STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676480	A. BUILDING _____ B. WING _____	**04/02/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MESQUITE VILLAGE HEALTHCARE CENTRE	**825 W. KEARNEY STREET MESQUITE, TX 75149**

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** - Some	**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 eight consecutive hours a day, seven days a week in the facility for 20 (01/04/20, 01/05/20, 01/11/20, 01/12/20, 01/18/20, 01/19/20, 01/25/20, 01/26/20, 02/01/20, 02/08/20, 02/09/20, 02/16/20, 02/22/20, 02/23/20, 03/07/20, 03/08/20, 03/15/20, 03/12/20, 03/22/20, and 03/29/20) of 26 days reviewed during the look back period from 01/01/20-03/31/20. The facility failed to maintain RN coverage for eight consecutive hours on 01/04/20, 01/05/20, 01/11/20, 01/12/20, 01/18/20, 01/19/20, 01/25/20, 01/26/20, 02/01/20, 02/08/20, 02/09/20, 02/16/20, 02/22/20, 02/23/20, 03/07/20, 03/08/20, 03/15/20, 03/12/20, 03/22/20, and 03/29/20. This failure could affect residents of the facility by placing them at risk for not having their specialty nursing and medical needs met. Findings included: Review of the facility's Time Card Report, from 01/01/20-03/31/20, reflected there were not eight consecutive hours of coverage by an RN on the following dates: Saturday, 01/04/20 - 6.97 hrs Sunday, 01/05/20 - 7.37 hrs Saturday, 01/11/20 - 7.40 hrs Sunday, 01/12/20 - 7.73 hrs Saturday, 01/18/20 - 7.52 hrs Sunday, 01/19/20 - 7.50 hrs Saturday, 01/25/20 - 6.15 hrs Sunday, 01/26/20 - 7.78 hrs Saturday, 02/01/20 - 7.07 hrs Saturday, 02/08/20 - 7.32 hrs Sunday, 02/09/20 - 7.47 hrs Sunday, 02/16/20 - 6.98 hrs Saturday, 02/22/20 - 6.32 hrs Sunday, 02/23/20 - 7.28 hrs Saturday, 03/07/20 - 6.25 hrs Sunday, 03/08/20 - 7.85 hrs Sunday, 03/15/20 - 7.12 hrs Saturday, 03/21/20 - 6.55 hrs Sunday, 03/22/20 - 7.38 hrs Sunday, 03/29/20 - 6.38 hrs Interview on 04/02/20 at 2:03 PM with the DON revealed weekend supervisor RN A was responsible and worked as the RN on weekends. She stated weekend supervisor RN A was to work 8 consecutive hours. She stated she assumed someone was monitoring to ensure the RN worked 8 consecutive hours but she guessed not. Interview on 04/02/20 at 2:42 PM with the DON revealed there was no policy for RN coverage, they just went by the regulations.
F 0804 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.** Based on observation, interview and record review, it was determined that the facility failed to provide food prepared by methods, which conserved the nutritive value, flavor, and appearance for one (Lunch 04/02/20) of one meals. Cook B and the DM failed to prepare pureed lunch meal items per the recipes in order to maintain the appropriate flavor and nutritive value. These failures could affect the residents by resulting in a decrease in nutrition status, loss of appetite and decreased intake placing them at risk for the potential of unplanned weight loss and decreased overall health and wellness. Findings included: 1. Observation on 04/02/20 at 10:50 AM revealed Cook B preparing pureed turkey. Cook B placed some baked turkey into the food processor. She pureed the turkey before adding an unmeasured amount of water to the food processor. She added thickener to the turkey and blended. She poured the pureed turkey into a steam table pan and placed onto the steam table. Interview on 04/02/20 at 10:55 AM with Cook B revealed she used too much water to puree the turkey, so she added food thicker. She stated she had added water and did want to take the flavor away . Review of the facility's recipe for pureed baked turkey crunch, undated, revealed the ingredients were baked turkey crunch, water, hot to make broth, base , chicken. Combine chicken base and water to make chicken broth. Place prepared baked turkey crunch in a washed and sanitized food processor. Gradually add prepared broth; blend until smooth. 1. If product needs thinning, gradually add an appropriate amount of liquid (NOT WATER) to achieve a smooth, pudding or soft mashed potato consistency. 2. Observation on 04/02/20 at 12:06 PM revealed the DM preparing pureed furit cobbler . The DM place the pineapple into the food processor. He pureed the pineapple before adding unmeasured amount of water to the food processor. He plated the pureed pineapple into bowls for lunch service. Interview on 04/02/20 at 12:10 PM with the DM revealed he had only pureed pineapple not actual fruit cobbler. He stated the Cook was short on fruit cobbler and since they only had seven pureed diets he used just pineapple to puree. Review of the facility's recipe for pureed fruit cobbler, undated, revealed the ingredients were fruit cobbler and milk. Place prepared fruit cobbler in a washed and sanitized food processor. Add milk gradually as needed and blend until smooth. 1. If product needs thinning, gradually add an appropriate amount of liquid (NOT WATER) to achieve a smooth, pudding or soft mashed potato consistency. 3. Interview on 04/02/20 at 12:20 PM with the DM revealed regarding the dietary staff should follow the recipe and the menu. When asked if pureed pineapple and pureed fruit cobbler would have the same nutritional value, the DM stated no, the nutritional value of the two would be different . Review of the facility's undated current policy and procedure for Standardized Recipes revealed: Purpose: To provide standardized recipes for menu items to help ensure consistent quality, portion, and cost control.
F 0812 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	**Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.** Based on observation, interview and record review, the facility failed to store, prepare, distribute and serve food in accordance with professional standards for the facility's only kitchen. 1. Dietary Aide C failed to wash her hands before handling clean dishes from the dishwasher. 2. The faciility failed to ensure there were paper towels at the designated hand washing sink in the dish room. 3. The faciity failed to ensure broccoli was covered and dated in the reach-in freezer. 4. Cook B failed to remove her jewelry while preparing lunch. These failures could affect the residents by placing them at risk for food-borne illness. Findings included: 1. Observation on 04/02/20 at 9:00 AM of the dishwashing area revealed Dietary Aide C, while using the dishwasher, handled dirty cups, mugs, plates, silverware, trays and bowls; and then without washing her hands or changing gloves, Dietary Aide C handled clean plates, bowls, cups, and serving trays. In an interview on 04/02/20 at 9:03 AM with Dietary Aide C, she stated she should not wear the same gloves from the dirty side of the dish machine to the clean side, she stated she should remove her gloves and wash her hands. Interview on 04/02/20 at 9:20 AM with the DM revealed, the Dietary Aide should not go from the dirty side of the dish machine to the clean side of the dish machine without changing gloves and washing her hands, he stated tht he would have her re run the dishes through the machine, she should have removed her soiled gloves and washed her hands before returning to the clean side of the dish room. Review of the facility's policy titled, Warewashing using dishwashing machine, dated 05/01/15, revealed 11. Wash hands between handling soiled and clean dishes to prevent cross contamination. The US Public Health Service, Food Code, dated 2017, noted 2-301.14 Food employees shall clean their hands and exposed portions of their arms immediately before engaging in food preparation including working with exposed food, clean equipment and utensils and unwrapped single-service and single-use articles. Observation and interview on 04/02/20 at 9:10 AM with the Dietary Aide C revealed no paper towels at the hand sink in the dish room . 2. Observation and interview on 04/02/20 at 9:10 AM with the Dietary Aide C revealed

