STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295068	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Highland Manor of Mesquite Rehabilitation LLC	272 Pioneer Blvd Mesquite, NV 89027

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32513 Based on interview, record review and review of facility policy, the facility failed to ensure six residents (Residents (R) R40, R60, R5, R57, R19, and R130) were free from verbal and/or physical abuse. Specifically, the facility failed to ensure R40 and R60 were free from verbal abuse by an agency staff member, and R5, R57, R19 and R130 were free from resident-to resident physical abuse. These failures placed residents at risk for diminished quality of life. Findings include: Review of the facility policy titled, Definitions, dated 01/17 revealed, .Abuse means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish .Verbal abuse means the use of oral, written or gestured language that includes disparaging and derogatory terms to a resident or their families within their hearing, regardless of their age, ability to comprehend or disability . 1. Verbal Abuse Resident 40 (R40) Review of the Admission Record revealed R40 was admitted to the facility on [DATE] with diagnoses including stroke with left-sided paralysis, bipolar disorder (a disorder associated with episode of mood swings ranging from depressive lows to manic highs), and affective mood disorder (marked disruptions in emotions). Review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/26/24, revealed R40 had a Brief Interview of Mental Status (BIMS) score of 11 out of 15, which indicated R40 was moderately impaired in cognition, had no behaviors, required partial assistance for transfers and did not ambulate. Resident 60 (R60) (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295068	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Highland Manor of Mesquite Rehabilitation LLC	272 Pioneer Blvd Mesquite, NV 89027

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the Admission Record revealed R60 was admitted to the facility on [DATE] with diagnoses including Parkinson's disease (a neurological disease), bipolar disorder, and post-traumatic stress disorder (PTSD-a disorder in which a person has difficulty recovering after experiencing or witnessing a terrifying event). Review of the quarterly MDS with an ARD of 12/27/23, revealed R60 had a BIMS score of 13, which indicated R60 was cognitively intact. Review of a 02/14/24 facility investigation report, provided by the Administrator documented, Reported by Registered Nurse (RN)1 that R60 was making an allegation of abuse towards Certified Nurse Assistant (CNA)1. Social Services Director (SSD) went to talk with R60 and reported R60 stated, I heard CNA1 tell R40 you are stupid, while assisting resident in the bathroom. This writer went to talk with R40 and when I asked resident if CNA1 had called R60 stupid, resident stated, yes, resident was asked if was ok, stated, yes, I am ok. I asked if anything else was said, resident stated no, the CNA just called me stupid. R40 did report that it made the resident feel sad. The facility investigation report further documented, At 15:45 (3:45 PM), called CNA1 into HR office and was explaining to employee was being suspended pending an allegation of abuse. CNA started saying, It was because R60 reported me, right? Resident does not like me because I am black, and should just say so. I was helping R40 in the bathroom and when removed resident's dirty diaper, the resident took it and shoved it in my face, I got upset and told resident don't do that. When CNA1 was asked if called R40 stupid, CNA stated, 'yes, I called the resident stupid because I was so upset about it. I have never called any other resident stupid, but I was so upset and R60 was making comments towards me.' I told CNA1 staff cannot call residents names and definitely cannot call them stupid. (CNA1) stated, 'What I am to do? (sic) Just take it, let the resident do what they want?' Informed employee could tell R40 that this behavior was not appropriate, and the employee should have reported it to a supervisor, me. I re-stated the employee would be suspended pending investigation. The report continued to document, in addition, CNA1 stated I don't care, I am done with my contract any ways and walked out of the office. As employee was walking past the nurse station, the employee turned to 300 hall, R40's hall, so I went down to make sure employee was leaving and not going into any resident's rooms. When I got to the beginning of the hall, I heard yelling from R40's room, I opened and employee was in there, R60 was yelling, 'get out of my room now' I went in and told employee could not be in the room and to get out, as the employee was walking out, the employee called R60 'ass hole'. Employee was yelling at R60, resident was agitated and stated ' I don't want the CNA in my room ever again. Resident was given reassurance and informed employee will not be working with resident or in the facility anymore. R60 calmed down. The form was signed by the Director of Nursing (DON). On 04/22/24 at 10:30 AM, R40 was observed sitting in resident's room. R40 was asked if remembered the incident between the resident and CNA1. Resident stated, yes. R40 was asked what happened that day. R40 stated, I was in the bathroom, and the CNA called me stupid. R40 was asked why CNA1 would call you stupid. R40 stated, I don't know. R40 was asked how this made the resident feel. R40 stated, I felt dumb. On 04/22/24 at 11:07 AM, R60 was asked what happened between CNA1 and R40. R60 stated, R40 was in the bathroom with the CNA, and I heard the employee say, What are you, stupid? Rage ran right through me. R40 told the SSD what happened, and the SSD got the Director of Nursing (DON) involved. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295068	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Highland Manor of Mesquite Rehabilitation LLC	272 Pioneer Blvd Mesquite, NV 89027

