STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676474	A. Building B. Wing	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Le Reve Rehabilitation & Memory Care	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)
F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on interview and record review, the facility failed to use the services of a registered nurse for at least 8consecutive hours a day, 7 days a week for 7 of 31 days in March 2026 reviewed for RN coverage. The facility failed to ensure they had an RN on duty on 03/05/2026 (Friday), 03/06/2026 (Saturday), 03/11/2026 (Wednesday), 03/17/2026 (Tuesday), 03/18/2026 (Wednesday), 03/23/2026 (Monday) and 03/24/2026 (Tuesday). This failure placed residents at risk of missing nursing assessments, interventions, care and treatment. Findings included: Record review of March 2026 Time Card Report dated 03/01/2026 to 03/31/2026 reflected zero hours worked by an RN on 03/05/2026 (Friday), 03/06/2026 (Saturday), 03/11/2026 (Wednesday), 03/17/2026 (Tuesday), 03/18/2026 (Wednesday), 03/23/2026 (Monday) and 03/24/2026 (Tuesday). In an interview on 04/01/2026 at 12:46 p.m. the Human Resource/Staffing Coordinator stated the previous DON had been terminated on 02/28/2026 and that it was her responsibility to schedule an RN at least 8 hours every day. The Human Resource/Staffing Coordinator stated she did her best to schedule an RN there but there were times when she could not find anyone to cover the shift and would have to have an LVN to cover the shift instead. In an interview on 04/01/2026 at 1:14 p.m. the Administrator stated she had started the day before and that she had hired a DON that would start in 2 weeks. She stated her expectation was that the facility would have an RN at least 8 hours per day every day. She stated the risk to the residents was that the nurse may not be able to provide the needed care. Record review of the facility's policy titled Director of Nursing Services, dated August 2006 reflected the following: The Nursing Services department is under the direct supervision of a Registered Nurse. The Director is a Registered Nurse licensed by this state and has experience in nursing service administration, rehabilitative and geriatric nursing. The Director is responsible for assessing the nursing requirements for each resident admitted and assisting the attending physician in planning for the resident's care. The Administrator was not able to provide a policy regarding 8 hours of RN coverage prior to exit.

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