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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.

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F 0812 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	(continued... from page 1) there were no paper towels at the hand sink in the dish room. The US Public Health Service, Food Code, dated 2017, noted the following regarding hand washing sinks, Each hand washing sink shall be provided with individual, disposable towels; A continuous towel system that supplies the user with a clean towel. 3. Observation and interview on 04/02/20 at 8:55 AM with Cook B revealed an opened plastic bag of broccoli cuts, undated, in the reach in freezer. Cook B stated the broccoli should have been covered and dated. Review of the facility's policy titled, Food safety in receiving and storage, dated 05/01/15, revealed General Food Storage Guidelines 2. Store food in its original packaging as long as the packaging is .intact. The US Public Health Service, Food Code, dated 2017, reflected the following regarding package integrity, food packages shall be in good condition and protect the integrity of the contents so that the food is not exposed to adulteration or potential contaminants. 4. Observation on 04/02/20 at 11: 50 AM of Cook B revealed she was wearing silver dollar-sized, gold in color, hoop-style earrings while preparing lunch service food items for tray line service. Interview on 04/02/20 at 12:20 PM with the DM revealed there was supposed to be no dangling jewelry in the kitchen, the paper towel dispensers should be stocked with paper towels in them for proper handwashing. He stated my cook from last night left the bag of broccoli open and they had broccoli and rice casserole for dinner. the DM stated everything needed to be sealed and dated in the freezer. Review of the facility's policy titled, Dress code, dated 05/01/15, revealed Limited jewelry .non-dangling earrings only. The US Public Health, Food Code, dated 2017, noted the following regarding Jewelry Prohibition, Except for a plain ring such as a wedding band, while preparing food, food employees may not wear jewelry including medical information jewelry
F 0911 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Ensure resident rooms hold no more than 4 residents; for new construction after November 28, 2016, rooms hold no more than 2 residents.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to ensure five of 71 bedrooms (newly certified after November 28, 2016) accommodated no more than two residents. The facility failed to ensure rooms 215, 216, 319, 515, and 516 accommodated no more than two residents. This failure could result in an inconvenience to residents, a lack of living space, and not promote resident privacy. Findings included: Observation on 04/02/20 at 9:00 a.m. revealed there were no residents in rooms 215, 216, 319, and 516. There was one resident residing in room [ROOM NUMBER]. Interview on 04/02/20 at 11:51 AM with the DON and ADON revealed rooms 215, 216, 319, 515 and 516 were licensed for three beds.