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 04/23/24 at 2:28 PM, the DON stated, R60 had reported to me about what CNA1 said to R40. We found CNA1 in the supply room and brought employee into the Human Resources (HR) office. CNA1 was angry already. I was telling the employee about our process which involved being suspended pending the investigation. The DON further stated, It is our process to escort suspended or terminated staff out of the building however, we never had a chance as the employee started to escalate and get angrier. Employee stormed out of the HR office and slammed the door when leaving. I immediately went over to open the door and saw the employee going down the hallway to their room. By the time I got there, the CNA was in the resident's room, which is when I led the employee out the front door and told employee was terminated. The allegation of staff to resident verbal abuse was verified. On 04/23/24 at 3:15 PM, Nurse Aide in Training (NAT)1 was asked what the employee had witnessed that day when CNA1 entered the resident's room. NAT1 stated, I was in the room with CNA2 providing incontinent care to R60 when out of the blue, CNA1 barged into the room. CNA1 did not knock and came over to the foot of the bed. CNA1 was very angry and stated to R60, Do you have a problem with me? I told CNA1 to get back and go away, that is when the DON entered the room and led CNA1 out of the room. CNA1 then turned and told R60 the resident was a [expletive]. 2. Physical Abuse Resident 5 (R5) Review of the Admission Record revealed, R5 was admitted to the facility on [DATE] with diagnoses that included cognitive communication deficit, dementia, and anxiety disorder. Review of the admission MDS with an ARD of 12/13/23, revealed R5 had a BIMS score of 14 out of 15 which indicated the resident was cognitively intact and had verbal behaviors nearly every day. Resident 57 (R57) Review of the Admission Record revealed, R57 was admitted to the facility on [DATE] with a diagnosis of Huntington's disease (an inherited condition in which nerve cells in the brain break down over time and results in progressive movement, thinking and psychiatric conditions.) Review of the quarterly MDS with an ARD of 11/01/23, revealed R57 had a BIMS score of zero out of 15 which indicated the resident was severely impaired in cognition and had physical and verbal behaviors nearly every day. Review of a Nursing Progress note dated 01/13/24 at 2:23 PM, documented CNA staff alerted nursing staff R5 was involved in an altercation. Upon responding to the scene, R5 was noted to be sitting in WC [wheelchair] in dining room. R5 was holding the head on the right side. R5 continued to have verbal behaviors towards staff and other female resident. CNA staff reported R5 was having inappropriate, verbal behaviors and directing aggressive comments to R57. Per dietary staff, R5 made comments throughout mealtime to other female resident, other female resident got up to get juice refilled, R5 continued to make comments to other resident, other resident pulled R5's hair, R5 kicked other female in the legs, both residents were having verbal outbursts . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295068	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Highland Manor of Mesquite Rehabilitation LLC	272 Pioneer Blvd Mesquite, NV 89027

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the 01/17/24 Facility Investigation report provided by the Administrator documented, At around 1:00 PM, CNA6, alerted nursing staff R57 was involved in an altercation with R5. Both residents were in the dining room area in the memory lane neighborhood. Dietary Aide (DA)1 was cleaning the dining area and observed that R57 got up and started walking in the hallway. R5 was sitting at the resident's dining table and made a comment towards R57. DA1 stated did not understand what was said but then R57 turned around and grabbed R5 by the hair, pulled it and then let go immediately. R5 started screaming and turned around and kicked R57 in the legs. CNA6 heard the yelling and came to assist. As CNA6 got to the hall, observed R5 kick R57 in the legs. The residents were separated and redirected. The nurses were alerted and responded to assist. In addition, the Facility Investigation report revealed the following statements by R5 and R57: On 01/14/24, R57 was interviewed regarding the incident. R57 has limited verbal communication but was able to confirm remembered the incident. When asked what the resident remembered, R57 stated, 'I beat the resident up, I beat the resident up, the resident hit me first on the head.' R5 was interviewed regarding the incident/altercation. R5 stated, You mean the other day when I got beat up? Yes, the other resident beat me up! I was just sitting there in the dining room, and the resident walked up and grabbed me by the hair and pulled me, grabbed me by the neck and hit my head.' When R5 was asked if had said anything to R57, R5 replied, No! how could I, the resident was standing over me, I didn't have time to do anything, the staff came immediately and pulled the resident away and took the resident. On 04/22/24 at 9:30 AM, R5 was in the resident's room, sitting in a wheelchair. The resident refused to be interviewed. R5 had been moved to a different hall after the allegation. On 04/22/24 at 11:50 AM, R57 exited the resident's room, and walked to the dining table. The resident's gait was unsteady, and had flailing of the arms. No other resident in the dining room showed fear or concern as the resident walked by. R57 did not touch any other resident. R57 was non-interviewable. On 04/24/24 at 11:07 AM, the DON confirmed the resident-to-resident altercation between R5 and R57 was verified as physical abuse. The DON stated that both residents were separated and R5 was moved to a different hall. No further abusive situation with R5 had occurred since this episode. Resident 19 (R19) Review of the Admission Record revealed R19 was admitted to the facility on [DATE] with diagnoses that included dementia and schizophrenia (a serious mental condition involving a breakdown in the relation between thought, emotion, and behavior). Review of the quarterly MDS with an ARD of 01/05/24, revealed R19 had a BIMS score of 11 out of 15 which indicated the resident was moderately impaired in cognition and had no behaviors. Resident 130 (R130) Review of the Admission Record revealed R130 was admitted to the facility on [DATE] with diagnoses including traumatic brain injury (TBI) and intellectual disabilities. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295068	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Highland Manor of Mesquite Rehabilitation LLC	272 Pioneer Blvd Mesquite, NV 89027

