

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676474	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2025
NAME OF PROVIDER OR SUPPLIER Le Reve Rehabilitation & Memory Care		STREET ADDRESS, CITY, STATE, ZIP CODE 3309 Dilido Road Dallas, TX 75228	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>43843</p> <p>Based on observation, interview, and record review, the facility failed to ensure medication was stored securely on 1 of 1 medication cart (hall100) reviewed.</p> <p>The facility did not ensure Hall 100 medication cart was locked when unattended.</p> <p>This failure could place residents who reside on hall 100 at risk of drug diversion.</p> <p>Findings Include:</p> <p>Observation on 03/21/2025 at 4:30 AM revealed a medication cart parked on hall 100 and the lock was in the open (unlocked) position. The surveyor was able to open the cart drawers.</p> <p>Observation and interview on 03/21/2025 at 4:32 AM revealed LVN A exited a resident room and approached the medication cart. LVN A stated he was assigned to the medication cart, and it was unlocked.</p> <p>Interview on 03/21/2025 at 5:42 am with LVN A revealed, the medication cart contained wound care supplies, resident medications and narcotics. He stated he forgot to lock the medication cart and that it should always be locked when he walked away from it. He stated the risk was someone could walk by and get into the cart.</p> <p>Interview on 03/21/2025 at 10:10 AM with the DON revealed, the expectation was the medication cart should be locked when staff was not directly working with the cart. It was a HIPPA concern and a medication concern. The risk was a visitor, resident, or inappropriate personnel would get into the cart.</p> <p>Interview on 03/21/2025 at 11:00 AM with Administrator revealed, the medication cart should be locked if it was out of site and not actively working in the cart.</p> <p>Review of policy Storage of Medication revised on April 2019 revealed, the facility stores all drugs and biologicals in a safe, secure, and orderly manner.9. Unlocked medication carts are not left unattended.</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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