

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676276	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2025
NAME OF PROVIDER OR SUPPLIER Lakewest Rehabilitation and Skilled Care		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. (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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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to incorporate recommendations from a PASRR (Preadmission Screening and Resident Review) evaluation report into a resident assessment, care planning, and transition of care for one (Resident # 22) of one resident reviewed for PASRR services. The facility did not initiate the application process for the Durable Medical Equipment / Customized Wheelchair for Resident #22 within twenty days, per PASRR recommendations made during the PASRR Care plan meeting held on 05/08/2025. This failure could place residents at risk of not receiving specialized PASRR services which would enhance their highest level of functioning and could contribute to residents decline in physical, mental, and psychosocial well-being. Findings included: Record review of Resident #22's quarterly MDS assessment dated [DATE] revealed she was a [AGE] year-old female with an initial admission date of 04/26/2021, diagnoses included unspecified intellectual disabilities (significant limitations in intellectual functioning and adaptive behaviors), Schizophrenia (a mental disorder disrupts thought process, perception, emotional responsiveness and social interactions), Diabetes Mellitus (Elevated blood sugar levels). Resident #22 had a BIMS score of 8 indicating moderate cognitive impairment. Resident #22 required substantial/maximal assistance with personal hygiene and partial/moderate assistance with chair/bed-to-chair, toilet transfers. Resident #22 used a manual wheelchair for ambulation, and she was frequently incontinent of urine and bowel. Record review of Resident #22's comprehensive care plan with a revision date of 01/15/2025 reflected she was at risk for falls and injury related to confusion, weakness and unsteady gait. Interventions: . Resident (Resident #22) needs prompt response for all requests for assistance. Encourage resident (Resident #22) to participate in activities of choice that promote exercise, physical activity for strength, improved mobility and socialization. Rehab screen/evaluate and treat as indicated for therapeutic exercise and safety measures. Care Plan Initiated date 05/19/2021 reflected Resident #22 was PASRR MI/ID positive and receives services through PASRR. Observation and interview with Resident #22 on 08/06/2025 at 10:17 AM, revealed she was sitting in her wheelchair in the front lobby area. Resident #22 stated the wheelchair was not comfortable to sit, hard to move the wheels with her hands, and she used her legs to roll it. Resident #22 stated she was waiting to get her new wheelchair. Record review of Resident #22's PASRR Comprehensive Service Plan Form dated 05/08/2025 revealed a quarterly meeting was held, attended by the Coordinator with PASRR program, Director of Rehab, social worker, and Resident #22. The Specialized Services Information section revealed a Customized Manual Wheelchair was added as a new service for Resident #22. Telephone interview on 08/06/2025 at 11:04 AM Resident #23's Coordinator with PASRR program revealed, a quarterly care plan meeting was held at the facility on 05/08/2025 was attended by the facility Director of Rehab, Social Worker and Resident #22, in that meeting a customized Manual Wheelchair was added as a new service for Resident #22. The Director of Rehab was responsible to initiate the application process within 20 days, as per the state regulation, to make sure Resident #22 received the new wheelchair in a timely manner. She stated she checked the status of the application, and it was not initiated within the 20 days from 05/08/2025, resident had not received the new wheelchair yet. She stated the wheelchair Resident #22 used at that time was big, and that increased the risk for falls. Interview on 08/06/2025 at 12:23 PM, the Director of Rehab revealed she was working at the facility since 2024. She stated Resident #22 currently used an inappropriate size wheelchair, which increased Resident #22's risk for falls and injuries. She stated she received a recommendation for a new customized wheelchair for Resident #22 through PASRR services during the quarterly care plan meeting held on 05/08/2025, attended by the Coordinator with PASRR program, Director of Rehab, social worker and Resident #22. Director of Rehab stated she was responsible to initiate the application process within 20 days from the date PASRR service was recommended (05/08/2025) as per the state regulations, but she initiated it on 07/31/2025, because she was not able to coordinate with all parties to finish the application process. She stated resident #22 did not have any falls from her wheelchair and at that time the application was pending state approval. The Director of Rehab stated she and her employees received in services on abuse, neglect, resident rights every month and after each incident. Interview on 08/06/2025 at 12:48 PM, Certified Occupational Therapy Assistant revealed it was important to have appropriate size wheelchair for all residents to ensure their safety, not having appropriate size wheelchair increased the risk for pressure sores, fall risk mobility issues. He stated the Director of Rehab was responsible to order customized wheelchair</p>		