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	06/13/2025

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to store all drugs and biologicals in locked compartments and permit only authorized personnel to have access for one (Resident room [ROOM NUMBER]) of three resident rooms reviewed. The facility failed to ensure Resident #1 swallowed and consumed all of her pills and supplements prior to leaving Resident #1 alone in her room on 06/13/25 with the medications. During a medication pass, medications must be under the direct observation of the person administering the medications. This failure could place residents at risk of having access to unauthorized medications and/or lead to possible harm or drug diversion. Findings included: Record review of Resident #1's Face Sheet, dated 06/13/25, reflected a [AGE] year-old female, with an initial admission date of 08/09/23 and a re-admission date of 06/10/24. Resident #1 had a diagnosis of Paraplegia (paralysis of lower legs and body), Type 2 Diabetes (body does not produce enough insulin or cannot properly use insulin), Osteomyelitis (bone infection), Muscle Weakness, Cognitive Communication Deficit (Difficulties in communication), Schizoaffective Disorder (hallucinations, delusions and mood episodes), Bipolar Disorder (extreme shifts in mood, energy, and activity levels), Major Depressive Disorder (persistent sadness, loss of interest, and difficulty functioning), Anxiety Disorder (excessive fear and worry), Pruritis (itching of the skin), and Essential Hypertension (high blood pressure). Record review of Resident #1's Medication Administration Record dated for June 2025, dated 06/13/25, reflected Resident #1 received the following medications, as scheduled, on the morning of 06/13/25: Multivitamin Arginaid Oral Packet with 8 ounces of water (nutritional supplement) Aspirin Low Dose Oral Tablet 81 MG Citalopram Hydrobromide Oral Tablet 20 MG (for depressive episodes) (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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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Docusate Sodium Oral Capsule 100 MG (for constipation) Duloxetine HCL Oral Capsule Delayed Release Sprinkle 60 MG (for Major Depressive Disorder) Metformin HCL Oral Tablet 500 MG (for Diabetes) Movantik Oral Tablet 25 MG (for constipation) Seroquel Oral Tablet 100 MG (for Schizoaffective Disorder, Bipolar type) Gabapentin Oral Capsule 300 MG (for chronic pain) Hydroxyzine HCL Oral Tablet 25 MG (for Pruritis) Alprazolam Oral Tablet 1 MG (for Anxiety Disorder) Cyclobenzaprine HCL Oral Tablet 10 MG (for chronic pain) All of the above morning medications, scheduled for 7 AM or morning, were marked as given, as scheduled, on the Medication Administration Record by the Medication Aide. In an observation and interview on 06/13/25 at 1:17 PM, Resident #1 was laying in her bed, with her tray table next to her, on the left side. On the tray table were two small, clear cups, the resident's plate of lunch, and a cup of orange-yellowish colored liquid in a clear cup, with a wooden stick in it. One cup had one pill and the other cup had six pills. Resident #1 stated she did not know what all the pills were, but she stated one of the pills was Gabapentin (medication used generally to prevent seizures or nerve pain). Resident #1 stated the staff usually waited with her to swallow her medication. She stated the medication had been there since this morning and stated the Medication Aide just put the pills and Arginaid (liquid nutritional supplement) down and left the room. In an interview with the ADM and the DON on 06/13/25 at 2:08 AM, the DON stated the Staffing Coordinator told her there were pills on Resident #1's tray table. The DON stated she went to Resident #1's room and removed the pills. The DON stated she asked the Medication Aide if she watched Resident #1 take her pills or if she saw any pills on her tray table after she initially passed the medications, and the DON stated Medication Aide told her, she did not see any pills in Resident #1's room. The DON stated the risk of leaving pills in a resident's room and not ensuring the medication was taken was Resident #1 not receiving the medication as ordered, which could exacerbate a symptom. The ADM stated she agreed with the risks the DON mentioned. In an interview on 06/13/25 at 2:34 PM, the Medication Aide stated she was the staff member that passed medications on Resident #1's hall. She stated she thought she watched Resident #1 take all of her pills this morning. The Medication Aide stated she was trained to watch all residents to ensure they took their medication. She stated if a resident refused their medication, she was trained to take the medication back with her to the medication cart. The Medication Aide stated she did give the Arginaid to Resident #1, but it was around lunch time when she gave it to her. The Medication Aide stated the risk of leaving medications with the residents was another residents or family member could get the pills and take them. The Medication Aide stated it could be an overall health risk to the resident if the pills were not taken as ordered or if it was taken at the wrong time. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of the facility's policy titled, Medication Administration, with an original date of 12/2020 and a revision date of 01/2025 reflected the following: Policy: Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection. 18. Observe resident consumption of medication.