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the quarterly MDS with an ARD of 12/12/23, revealed R130 had a BIMS score of 15 out of 15 which indicated the resident was cognitively aware and had no behaviors. Review of the 12/27/23 Facility Investigation report provided by the Administrator, documented, At approximately 1700 (5:00 PM), residents were in their room and CNA's heard loud voice from the room, door was closed, when CNA8 opened the door, residents were yelling at each other. R130 was in a hunch position in front of R19, looked like the resident was getting up from the floor. Both residents were in room entrance between the door and R19's bed. R130 stood up and threw some punches at R19. R19 was standing with arms up in a defense position, blocking the face and trying to stay away from R30. CNA8 got between both residents and separated them. A nurse was walking down the hallway and went in to help. R130 was removed from the room and the neighborhood. The Facility Investigation report further revealed, Upon body assessment, R130 was noted to have two red scratches on the left side of the neck, and redness to left side of upper chest measuring 17cm x 2 cm. R130 has an abrasion below right knee, no redness or swelling present. Area tender to touch. R130 stated was pushed by R19 and fell on the right knee. When asked about the scratches on the neck, resident stated might have scratched self, then said R19 probably scratched it. Review of an 02/18/24 Discharge Summary revealed, R130 is discharged today with a cousin and family. Family will be transferring the resident to another facility this afternoon. On 04/22/24 at 9:43 AM, R19 was asked about the altercation with R130. R19 stated, I already know not to hit anyone, but I was doing defense. R130 hit me first and they investigated it. They took the resident away and I have not seen the resident again. On 04/25/24 at 9:30 AM, the DON verified the physical abuse between R130 and R19. The DON confirmed R130 was relocated to another hall and had remained with 1:1 supervision until discharge. FRI #s: NV00070475, NV00070231 and NV00070486

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295068	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Highland Manor of Mesquite Rehabilitation LLC	272 Pioneer Blvd Mesquite, NV 89027

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25232 Based on record review, interviews and facility policy review, the facility failed to ensure 1 of 5 Certified Nursing Assistant's (CNA3) background check was completed prior to hire, out of 10 employee files reviewed. This failure had the potential to negatively impact all residents. Findings include: Review of facility policy titled, Abuse Prohibition and Reporting (Elder Justice Act), revised 04/02/19, revealed .Prevention of Abuse .2. Screening of potential employees will be conducted and hiring will be dependent upon screening result. Screening shall include .b. Health care workers background checks on all staff .d. Screen through Office of Inspector General (OIG) Exclusion database. Review of CNA3's employee file indicated CNA3's date of Hire (DOH) was 01/15/24. Review of the facility provided untitled and undated fingerprints indicated, CNA3's fingerprints were completed and re-mailed on 02/20/24. Review of the facility provided Employee Schedule dated 01/28/24-02/24/24, indicated CNA3 worked the following dates: 01/28/24, 02/03/24, 02/04/24, 02/10/24, 02/11/24, 02/17/24, 02/18/24 and 02/24/24. Review of the facility provided Employee Schedule dated 02/25/24-03/23/24, indicated CNA3 worked the following dates: 02/25/24, 03/02/24, 03/03/24, 03/09/24, 03/10/24, 03/16/24, 03/17/24, 03/22/24, and 03/23/24. Review of the facility provided Employee Schedule dated 03/24/24-04/20/24 indicated that CNA3 worked the following dates: 03/24/24, 03/25/24 10-10, 03/30/24, 03/31/24, 04/01/24, 04/06/24, 04/07/24, 04/08/24, 04/13/24, 04/14/24, 04/15/24, and 04/20/24. Review of the facility provided Employee Schedule dated 04/21/24-05/18/24, indicated CNA3 worked the following dates: 04/21/24, and 04/22/24. Review of the facility provided, undated Department of Health and Human Services Nevada Division of Public and Behavioral Health (DPBH) form, indicated no evidence of a signature of the applicant and/or proof of electronic fingerprint submission. Review of the facility provided email dated 02/17/24, documented, The Nevada Department of Health and Human Services (NVDHHS) automated background checks system received notification that fingerprints for CNA3 were taken on 02/17/24. Review of the facility provided, undated DPBH Person Summary,documented CNA3's current fitness determination: In process and Current Employment Status: Provisional. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295068	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Highland Manor of Mesquite Rehabilitation LLC	272 Pioneer Blvd Mesquite, NV 89027

