STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676276	A. Building B. Wing	09/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakewest Rehabilitation and Skilled Care	2450 Bickers St Dallas, TX 75212

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48560 Based on observation, interview, and record review the facility failed to ensure that a Resident who needs respiratory care was provided such care, consistent with professional standards of practice for 1 of 2 (Resident #1) reviewed for respiratory care The facility failed to ensure Resident #1 Oxygen humidity bottle and nasal cannula were labeled or dated. These failures could place the resident at risk for respiratory infection and not having their respiratory needs met. The findings were: Review of Resident # 1's Admission MDS assessment dated [DATE] reflected Resident #1 was a [AGE] year-old female readmitted to the facility on [DATE]. Relevant diagnoses included, Anemia, Cirrhosis (a condition in which the liver is scarred and permanently damaged), hepatic failure without Coma and Septicemia (a condition of liver failure without changes in mental status and without infection). Resident had BIMS Score of 14 which signifies Resident #1 had intact cognition. Review of Resident #1's care plan dated 9/4/2024 reflected, Focus: [Resident #1] is resistant to care related to SOB (shortness of breath) , has order for Oxygen at 2 L/min as needed however [Resident #1] will remove Oxygen cannula even though he is SOB. Goal: [Resident #1] will cooperate with care related to SOB. Interventions: Allow the residents to make decision about treatment regimen to provide sense of control. Review of Resident #1's Physician order dated 9/4/2024 Oxygen at 2 L/min via Nasal Cannula PRN (as needed) for SOB as needed Administrate Oxygen 10 liters via nonrebreather mask PRN for SOB, Cyanosis (bluish or purple discoloration of the skin, lips or nail beds caused by lack of oxygen in the blood) , Respiratory distress, Labored breathing, Tachypnea no improving with the use of Oxygen via nasal cannula and notify MD. Review of Resident #1's Physician order dated 9/4/2024 , revealed Oxygen at 2 L/min via Nasal Cannula as needed for SOB. Every night shift every Sunday for Oxygen. Change and label water humidification and nasal cannula tubing weekly every Sunday night shift. Date bottle and tubing. Keep nasal cannula bagged when not in use. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676276	A. Building B. Wing	09/04/2024

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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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #1's Physician order dated 8/15/2024 revealed , Admit to local Hospice agency for evaluation and treatment. Observation on 09/04/24 at 10:07 AM revealed that Resident #1 was sleeping in the room. Oxygen concentrator was running and there was no date or label on the oxygen humidifier bottle as well as the nasal cannula tubing. In an interview on 09/04/24 at 10:10 AM Resident #1 stated that he had been on oxygen therapy on an intermittent basis for last few days since he went on hospice. In an observation and interview on 9/4/24 at 10:12 AM with the DON who was in the hallway outside Resident #1's room stated that she observed that there was no date and label on the oxygen tubing and humidifier. She stated that all the oxygen equipment should be labeled and dated and went to locate the nursing staff on the floor. In an observation and interview on 9/4/2024 at 10:23 AM with LVN A revealed that she changed and dated Resident #1's Nasal cannula tubing as well as the humidity bottle. After completing the task, she stated, Nurses were responsible for changing and dating humidifier bottle and nasal cannula tubing and it was done on weekly basis and as needed. She stated if Oxygen supplies were not dated , it could lead to increased risk of infection to the residents. She stated that Resident #1 was on Oxygen therapy when she checked on Resident #1 around 7:15 AM when she started her shift for the day. LVN A stated that it was brought to her attention that the Oxygen supplies were not dated or labeled by the DON just now and she proceeded to change it. In an interview on 9/4/24 at 2:31 PM with the DON, she stated her expectation was that all oxygen equipment be dated and labeled. She stated that Nighttime nursing staff was responsible for changing and dating oxygen supplies every Sunday every week. The DON stated risk to residents for not changing Oxygen supplies was lapses in infection control. The DON added that she ensured that Quality of Care among resident was maintained by educating the Nurses on Oxygen administration and checking on residents on daily basis. She also stated that facility did not have specific policy for labeling and dating oxygen equipment and was a part of professional standards of nursing practice. Review of Facility policy titled , Oxygen Administration , revised 10/2023, reflected .Oxygen is administered to residents who need it, consistent with professional standards of practice, the comprehensive person-centered care plans, and the resident's goals and preferences .