

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675033	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/06/2020
NAME OF PROVIDER OF SUPPLIER MESQUITE TREE NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 434 PAZA DR 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 0745 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to ensure treatment and care was provided in accordance with the comprehensive assessment and professional standards of practice for 1 of 1 resident (Resident #71) reviewed. The facility failed to assist Resident # 71 with scheduling a follow up appointment with a urologist up on admission. This failure could place residents at risk for damage to the bladder, loss of bladder control, and urinary tract infections. Findings included: Review of Resident #71's quarterly MDS assessment, dated 01/17/20, revealed she was a [AGE] year-old female admitted to the facility on [DATE]. She was cognitively intact and her active diagnoses, according to the MDS assessment, included [MEDICAL CONDITIONS], hypertension, [MEDICAL CONDITION], and [MEDICAL CONDITION] disorder. The MDS assessment identified Resident #71 as having a Foley catheter. Review of Resident #71's Bladder Incontinence Assessment, completed on 12/13/19, reflected the resident had a Foley catheter related to [MEDICAL CONDITION] that could not be treated or corrected medically or surgically. The facility failed to provide any supportive documentation, from a specialist, to support this statement. Interview and observation of Resident #71 on 03/05/20 at 2:05 p.m. revealed the resident was in her room in bed. Observation revealed a Foley catheter was in use. The resident said she had the Foley catheter when she was at the hospital, but she was not sure why. Review of Resident #71's discharge summary, dated 10/10/19, reflected, [MEDICAL CONDITION]-keep Foley in for now and outpatient GU (Urologist) follow. Review of the record for Resident #71 revealed no evidence a follow up was completed with a urologist. In an interview with the ADON on 03/05/20 at 2:26 p.m., she stated Resident #71 admitted to the facility with a Foley catheter. She stated the resident received a Foley catheter because she could not urinate. When asked about the urologist follow up, the ADON stated, she doesn't have one. Interview with the DON on 03/06/20 at 9:45 a.m. revealed, the treatment nurse (LVN C) was responsible for residents follow up appointments with new admissions. Interview with LVN C on 03/06/20 at 10:35 a.m. revealed the admitting nurse was responsible for the follow up appointments for residents at the time of admission. Interview with Administrator on 03/06/20 at 11:05 a.m. revealed the admitting nurse informs the treatment nurse to follow up with the new admission's appointments and transportation. When asked about Resident #71's urologist follow up, she stated it, fell through the cracks. Interview with Physician I, the attending physician of Resident # 71, on 03/06/20 at 11:51 a.m. revealed she was not aware of the follow up appointment order for Resident #71. Review of the facility's policy, Admission Policy, dated 08/11/13, reflected, The purpose of the Admission Policy is to provide continuity of care and services between the discharging provider and the admitting facility.</p>		
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.