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 04/25/24 at 9:00 AM, the Human Resources (HR) Manager indicated the CNA3's fingerprints were completed prior to starting work; however, the manager indicated had to re-send the fingerprints back on 02/20/24 due to not having the originating agency identifier ([NAME]) code listed. The manager indicated has not received the results back yet. On 04/25/24 at 09:50 AM, the Administrator indicated when the fingerprints are completed, the facility sends them in, and the state sends back a letter letting the facility know if the staff can appeal or not. The administrator indicated if a background cannot be appealed, then the staff member must be let go. The administrator explained the state is behind on getting fingerprints completed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295068	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Highland Manor of Mesquite Rehabilitation LLC	272 Pioneer Blvd Mesquite, NV 89027

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32513 Based on interview and record review, and review of the facility policy, the facility failed to thoroughly investigate an allegation of staff to resident verbal abuse for two (Residents (R)40, R60) of 10 residents reviewed for abuse. This failure placed the residents at risk of increased mental health issues, and a diminished quality of life. Findings included. Review of the facility policy titled, Abuse Prohibition, dated 07/23, revealed, .Investigation .Interviews with all involved parties or potential witnesses will be completed. If possible, at least two interviewers shall be present for each witness interview. At least one interviewer shall take notes .Signed statements from those persons who saw or heard information pertinent to the incident shall be obtained. Statements shall be taken from the suspect, the person making the accusations, the resident abused or neglected (if cognitive level permits), other staff or residents who may have witnessed the incident, and any other person who may have information related to the incident . Resident 40 (R40) Review of the Admission Record revealed R40 was admitted to the facility on [DATE] with diagnoses that included stroke with left-sided paralysis, bipolar disorder (a disorder associated with episode of mood swings ranging from depressive lows to manic highs), and affective mood disorder (marked disruptions in emotions.) Review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/26/24, revealed R40 had a Brief Interview of Mental Status (BIMS) score of 11 out of 15 which indicated the resident was moderately impaired in cognition, had no behaviors, required partial assistance for transfers and did not ambulate. Resident 60 (R60) Review of the Admission Record revealed R60 was admitted to the facility on [DATE] with diagnoses that included Parkinson's disease (a neurological disease), bipolar disorder, and post-traumatic stress disorder (PTSD-a disorder in which a person has difficulty recovering after experiencing or witnessing a terrifying event.) Review of the quarterly MDS with an ARD of 12/27/23 revealed, R60 had a BIMS score of 13 which indicated the resident was cognitively intact. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295068	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Highland Manor of Mesquite Rehabilitation LLC	272 Pioneer Blvd Mesquite, NV 89027

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the 02/24/24 at 4:30 PM, Facility Investigation report provided by the Administrator, documented: . Reported by Registered Nurse (RN)1 R60 was making an allegation of abuse towards Certified Nurse Aide (CNA) 1. Social Services Director (SSD) went to talk with R60 and reported R60 stated, 'I heard CNA1 tell R40, 'What are you stupid?,' while CNA was assisting the resident in the bathroom. This writer went to talk to R40 and when I asked the resident if CNA1 had called the resident stupid, the resident stated, 'yes'. R40 was asked if was Ok, stated, 'yes, I am ok I asked the resident if anything else was said, and the resident stated 'No' the CNA just called me stupid. Resident did report that it made the resident sad . Further review of the Facility Investigation report revealed the only staff who provided written statements were, Nurse Aide in Training (NAT)1 and CNA2. No other staff members, who were present on the unit or nursing staff were interviewed at the time of the allegation. In addition, the Facility Investigation report revealed the SSD had spoken to two other residents on the unit, however, there was no documentation to show who these residents were, what questions were asked of them, and what their responses were. On 04/23/24 at 9:18 AM, the SSD was asked if had interviewed other residents, who may have been cared for by CNA1, to determine if there had been any other verbal abuse. The SSD stated, I did speak with two other residents; however, I did not document their names or what their responses were. On 04/23/24 at 9:19 AM, the Administrator stated was not here at the time of the allegation, however, was made aware of it. The administrator acknowledged the investigation was not complete after having read it. Refer: F600: Free from Abuse/Neglect, for additional information.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295068	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Highland Manor of Mesquite Rehabilitation LLC	272 Pioneer Blvd Mesquite, NV 89027

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 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. 36190 Based on interview and record review, the facility failed to ensure the Food Service Supervisor had completed a course in food safety and management for 1 of 1 Food Service Managers (FSM) for the facility's only kitchen. This deficient practice had the potential to affect all residents who received meals prepared in the facility's kitchen. Findings include: Review of the FSM's job description titled Food Service Supervisor's job description, dated 12/16/23 documented, Requirement: Food Protection Manager Certificate. Review of the FSM's employee file revealed a hire date of 12/12/23, with two or more years experience as a kitchen supervisor in a healthcare setting, and certificate of completion for a Certified Food Protection Manager course with an issue date of 04/24/24. On 04/22/24 at 7:44 AM, the FSM stated had two or more years experience as a Food Service supervisor in a healthcare setting and had completed a food protection managers course. A certificate of completion for a Certified Food Protection Manager course with an issue date of 04/24/24 was provided on 04/24/24. During a follow up interview on 04/25/24 at 7:38 AM, the FSM was asked about the issue date of 04/24/24 for the certificate of completion for the Certified Food Protection Manager course. The FSM stated couldn't find the certificate for the course previously taken, so had retaken the course.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295068	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Highland Manor of Mesquite Rehabilitation LLC	272 Pioneer Blvd Mesquite, NV 89027

