STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676146	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Town East Rehabilitation and Healthcare Center	3617 O'Hare Dr 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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to provide the necessary services to residents who were unable to carry out activities of daily to maintain good nutrition, grooming, and personal and oral hygiene for 2 of 6 residents (Resident #1 and Resident #2) reviewed for ADL activities. The facility failed to change Resident #1's brief within a timely manner on either Monday or Tuesday of the week 05/03/26. The facility failed to provide Resident #2 assistance with brief change within a timely manner. These failures could place residents who required assistance with ADL's at risk for unmet care needs.Findings included: Record review of Resident #1's face sheet, dated 05/14/26, reflected a [AGE] year-old female that was admitted to the facility on [DATE]. Resident #1 had diagnoses which included: urinary tract infection (infection in any part of the urinary system lack of coordination, muscle weakness, age-related physical debility (continuous process characterized by biological, psychological, and social changes that occur over time, impacting health and quality of life), dementia (decline in mental ability). Record review of Resident #1's annual MDS assessment, dated 05/08/26, reflected a BIMS score of 10, which indicated moderate cognitive impairment. The MDS assessment under Section GG-Functional Abilities, reflected Resident #1 was dependent on assistance with oral hygiene, toileting, showering and bathing, upper and lower body dressing, putting on/taking off footwear and personal hygiene. The MDS assessment under Section H-Bladder and Bowel, reflected Resident #1 urinary and bowel was always incontinent. Resident review of Resident #1's care plan, revised 07/18/25, reflected Resident #1 had an ADL self-care performance deficit related to Alzheimer's, confusion, dementia and limited mobility. Interventions included: assisting rails per doctor's order for safety during care provision, assisting with bed mobility, checking nail length and trimming and cleaning on bath day and as necessary, resident bedfast all or most of the time. Resident #1 was totally dependent, require mechanical lift. Monitoring/documenting PRN any changes, any potential for improvement, reasons for self-care deficit, expected course, decline in function. Resident #1 was totally dependent with bathing/showering, dressing, feeding, personal hygiene and oral care and toileting. Resident #1 also had experiences of bladder incontinence related to confusion, dementia and impaired mobility. Interventions included: cleaning peri-area with each incontinence episode, monitoring and documenting intake and output as per facility policy. Record review of Resident #1's progress note, dated 05/05/26 at 2:26pm written by LVN I, reflected the following: Skin:Skin color is WNL. Skin warm/dry to touch. Normal skin turgor (the state of rigidity and tension in living cells or tissues).Skin note: redness to perineal (the diamond-shaped region of skin and muscle located between the bottom of the vaginal opening and the anus) area.Skin Issue: #001. Skin issue had not been evaluated. Location: Perineum. Issue type: Other skin issue. Other skin issue description: Redness/Wound was present on admission. Record review of Resident #2's face sheet, dated 05/14/26, reflected an [AGE] year-old female that was admitted to the facility on [DATE]. Resident #2 had diagnoses which included: vascular dementia (a type of dementia caused by reduced or blocked blood flow to the brain, leading to cognitive decline, memory problems, and changes in behavior and physical abilities), melena (black, tarry stools that indicate internal bleeding, usually from the upper gastrointestinal (GI) (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

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