

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  06/11/2025
NAME OF PROVIDER OR SUPPLIER  Mesquite Tree Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0850</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Hire a qualified full-time social worker in a facility with more than 120 beds.</p> <p>Based on interview and record review, the facility with more than 120 beds failed to employ a qualified social worker on a full-time basis, for 1 of 1 social services staff reviewed for qualifications of Social Worker.</p> <p>1.</p> <p>The facility, licensed for 144 beds, did not employ a full-time social worker from 3/26/25 to 6/11/25.</p> <p>This failure could place residents at risk of social service and psychosocial needs not being met.</p> <p>The findings included:</p> <p>Record review of the facility's Daily Census Report, dated 6/10/25, noted the facility had a total licensed bed capacity of 144.</p> <p>Record review of the Facility Summary Report from the Texas Unified Licensure Information Portal (TULIP) date 06/06/25 noted the facility had a total licensed capacity of 144 beds.</p> <p>Record review of an undated document titled Job Details reflected the Previous Social Worker was employed from 7/11/23 to 3/26/25.</p> <p>In an interview on 6/10/25 at 2:37 PM, ADON B stated the facility did not have a social worker and had not had a social worker since the end of March. ADON B stated the Previous Social Worker left on vacation and decided not to return to work.</p> <p>In an interview on 6/10/25 at 2:51 PM, the DON stated there was not a social worker currently employed by the facility and that the social work duties were divided up between different staff members. The DON stated she did not believe it was a risk to the residents due to herself and the Administrator who covered the social worker duties.</p> <p>(continued on next page)</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:  675033	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/11/2025
NAME OF PROVIDER OR SUPPLIER  Mesquite Tree Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0850</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 6/10/25 at 5:05 PM, the Administrator stated the social worker duties were divided between herself and the DON. The Administrator stated she did not think it was a risk to not have a social worker because she and the DON spoke with the residents daily and all appointments were automatically scheduled by a third party. The Administrator continued to state if a resident had an issue arise which required a social worker the resident would tell her about it or a staff member. The Administrator also stated she was advised by her corporate leadership she should contact a social worker from another facility to assist if needed. The Administrator stated she had not contacted another facility's social worker for assistance.</p> <p>Record review of the facility's policy titled Social Services Department Policies and Procedures dated 12/97 reflected:</p> <p>If the social worker is on leave or the position is vacant, the Administrator will develop a plan to cover the department duties.</p>