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36190 Based on observation, interview, record review, and policy review, the facility failed to have menu spreadsheets for the weekly menus that included portion sizes and regular and therapeutic diets for all residents and three of eight residents R16, R29, and R34) who were reviewed for menus. This deficient practice affected all residents who received meals prepared in the facility's only kitchen. Findings include: Review of the facility policy titled Menu Planning, revised 09/10, revealed: Purpose: To provide a variety of meals that are well balanced, palatable, attractive, satisfying and meet the recommended daily allowances. 2. Menus will be developed by following resident's food preference and by maintaining state and federal standards. Review of the facility diet roster, dated 04/24/24, provided by the facility revealed diet orders included 45 regular diets, nine mechanical soft diets, two pureed diets, one pureed high calorie high protein diet, four mechanical soft high calorie high protein diets, 12 regular high calorie high protein diets, and two regular high protein diets. Review of the facility's weekly menus, dated 03/31/24 through 04/27/24, provided by the facility, revealed no portion sizes or therapeutic extensions. Review of the facility assessment, dated 2024, provided by the facility revealed under section D.2. Cultural - Food & Nutrition revealed the diets the facility provided included Vegetarian, Vegan, Kosher, Sugar-free, Caffeine-free, Organic, Dairy, Dairy substitutes (e.g. soy), Gluten-free, Protein preferences (e.g. beef, pork, fowl, fish, vegetarian), and other diet. On 04/22/24 at 12:22 PM, meal service was observed in progress in the satellite kitchen on the 300 hall. Cook1 used a 13-inch serving spoon and a 6-ounce spoodle spoon to portion the food. The Tray line included regular textured chicken, cheese ravioli, sweet potatoes, cake, and four-ounce dishes of tossed salads. No menu spreadsheets were observed. Cook1 confirmed the food on the tray line was all the foods for lunch. On 04/23/24 at 7:48 AM, Cook1 was observed serving breakfast in the satellite kitchen on the 300 hall. Cook1 used a 6-ounce spoodle spoon, 13-inch serving spoon, and a 2.7-ounce scoop to portion the scrambled eggs. No menu spreadsheets were observed. Cook1 confirmed the food on the tray line was all the foods for breakfast. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295068	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Highland Manor of Mesquite Rehabilitation LLC	272 Pioneer Blvd Mesquite, NV 89027

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 04/23/24 at 12:20 PM, Cook1 was observed serving lunch in the satellite kitchen on the 200 hall using a 6-ounce spoodle spoon, 13-inch serving spoon, tongs, and a four-ounce scoop. Cook1 was asked how the employee knew what serving utensil to use. Cook1 stated knew from what the employee had always done. Cook1 was asked if had menus to serve from for serving sizes and Cook1 stated, no. The tray line included rice, meatballs in white gravy, regular textured pork roast, butternut squash, and mechanical soft meatballs. The puree food was already portioned on a plate and the ambrosia salad was already portioned in four-ounce bowls. Cook1 confirmed the food on the tray line was all the foods for lunch. During an interview on 04/23/24 at 12:30 PM, the Food Service Manager (FSM) was asked for the spreadsheets for this week's menus. The FSM stated there were no spreadsheets for this week's menus as the facility was transitioning to a new company with new menus. On 04/24/24 at 12:14 PM, Dietary Aide (DA)2 was observed serving lunch in the satellite kitchen on the 300 hall. DA2 used a six-ounce spoodle spoon, 13-inch serving spoon, and a four-ounce scoop and no menu to follow. The tray line included regular textured salisbury steak patty, cod fish, mashed potatoes with gravy, bread, strawberry shortcake, four-ounce bowls of fruit and four-ounce bowls of tossed salad already dished up when the food arrived to the unit. On 04/23/24 at 3:47 PM, the FSM was asked about serving portions and menu spreadsheets. The FSM confirmed staff were not using the menus to work off of as there were no spreadsheets. The FSM stated the staff were using what they have always done before the FSM had started employment at the facility. On 04/24/24 at 8:12 AM, Cook1 was asked about the serving utensils. Cook1 pointed to a posting in the kitchen for portion sizes and confirmed did not have menus to use for serving sizes. On 04/25/24 at 7:41 AM, the FSM was asked about recipes for the menus. The FSM stated they don't have recipes for everything, there were several binders in various locations, and so will look some recipes up online. The FSM went on to say wasn't trained on the current menu program and was still learning the process. The FSM confirmed the staff weren't working from menu spreadsheets with portion sizes, saying just using the portion size guide posted in the kitchen. During a telephone interview on 04/25/24 at 9:44 AM, the Registered Dietitian (RD) was asked if was aware the kitchen had no menu spreadsheets for therapeutic diets and serving sizes to work from. The RD stated, no, wasn't aware. The RD stated the regular RD was on leave and was just helping out. Resident 29 (R29) Review of R29's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/26/24, revealed R29 had an admitted [DATE]. R26 had a Brief Interview for Mental Status (BIMS) score of 10 out of 15, indicating R29 had moderately impaired cognition, diagnoses of Alzheimer's disease, respiratory failure, and dysphagia, and was on a mechanically altered diet. Review of R29's diet order, dated 09/16/22, revealed order for Regular High Calorie/High Protein. Texture: Mechanical Soft. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295068	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Highland Manor of Mesquite Rehabilitation LLC	272 Pioneer Blvd Mesquite, NV 89027

