

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  45F603	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/12/2024
NAME OF PROVIDER OR SUPPLIER  Mesa View Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE  106 Teas Circle Canadian, TX 79014	

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)
<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>47159</p> <p>Based on interview and record review the facility failed to use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week for 1 of 120 days (8/24/24) of RN schedules reviewed for RN nurse coverage.</p> <p>The facility failed to ensure there were at least 8 hours of RN coverage on August 24, 2024.</p> <p>This failure could place residents at risk of receiving improper care in the event of an emergency and a diminished quality of life.</p> <p>Findings include:</p> <p>A record review of RN coverage for August, September, October, and November 2024, indicated on 8/24/24 there was no RN in the facility for a 24-hour period.</p> <p>An interview with the DON and ADM on 12/11/2024 at 11:50 AM, revealed there had not been an RN in the building on August 24, 2024. The ADM stated the facility did not have policy and procedures in place regarding RN coverage, other than the state and federal regulations. The DON stated the negative outcome of not having an RN in the facility for at least 8 consecutive hours, 7 days a week was residents who needed advanced care beyond the scope of an LVN, would not be cared for in a proper manner. In the event of an emergency, the LVN might not be equipped to handle resident needs and residents could have a decreased quality of life, due to their needs being outside the scope of practice for an LVN.</p>

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:  45F603	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/12/2024
NAME OF PROVIDER OR SUPPLIER  Mesa View Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE  106 Teas Circle Canadian, TX 79014	

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)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>48161</p> <p>Based on observation, interview, and record review the facility failed to ensure drugs and biologicals were stored and labeled in accordance with currently accepted professional principles and include the appropriate accessory and cautionary instructions, and the expiration date when applicable on 1 of 3 (Sunset House ) medication carts observed for .</p> <p>The facility failed to dispose of Bisacodyl Suppositories that expired on 11-2024 in the medication cart located at the Sunset House.</p> <p>This failure could place residents receiving medications at risk of not receiving the therapeutic benefit of medications, adverse reactions to medications, or receiving expired medications.</p> <p>Findings included:</p> <p>During an observation and interview on 12-11-2024 at 7:09 AM, of the Sunset House medication cart with LVN A, observation of middle drawer holding Bisacodyl Suppositories 10mg, expiration date 11/2024. LVN A stated she must have missed taking out the medication. LVN A took the medication out of the cart to be destroyed.</p> <p>During an interview on 12-11-2024 at 10:13 AM, LVN A stated that she was responsible for ensuring medication were checked and expired medications were taken out of the medication cart. LVN A stated that a possible negative outcome for having expired medications in the medication cart could cause negative symptoms for a resident.</p> <p>During an interview on 12-11-2024 at 10:39 AM, LVN B stated that all nurses were responsible for ensuring expired medications were disposed of and taken out of the medication cart. LVN B stated that expired medications were not effective, and it could possibly hurt the resident.</p> <p>During an interview on 12-11-2024 at 11:00 AM, MA C stated that all nurses were responsible for ensuring expired medications were disposed of and taken out of the medication cart. MA C stated that a possible negative outcome for giving a resident expired medication could be the medication would not be effective .</p> <p>During record review of facility's policy, 'Storage of Medications' (no date) revealed in part, The facility shall store all drugs and biologicals in a safe, secure, and orderly manner. The nursing staff shall be responsible for maintain medication storage and preparation areas in a a clean, safe, and sanitary manner. The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals. All such drugs shall be returned to the dispensing pharmacy or destroyed.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  45F603	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/12/2024
NAME OF PROVIDER OR SUPPLIER  Mesa View Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE  106 Teas Circle Canadian, TX 79014	

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)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47159</p> <p>Based on observation, interview, and record review the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen reviewed for food safety.</p> <p>The facility failed to ensure that all foods served to residents were labeled and dated as to when they were received and/or opened.</p> <p>The facility failed to ensure food packaging was properly closed and not open to air.</p> <p>This failure could place residents at risk of food-borne illness.</p> <p>Findings included:</p> <p>An initial tour of the kitchen was conducted on [DATE] at 10:22AM and the following was noted:</p> <ul style="list-style-type: none"> <li>(1) 4-pound bag dry of cheesecake filling mix-no date received.</li> <li>(1) 10-pound bag of tri-colored rotini-no date received.</li> <li>(1) partial 2-gallon zip closure bag of spaghetti noodles-no date received.</li> <li>(1) partial 10-pound box of cracker crumbs-no date received.</li> <li>(1) 36-ounce box of wild rice blend-no date received.</li> <li>(13) individual packages of Oreo cookies-no date received.</li> <li>(2) 2-pound and (1) partial 2-pound bags of fresh grapes-no date received, and no date opened.</li> <li>(1) whole Smokehouse Pit ham-no date received.</li> <li>(1) 5-ound bag of shredded cheddar cheese-no date received, and no date opened.</li> <li>(22) individual cups of fat free chocolate ice cream-no date received.</li> <li>(1) partial 10-pound bag of frozen pancakes-no date received and open to air.</li> <li>(1) partial 5-pound box of frozen tart pastry shells-no date received and open to air.</li> <li>(1) quart and (1) partial quart of heavy whipping cream-no date received, and no date opened.</li> <li>(1) 8-ounce container of whipped topping-no date received.</li> </ul> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  45F603	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/12/2024
NAME OF PROVIDER OR SUPPLIER  Mesa View Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE  106 Teas Circle Canadian, TX 79014	

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)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(1) 16-ounce bottle of lite Italian salad dressing-no date received.</p> <p>(1) 9-ounce package of turkey lunch meat-no date received.</p> <p>(1) partial 5-ounce bag of pepperoni-no date received, and no date opened.</p> <p>(2) 46-ounce cans of pineapple juice-no date received.</p> <p>(3) 50-ounce pump containers of Coffee Mate creamer-no date received, and no date opened. Instructions on containers to discard after 30-days.</p> <p>An interview with the Dietary Manager on [DATE] at 1:38PM revealed the negative outcome of serving foods which had not been dated or were open to air was residents could become sick if they consumed expired foods and foods could lose their nutritional value if left open to air.</p> <p>An interview with the Administrator on [DATE] at 11:50AM revealed the facility had no policy and procedures for food handling and food safety other than the Texas Food Establishment Rules (TFER).</p>