did not return to work after being a no call no show. He stated all other staff were retrained on medication administration, adding admitting orders, and following the physician's orders.</p> <p>Record review of the policy titled, Adverse Consequences and Medication Errors dated 2001 with a revision date of 02/2023 reflected the following:</p> <p>Policy Statement</p> <p>The interdisciplinary team monitors medication usage in order to prevent and detect medication-related problems such as adverse drug reactions and side effects.</p> <p>Policy Interpretation and Implementation</p> <p>2. The staff and practitioner strive to minimize adverse consequences by:</p> <p>a. Following relevant clinical guidelines and manufacturer's specifications for use, dose, administration, duration, and monitoring of the medication;</p> <p>Medication Errors</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676268	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Villages of Lake Highlands		STREET ADDRESS, CITY, STATE, ZIP CODE 8615 Lullwater Dr Dallas, TX 75238	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. A 'medication error' is defined as the preparation or administration of drugs or biological which is not in accordance with physician's orders, manufacturer specifications, or accepted professional standards and principles of the professional(s) providing services.</p> <p>2. Examples of medication errors include:</p> <p>c. Wrong dose</p> <p>3. A 'significant medication-related error' is defined as:</p> <p>a. Requiring medication discontinuation or dose modification</p>