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	R29's nutrition assessment, dated 02/26/24, revealed . Diet: high cal[calories]/high pro [protein] dysphagia mechanical soft diet with a reported PO [oral] intake of 50-75% which is likely adequate to meet nutrition needs but noted recent admission to the hospital and some 1-25% PO intake days since readmission; will continue to monitor with weekly weights until stable . R29's care plan, revised 03/15/24, documented, Problem: R29 is at risk for altered nutrition. Albumin on 10/19/23 is 3.5 slightly under ideal range. BMI [body mass index] is within ideal BMI at 22.92 on 11/04/23. [R29] is losing weight, in 90 days on 11/04/23 the resident triggered for 5.1% weight loss in 90 days. An approach included RD recommended to continue with High Calorie High Protein diet for now. If weight gain continues above IBW [ideal body weight] range, it may be appropriate to change diet to Regular. On 04/22/24 at 12:30 PM, R29 was observed in a wheelchair seated at a dining room table. R29 was served chicken, sweet potatoes, mixed vegetables, cake, bread, coffee, and a glass of milk. The 04/22/24 lunch menu, provided by the facility revealed chicken thighs, sweet potatoes/brussels, bread sticks, hurricane cake or cheese ravioli, tossed salad, bread sticks, and hurricane cake. No serving sizes or a diet for a Regular High Calorie/High Protein. Texture: Mechanical Soft was listed. On 04/23/24 at 7:46 AM, R29 was observed in a wheelchair seated at a dining room table. R29 was served scrambled eggs, a two-ounce portion of fruit, a sausage patty, a danish, and a glass of milk. The 04/23/24 breakfast menu, provided by the facility revealed danish, cream of wheat or cold cereal, scrambled eggs, bacon, toast, and fruit/yogurt. No serving sizes or a diet for a Regular High Calorie/High Protein. Texture: Mechanical Soft was listed. On 04/23/24 at 12:43 PM, R29 was observed in a wheelchair seated at a dining room table. R29 was served coffee, rice, swedish meat balls, a roll, butternut squash, ambrosia dessert, and a glass of milk. The 04/23/24 lunch menu, provided by the facility revealed swedish meatballs, white rice, steamed veggies, and ambrosia or pork chops, cheesy potatoes, baked beans, biscuit, and ambrosia. No serving sizes or a diet for a Regular High Calorie/High Protein. Texture: Mechanical Soft was listed. On 04/24/24 at 1:55 PM, the FSM was asked if there were menus for R29's mechanical soft high calories and protein diet. The FSM responded no. The FSM asked why R29 was on a high calorie high protein diet. The FSM states didn't know why but maybe needed it for weight. The FSM was asked if it could be due to a low albumin (protein made by the liver) per the care plan. The FSM stated didn't know what albumin was as is still learning. The FSM was asked how the high calories/high protein portion of the resident's meal was being accomplished as the resident had received the same meals as other residents on 04/22/24 at lunch and on 04/23/24 at breakfast and lunch. The FSM stated they sometimes fortified with extra butter and calories. The FSM was asked why was R29's diet dished up from the same pans as the other residents with nothing extra added on 04/22/24 at lunch and on 04/23/24 at breakfast and lunch. The FSM stated wasn't sure as still learning the job. The FSM stated their diet manual didn't include a high calorie high protein diet. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295068	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Highland Manor of Mesquite Rehabilitation LLC	272 Pioneer Blvd Mesquite, NV 89027

