

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675272	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2025
NAME OF PROVIDER OR SUPPLIER Willowbend Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2231 Highway 80 E Mesquite, TX 75150	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation, interview, and record review the facility failed to ensure a safe and decent living environment for one (Common Area) of 2 common areas reviewed for decent living environment. The facility failed to ensure Medication Aide A did not speak loudly and inappropriately while on a personal call around a group of residents in the common area on 09/04/2025. This failure could place residents at risk for a less peaceful and decent living environment. Findings included: In an observation on 09/04/25 at 3:12 PM, Medication Aide A could be heard down the hallway speaking loudly. Medication Aide A was observed as she stood at the medication cart near a common area and a nurse's station, with two residents in her immediate area, and seven additional residents that sat in the common area watching television. Medication Aide A was observed as she spoke on her personal cellphone, and she stated, I am so livid I could punch them in the face. Medication Aide A was observed for 2 additional minutes before she looked around and exited the building through a side door. In an interview on 09/04/25 at 3:45 PM, Medication Aide A stated she was not talking on the phone long, turned around, saw the Surveyor, and then walked outside. She stated she might have said something about punching someone in the face. Medication Aide A stated the call was about her family member. She stated she was not talking about any residents. Medication Aide A stated the risk of taking a phone call and the manner of the phone call was a resident would think she was talking about them. In an interview on 09/05/25 at 12:11 PM, The DON stated all staff were not allowed to take personal calls on the floor. She stated all staff were aware of that rule. The DON stated Medication Aide A did talk loudly most of the time. The DON stated the risk of the staff taking personal, loud phone calls was it would violate the resident's right to have peace in their home. In an interview on 09/05/25 at 12:35 PM, the Assistant Administrator stated the DON spoke and in-serviced Medication Aide A yesterday regarding their personal phone policy. He stated Medication Aide A was disciplined. The Assistant Administrator stated the risk of staff taking personal phone calls and speaking in a certain manner on the phone calls was concerns with dignity of a resident and a violation of their right to feel safe. The Assistant Administrator stated some residents might have PTSD, and that particular phone call could have disrupted residents with that diagnosis. The Assistant Administrator stated personal phone calls should have been avoided. Record review of the facility's undated policy titled, Your Rights and Protections as a Nursing Home Resident, reflected the following: Be Treated with Respect: You have the right to be treated with dignity and respect, as well as make your own schedule and participate in the activities you choose.</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
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