STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455423	A. Building B. Wing	03/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mesa Hills Post Acute	901 Wildrose LN Brownsville, TX 78520

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 2 of 2 residents (Resident #1 and Resident #2) observed for infection control.The facility failed to ensure CNA A performed hand hygiene when she was feeding Resident #1 and Resident# 2 at the same time, on 3/10/2026.This failure could place residents at risk of cross contamination and the spread of infection.The findings include:1.Record review of Resident #1's face sheet, dated 3/10/2026, indicated a [AGE] year-old male and an admission date of 8/06/2025. Resident # 1 had diagnoses which included Alzheimer's Disease (progressive, irreversible brain disorder that slowly destroys memory, thinking skills, and the ability to carry out simple tasks), Dysphagia (difficulty swallowing), and Other Lack of Coordination.Record review of Resident #1's MDS Quarterly assessment, dated 12/30/2025 indicated in Section GG A, Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident, was coded at 02 (Substantial/maximal assistance).Record review of Resident #1's care plan with a date initiated: 8/29/2024, indicated Resident # 1 had an ADL self-care performance deficit r/t Dementia (a decline in mental abilities, such as memory, thinking, and reasoning, severe enough to interfere with daily living), impaired balance. Interventions: EATING: The resident requires setup to eat.2.Record review of Resident #2's face sheet, dated 3/10/2026, indicated an admission date of 12/10/2024. Resident #2 had diagnoses which included Cerebral Ischemia (blood flow to the brain is blocked or reduced, starving brain cells of essential oxygen and nutrients- stroke), Muscle Weakness, and Other Lack of Coordination.Record review of Resident #2's MDS Quarterly assessment, dated 3/04/2026, indicated in Section GG A, Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid one the meal is placed before the resident, was coded at 02 (Substantial/maximal assistance).Record review of Resident #2's care plan, with a date initiated: 8/30/2024, indicated Resident #2 had an ADL self-care performance deficit r/t Confusion, Dementia . Interventions: EATING: The resident requires set up to eat.During a lunch meal observation on 3/10/2026, revealed CNA A was sitting in between Resident #1 and Resident # 2 and was feeding both residents at the same time. CNA A did not perform hand hygiene in between feeding both residents using her right hand.In an interview on 3/10/2026 at 12:26 PM with CNA A, she said it was important to assist one resident at a time so each resident could have enough time to eat. The CNA said there was a possibility of cross contamination between residents when assisting them at the same time and not using hand hygiene. She said monthly in-services were done on infection control and weekly reminders were given on hand hygiene.In an interview on 3/10/2026 at 12:40 PM, LVN B said she was overseeing lunch in the dining room. She said she ensured all residents received their meal trays and their meals were consistent with their diet. She said she checked each plate as they were being passed. She said she communicated with the kitchen staff about any special request made by residents. The LVN said she observed choking episodes and checked pureed diets. She ensured residents were safe. The LVN said she did not notice CNA A was using the same hand to (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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	feed both residents because she was in the middle of de-escalating a situation for another resident. She said a negative outcome to feeding two residents at the same time and not performing hand hygiene was cross contamination between residents. The LVN said she ensured CNAs assisted the residents as needed.In an interview on 3/10/2026 at 3:49PM with the DON, he said the CNAs knew residents were fed one at a time. He said Resident #1 usually ate by herself, but she was playing with her food and CNA A helped her. The DON said the CNAs were supposed to have fed one resident at a time, performed hand hygiene, and continued with the next resident. He said infection control and monitoring were in place to avoid cross contamination. He said there was a nurse assigned to the dining room who monitored residents and ensured CNAs were practicing infection control measures.Record review of the facility's, undated, policy titled Activities of Daily Living (ADL), indicated, 1. Residents are provided with care, treatment, and services to ensure their activities of daily living (ADLs) do not diminish unless the circumstances of their clinical condition(s) demonstrate diminishing ADLs are unavoidable.7. A resident's ability to perform ADLs is measured using clinical tools, including the MDS. Functional decline and improvement are evaluated using the following MDS. definitions: . e. Substantial/maximal assistance- if the helper does MORE THAN HALF the effort Record review of the facility's, undated, policy titled Infections- Clinical Protocol, indicated, With the physician or provider's guidance, the staff will provide supportive measures as needed, such as .additional assistance with activities of daily living (ADLs).