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During a telephone interview on 04/25/24 at 9:44 AM, the RD was asked about R29's prescribed diet of high calories and protein but the resident had received a regular diet on 04/22/24 at lunch and on 04/23/24 at breakfast and lunch. The RD stated they have a policy for power foods that could have been added to the residents' meals for high calorie and protein. The RD stated was not aware the policy wasn't being utilized. Resident 16 (R16) Review of R16's significant change MDS with an ARD of 02/09/24, revealed R16 had a admitted [DATE]. R16 had a BIMS score of 11 out of 15, indicating R16 had moderately impaired cognition and diagnoses included cerebral infraction, aphasic, dementia, Parkinson's disease, dysphagia, received hospice care, and was on a mechanically altered diet. Review of R16's diet order, dated 05/03/22, revealed Regular. Texture: Puree. R16's care plan, dated 10/18/23, revealed R16 is at risk for altered nutritional status related to dysphagia with puree diet and underlying dementia. The approach included Regular, Puree Texture Diet with assistance. R16's nutrition assessment, dated 02/09/24, documented: .Diet: regular pureed diet with reported PO intake of 50% or more of meals when resident is fed . On 04/23/24 at 7:53 AM, R16 was served breakfast in bed. R16 was observed to have three beverages in sippy cups, two servings of apple sauce, one yogurt, and two mugs filled with oatmeal on the overbed table. Nurse aide in training (NAT)2 was at the bedside mixing milk in the oatmeal turning it into a liquid. NAT2 confirmed this was R16's standard breakfast. The 04/23/24 breakfast menu, provided by the facility revealed danish, cream of wheat or cold cereal, scrambled eggs, bacon, toast, and fruit/yogurt. No serving sizes or a diet for a Regular. Texture: Puree was listed. On 04/23/24 at 12:41 PM, R16's lunch included a bowl of broth, puree mashed potatoes, puree mixed vegetables, and puree ambrosia. The 04/23/24 lunch menu, provided by the facility revealed swedish meatballs, white rice, steamed veggies, and ambrosia or pork chops, cheesy potatoes, baked beans, biscuit, and ambrosia. No serving sizes or a diet for a Regular. Texture: Puree was listed. On 04/24/24 at 12:40 PM, R16's lunch included puree meat, puree mashed potatoes, puree carrots and green beans, yogurt, and puree strawberry shortcake. The 04/24/24 lunch menu, provided by the facility revealed chicken [NAME], bow tie pasta, spinach salad, bread sticks, strawberry shortcake or baked cod, savory rice, spinach salad, bread stick, and strawberry shortcake. No serving sizes or a diet for a Regular. Texture: Puree was listed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295068	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Highland Manor of Mesquite Rehabilitation LLC	272 Pioneer Blvd Mesquite, NV 89027

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 04/23/24 at 12:30 PM, The FSM was asked about R16's sippy cup and the caregiver adding milk to the resident's oatmeal. The FSM stated this is the way it was done when the FSM had started employment in 12/12/23. The FSM was asked about puree diets. The FSM stated had three pureed diets in the facility, R16 was one of them, and the puree foods should mirror the regular meal as much as possible. The FSM was asked if there were no menus to follow for puree, how did the staff know what will puree. The FSM stated instructs Cook1 to make the decision as to what the meal should be, based on the same foods as the regular diets and what purees the best. The FSM was asked how could ensure R16's puree diet wasn't given the same foods too much and the diet was balanced if the staff were deciding on the puree foods. The FSM stated the Registered Dietitian (RD) reviewed the menu changes. The FSM then provided a menu with handwritten changes marked and there was no mention of pureed foods. During a telephone interview on 04/25/24 at 9:44 AM, the RD was asked about R16's prescribed puree diet and the caregiver adding/preparing the resident's breakfast at bedside, making it into a liquid consistency and no spreadsheet to follow. The RD stated wasn't aware this was occurring. Resident 34 (R34) Review of R34's significant change MDS with an ARD of 01/09/24, revealed R34 had an admitted [DATE]. R16 had a BIMS score of 13 out of 15, indicating R34's cognition was intact and had a diagnosis of diabetes mellitus with diabetic neuropathy. Review of R34's diet order, dated 09/25/20, revealed Regular Diet/Regular Texture. Review of R34's care plan, dated 04/16/24, revealed Problem: R34 is at a potential nutritional risk due to poor diet choices and diagnosis of diabetes. An approach included ST [speech therapy] recommended mechanical soft. R34 signed a waiver to allow regular texture. Currently, Diet: Regular Diet/Regular Texture. Vegetarian preferences. Review of R34's nutrition assessment, dated 04/08/24, documented: .Diet Regular, Regular Texture- prefers limited concentrated sweets and vegetarian. Meds [medications]/supplement concentrated sweets and vegetarian . On 04/24/24 at 12:28 PM, R34 was served a meal that included rice, tossed salad, cake, and a roll. No meat or protein was provided at this meal. R34 was asked why the resident wasn't served an entree. R34 stated doesn't eat meat but would like to try vegetarian meat entrees. The 04/24/24 lunch menu, provided by the facility revealed chicken [NAME], bow tie pasta, spinach salad, bread sticks, strawberry shortcake or baked cod, savory rice, spinach salad, bread stick, and strawberry shortcake. No serving sizes or a diet for a Regular Diet/Regular Texture, and Vegetarian options was listed. On 04/24/24 at 12:51 PM, the FSM was asked about R34 not receiving a protein at lunch on 04/24/24 and wanting vegetarian options. The FSM stated R34 knew the facility didn't serve vegetarian diets prior to the resident's admission. The FSM stated had met with R34 multiple times asking what the resident would eat. The FSM stated the online diet manual they used didn't have vegetarian diets. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295068	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Highland Manor of Mesquite Rehabilitation LLC	272 Pioneer Blvd Mesquite, NV 89027

