

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 08/28/2025
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</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

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure that residents received treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices when they failed to ensure physician orders were communicated and carried out in a timely manner for 1 of 4 residents reviewed (Resident #1).The facility failed to check Resident #1's blood sugar twice a day per physician orders from 08/06/25 to 08/13/25. On 08/13/25 Resident #1 had a FSBS of 34 resulting in her being sent to the hospital for emergency interventionAn IJ was identified on 08/27/25. While the IJ was removed on 08/28/25, the facility remained out of compliance at a scope of pattern and a severity level of potential for more than minimal harm because the facility was continuing to monitor the implementation and effectiveness of their Plan of Removal.This failure could place residents at risk of experiencing a medical emergency and transfer to the hospital for treatment.Findings included:Record review of Resident #1's quarterly MDS, dated [DATE], revealed a [AGE] year-old female who admitted on [DATE]. Her cognitive skills for decision making were that she sometimes understood and sometimes was able to make her needs understood, she had no BIMS score documented. Her diagnoses included mechanical complication of surgically created arteriovenous fistula(complications that can cause issues such as poor fistula function, limb swelling(edema) or heart failure due to increased workload of the heart), methicillin-susceptible Staphylococcus aureus (a bacterial infection caused by Staphylococcus aureus bacteria), dependency on renal dialysis (a life-sustaining treatment that filters waste and excess fluid from the blood when the kidneys can no longer do), heart failure (a condition where the heart cannot pump blood effectively enough to meet the body's needs), renal insufficiency (a condition where the kidneys do not function properly, leading to a decreased ability to filter waste products from the blood and maintain fluid balance), diabetes mellitus (a chronic metabolic disease characterized by persistently high blood sugar (glucose) levels), and cerebrovascular accident (a medical condition that occurs when blood flow to the brain is interrupted, causing brain tissue damage). Record review of Resident #1's care plan, initiated 08/13/2025, reflected the following: Focus: Risk for Infection. Intervention: Administer antibiotic therapy as prescribed, Educate Resident/Representative on infection control practices. Record review of Resident #1's physician orders for August 2025 reflected the following: Please check fingerstick BID. Verbal . Active .Order date of 08/06/25 and no start date.Record review of Resident #1's physician orders for August 2025 reflected the following: ceFAZolin Sodium(antibiotic primarily used to treat bacterial infection used before, during or after surgery) Injection Solution Reconstituted 1GM (Cefazolin Sodium) Use 1 gram intravenously in the morning every Mon, Tue, Wed, Thu for bacteremia until 09/12/2025 23:59 Administered via HDVerbal Active 08/08/2025 08/11/2025 with stop date 09/12/2025. ceFAZolin Sodium Injection Solution Reconstituted 1GM (Cefazolin Sodium) Use 2 gram intravenously one time a day every Fri for Infection Administered via HD Verbal Active 08/08/2025 08/15/2025. Record review of Resident# 1's MAR dated 08/26/2025 reflected Insulin Degludec FlexTouch Subcutaneous Solution Pen injector 200 UNIT/ML (Insulin Degludec) Inject 20 unit subcutaneously (under the skin) one time a day for DM -Start Date- 08/06/2025 0800.The only FSBS documented was with insulin administration. The was no order noted on the MAR for FSBS BID. Record review of Resident #1's Progress Notes, written by LVN A, reflected the following:08/13/25 at 7:10AM - The Resident was noted to be unresponsive to verbal stimuli. Resident opened her eyes to physical stimuli but was unable to respond to verbal questions. Resident could normally interact fully with staff at baseline. B/P 138/64, pulse 82, O2 at 95 on 2L via nasal cannula with crackles noted on exhalation FSBS noted to be 34 (considered dangerously low) administered fast acting carbohydrate orally, blood sugar remained low. Resident was noted to have redness to bilateral feet and hands. 911 emergency call and resident was transported to [Name] hospital for a further evaluation. I spoke with [NAME](daughter) via phone to inform her regarding this situation. During a telephone interview on 08/26/2025 at 10:10 AM, Resident #1's FM revealed that Resident#1 was admitted [DATE] to the facility because she needed to be on antibiotics for an infection in her dialysis shunt. The FM stated that the facility called her the morning of 08/13/2025 and told her Resident #1 was found unresponsive, her blood sugar was low and was transferred to [Name] a hospital in Dallas. She stated after the hospital stay, Resident#1 did not return to the facility but was transferred home on hospice. She stated Resident #1 had a diagnosis of Diabetes Mellitus with end renal stage disease, yet the facility did not check Resident #1's blood sugar for more than twelve hours. She stated she was told the</p>		