STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675033	A. Building B. Wing	06/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mesquite Tree Nursing Center	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 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide each resident with nourishing, palatable, well-balanced diet that meets the resident's nutritional needs for 2 of 5 residents (Resident #1 and Resident #2) reviewed for dietary needs.The facility's kitchen failed to prepare and serve 3 ounces of pork loin as stated on resident meal tickets on 06/24/2026.This failure places residents at risk of not meeting their daily nutritional needs and could result in weight loss or decline in overall quality of health. Findings included:Record review of Resident #1's face sheet, dated 06/24/2026, revealed a [AGE] year-old male, admitted on [DATE] with a primary diagnosis of cerebrovascular disease (condition that impacts blood vessels in the brain). Other pertinent diagnoses include protein-calorie malnutrition.Record review of Resident #1's quarterly MDS, dated [DATE], revealed he had a BIMs score of 14 (indicating intact cognitive function). His active diagnosis included malnutrition.Record review of Resident #1's care plan, undated, revealed he had was on a regular diet and at nutrition and hydration risk related to other chronic conditions. Interventions included to provide and serve diet as ordered.Record review of Resident #2's face sheet, dated 06/04/2026, revealed a [AGE] year-old male, admitted on [DATE] with a primary diagnosis of encounter for surgical aftercare following surgery on the genitourinary system (postoperative care for surgery on organs like the kidney, bladder, or male reproductive organs). Other pertinent diagnoses include nutritional deficiency and moderate protein-calorie deficiency.Record review of Resident #2's quarterly MDS, dated [DATE], revealed he had a BIMs score of 13(indicating intact cognitive function). His active diagnosis included malnutrition.Record review of Resident #2's care plan, undated, revealed he had was on a regular diet, with no restrictions and thin liquid, and he was to have double portions. Interventions included to provide and serve diet as ordered.During an interview on 06/24/2026 at 11:17 AM with Resident #1, he stated that food portions were not large enough. Resident #1 then specifically stated the meat portions were not large enough, but the sides were fine.During an observation on 06/24/2026 at 12:19 PM of the facility's only dining room revealed 29 residents were in the dining room eating lunch. Residents with specially prepared (chopped, minced, pureed, etc) diets had appropriate portion sizes. Residents with regular meals had appropriately portioned sides and one thin slice of pork loin with gravy on their plates. Observation and interview of Resident #1 revealed he had begun eating his lunch but appeared to have 1 small thin slice or pork loin on his plate; he said he only received 1 slice of the pork loin.During an observation on 06/24/2026 at 12:25 PM at the kitchen doorway revealed a hallway meal tray cart prepared to go to one of the resident halls. The cart had resident meal tickets on them. Record review of the meal tickets revealed (unless stated otherwise for an alternative meal) Pork Roast Loin Garlic Herb - 3 Oz. Observation at this time revealed the dietary staff plating resident meals and placing one thin slice of pork loin on each plate for the residents who received regular portions and wanted pork loin.During an observation and interview on 06/24/2026 at 12:38 PM with the DM, he said he sliced the pork loin and each pork loin slice was 3 ounces. When asked about the process of how he knew each slice was 3 ounces, he said he has been a cook for 15 years and that the pork slices were 3 ounces each. He then got the (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
	675033	A. Building B. Wing	06/24/2026

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F 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	kitchen's only scale that was mechanical and weighed in ounces. He measured the weight of a pork loin slice and it weighed 1.5 ounces. He said the pork loin was typically precut when it was ordered but this time they had to cut it themselves. The DM said he did not now if the scale was accurate; he said he worked for a hospital company that contracted with the facility and he just did what he was told. The DM said it was important for residents to get the right portion sizes in their meals so the resident's could be healthy.During an observation and interview on 06/24/2026 at 1:03 PM with Resident #2, he said he now did not have issues getting proper portions of food because his ticket said double portion. He showed the surveyor his meal ticket that stated Double Portions. Pork Roast Loin Garlic Herb - 3 Oz. He showed the surveyor his meal he had not started eating and he had 3 thin pork loin slices on his plate (approximately 4.5 ounces of pork loin, instead of 6 ounces).During an interview on 06/24/2026 at 2:53 PM with the RD, she revealed that she had been in the kitchen on 06/10/2026 and had a test tray to try the food. She said there were no issues at that time with the portion sizes. The RD said the dietary staff was contracted through a hospital company and the dietary staff followed the menu's provided by the company. She said the risk of residents not receiving the proper portion amount of foods could put resident at risk for various issues, but overall it increased their risk of diseases if they did not meet their nutritional needs, and many resident's already dealt with chronic illnesses. The RD said going forward, she would audit how much protein residents were getting with each meal. Record review of the facility Menus and Nutritional Adequacy policy, dated 7/22/2022, reflected: Policy. Menus are planned to meet the average resident's nutritional needs.Fundamental InformationA pre-planned menu is provided to the facility, which has been planned or reviewed by a Registered Dietitian and includes meals that are adequate to meet the average residents nutritional needs.The meal planning guide in the Facility Diet Manual is used as the basis for menu planning.Food Group Minimum Daily ServingsMeat or Equivalent 5 Ounces.