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 04/25/24 at 9:44 AM, the RD was asked why R34 was not served a protein on 04/24/24 at lunch as the resident doesn't eat meat and there were no vegetarian menus included on the weekly menus to ensure R34's proteins needs were met. The RD stated their dietary program did offer vegetarian options. The RD stated wasn't aware the menus the facility was using didn't have serving sizes or therapeutic diets. The RD stated the FSM needed more training on how to access menu extensions.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295068	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Highland Manor of Mesquite Rehabilitation LLC	272 Pioneer Blvd Mesquite, NV 89027

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 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. 36190 Based on observation, interview and policy review, the facility failed to use proper procedures for handwashing, cooling leftovers, and dating leftovers. This deficient practice had the potential to affect all residents who received meals prepared in the facility's kitchen. Findings include: Facility policy titled Use of Steam Table in Dining Area, dated 2020, revealed no instructions for holding temperature for hot and cold foods. Review of the United States Federal Food & Drug Food Code 2022: http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/, revealed: 3-501.16 Time/Temperature Control for Safety Food, Hot and Cold Holding. (A) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under S3-501.19, and except as specified under . (C) of this section, time/temperature control for safety food shall be maintained: (1) At 57 [degrees]C [Celsius] (135 F[Fahrenheit]) or above, except that roasts cooked to a temperature and for a time specified in 3-401.11(B) or reheated as specified in 3-403.11(E) may be held at a temperature of 54oC (130oF) or above; or (2) At 5 C (41 F) or less. Facility's policy titled, Hand Washing Procedures, dated 08/19, revealed .3. Rinse hands, wrists and exposed forearms under clean, running warm water. 4. Apply soap to hands. 5. Vigorously lather all surfaces of hands with soap and rub together, creating friction to all Surfaces .8. Turn off faucets with a new clean, dry paper towel. (Do not use hand, back of hand or forearm to tum off faucet.) Facility policy's titled, Cooking and Cooling, dated 2020, revealed .3. Cooked foods that will not be served immediately must be held properly or cooled as quickly as possible according to the following guidelines: 4. Cool foods using a two-step process: 135 degrees F to 70 degrees F in the first two hours, and then 70 degrees F to 41 degrees F in the next four hours. Facility policy titled, Food Storage and Labeling Procedure, dated 09/22, revealed .2. Date: Document the date that the product is placed in the refrigerator. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295068	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Highland Manor of Mesquite Rehabilitation LLC	272 Pioneer Blvd Mesquite, NV 89027

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 04/23/24 at 12:15 PM, Cook1 was observed taking the temperature of the food on the tray line in the satellite kitchen on the 200 hall just before meal service. Cook1 was asked what the temperature of the foods should be held at and Cook1 stated 165 degrees F. A plate of puree food already portioned was sitting on top of the steamtable lid. The puree mixed vegetables were measured at 98.9 degrees F, the puree pork measured at 120.2 F, the puree ambrosia dessert measured at 50 degrees F, and the regular ambrosia dessert measured at 49 degrees F. At 12:30 PM the Food Service Manager (FSM) was asked about the temperatures of the plated puree foods measuring below 135 degrees F and the ambrosia desserts measuring above 41 degrees F. The FSM stated the puree foods were prepared about 10:00 AM and held hot, but the staff should have microwaved the plate before it was served. On 04/23/24 at 3:00 PM, the FSM was asked if there were leftovers from lunch. The FSM stated yes, swedish meatballs and butternut squash. The FSM stated these items were placed in the refrigerator at 1:00 PM. A tall plastic container two thirds full of Swedish meatballs and a short, long plastic container completely full of butternut squash were observed in the reach-in refrigerator. Both containers were covered with cellophane wrap. The FSM was asked to take the temperature of the leftovers. The Swedish meatballs measured at 113 degrees F and the butternut squash measured at 89.6 degrees F. The FSM was asked if was aware of the requirement to cool hot foods to 70 degrees F within two hours, and if this was the correct method to cool leftovers. The FSM stated, no, wasn't aware of this requirement and the staff should have used a shallow pan, stirred it, or placed them in an ice bath. On 04/23/24 at 3:05 PM, a covered container of omelets was observed in the reach-in refrigerator with no date. The FSM was asked about the omelets and the FSM explained were left over from two days ago at breakfast on 04/21/24. The FSM confirmed the omelets should have been dated. On 04/23/24 at 2:46 PM, after the FSM was observed to wash hands in the hand sink located at the kitchen entrance, the FSM touched the faucet handles with bare hands while turning off the faucet. The FSM did not use a paper towel or a clean barrier to turn the faucet off. On 04/23/24 at 3:14 PM, Cook2 was observed to rinse hands with water and not use soap in between loading soiled dishes and then unloading clean dishes. Cook2 was asked if had used soap and replied, no. Cook2 then immediately stopped unloading the clean dishes and proceeded to wash hands properly with soap. The FSM was asked at this time what the proper procedures was for staff washing their hands. The FSM stated staff should wash their hands with soap before touching clean dishes.