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interviews, and record reviews, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food safety in the facility's only kitchen.The facility failed to ensure a bag of dry rolled oats were not sitting on the floor in the kitchen preparation area.The facility failed to ensure raw meat was being thawed properly.The facility failed to ensure food items were not in the same sink compartment as used dishes.These failures could place residents at risk for foodborne illness and foodborne intoxication.Findings included:Observation on 06/24/2026 at 12:19 PM of the facility's kitchen revealed a 50 lb bag of rolled oats sitting on the kitchen floor leaning up against a food preparation table.Observation on 06/24/2026 at 12:38 PM of the facility's 2 compartment sink, next to the handwashing sink, revealed a large piece of raw pork loin, uncovered and unsealed in a large metal pan, with a food strainer in the 1st compartment. After the surveyor noticed the meat, the DM turned on the cold water to run over the raw pork loin and removed the strainer from that compartment and put it into the 2nd compartment. The 1st compartment continued to have a cup and knife in the sink with the raw pork loin.During an interview on 06/24/2026 at 2:08 PM with the DM, he revealed he worked for a hospitality company that contracted with the facility. The DM said he had turned the water on in sink because the raw pork loin was frozen, and water was needed to get the raw pork loin to thaw. The DM said the dishes should not have been in the same compartment as the raw pork loin due to the risk of cross contamination.During an interview on 06/24/2026 at 2:53 PM with the RD, she revealed she had recently done a sanitation audit of the facility's kitchen. The RD said she did not run into any issues like food items on the kitchen floor or a risk of cross contamination. The RD said raw meat in the sink and used dishes next to it was a risk of cross contamination. The RD said she would work the DM on these things and do in-service training.During an interview on 06/24/2026 at 4:48 PM with the ADM revealed she had been going to the kitchen to check on how things were going but she would now increase how often she went to the kitchen. She said there will be education with the dietary staff. The ADM said the risk of having raw pork loin in the same sink compartment as dishes was the risk of cross contamination.Review of the facility's Food Safety and Sanitation Plan policy, dated 10/24/2022, reflected: PolicyIt is the policy of this facility to follow an effective, proactive food safety program that is based on preventing food safety hazards before they occur. The Hazard Analysis Critical Control Point (HACCP) Plan is an example of such a program.Fundamental InformationHazard Analysis Critical Control Point, commonly referred to as HACCP is a food safety plan designed to prevent the outbreak of foodborne illness. It ensures safe food handling practices from food procurement through food service. While all steps in the handling of food are important, specific steps have been identified as critical in preventing food borne illness. HACCP requires that the critical points are identified and procedures implemented and monitored to ensure proper food handling at each critical point. Some operational steps that are critical to control in facilities to prevent or eliminate food safety hazards are thawing, cooking, cooling, holding, reheating of foods, and employee hygienic practices .Nursing home residents risk serious complications from foodborne illness as a result of their compromised health status. Unsafe food handling practices present a potential source of pathogen exposure for residents. Sanitary conditions must be present in health care food service settings to promote safe food handling.Basis of Control and Critical Control Items for HACCP review:.3. Protected During Storage .- Foods are stored off the floor (at least 6 above the floor) and covered .6. Proper Thawing- All potentially hazardous foods must be thawed in such a way as to prevent bacterial multiplication on the surface. Safe methods for thawing include:1. under refrigeration to maintain food temperature at or below 41F2. completely submerged under cold running water that is no greater than 70 F and creates enough agitation to float off loose particles under run off water for no longer than 4 hours and the internal temperature does not go above 41F.3. in a microwave followed by immediate cooking4. as part of the conventional cooking process.