

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676163	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Mesquite Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 4510 27th St Lubbock, TX 79410	
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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, and record review, the facility failed to incorporate recommendations from a PASRR evaluation report into a resident assessment, care planning, and transition of care for 2 of 5 (Resident #1 and Resident #2) residents reviewed for PASRR services. The facility failed to submit a complete and accurate request for nursing facility specialized services in the LTC online portal for Resident #1 and Resident #2 within 20 business days after the IDT meeting held for Resident #1 on 04/30/2026 and Resident #2 on 04/09/2026. This failure could place residents who were PASRR positive at risk of not receiving PASRR services, which may enhance quality of life, and could lead to a decline in health. Findings included: Resident #1 Record review of Resident #1's face sheet dated 07/30/2026 revealed a [AGE] year-old male, admitted to the facility on [DATE] with diagnoses that included the following: other cerebral palsy (CP) (brain disorder that appears in infancy or early childhood and permanently affects body movement and muscle coordination), cognitive communication deficit, degenerative disease of the nervous system (progressive nervous system dysfunction), muscle weakness, and unspecified lack of coordination. Record review of Resident #1's annual MDS assessment, dated 03/20/2026, revealed in Section C - Cognitive Patterns, Resident #1 had a BIMS score of 09, which indicated moderate cognitive impairment. Record review of the current care plan for Resident #1, undated, revealed the following focus areas: (Resident #1) is at risk for impaired cognitive function or impaired thought processes r/t CEREBRAL PALSY (Resident #1) has ADL Self Care Performance Deficit r/t CP Record review of Resident #1's PCSP dated 04/30/2026 revealed the initial IDT meeting was held on 04/30/2026. Attendees included the LIDDA Habilitation Coordinator, the Social Worker, MDS nurse, Director of Rehabilitation, and Resident #1. The following NFSS were identified and confirmed: B. Customized Manual Wheelchair, C. Durable Medical Equipment (Positioning Wedge), D. Specialized Assessment Occupational Therapy (OT), E. Specialized Assessment Physical Therapy (PT), F. Specialized Assessment Speech Therapy (ST), G. Specialized Occupational Therapy (OT), H. Specialized Physical Therapy (PT), and I. Specialized Speech Therapy (ST). The NFSS also identified a need for Day Habilitation Services and Habitation Coordination Services. Record review of facility's LTC Online Portal communication for Resident #1 as of 07/30/2026 indicated the NSFF for Resident #1 was submitted on 07/09/2026 at 05:04 PM. Resident #2 Record review of Resident #2's face sheet dated 07/30/2026 revealed a [AGE] year-old male, admitted to the facility on [DATE] with diagnoses that included the following: other cerebral palsy (CP) (brain disorder that appears in infancy or early childhood and permanently affects body movement and muscle coordination), cognitive communication deficit, reduced mobility, lack of coordination, paraplegia (form of paralysis), and difficulty walking. Record review of Resident #2's annual MDS assessment, dated 03/20/2026, revealed in Section C - Cognitive Patterns, Resident #2 had a BIMS score of 14, which indicated slight (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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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	cognitive impairment. Record review of the current care plan for Resident #2, undated, revealed the following focus areas: (Resident #2) has a diagnosis of Cerebral Palsy (Resident #2) has an ADL Self Care Performance Deficit r/t diagnosis of Cerebral Palsy, muscle weakness. Record review of Resident #2's PCSP dated 04/09/2026 revealed the quarterly IDT meeting was held on 04/09/2026. Attendees included the PASRR Habilitation Coordinator, the Social Worker, Director of Rehabilitation, MDS nurse, the Dietary Manager, and Resident #2. The following NFSS were identified and confirmed: B. Customized Manual Wheelchair, C. Durable Medical Equipment (unspecified), D. Specialized Assessment Occupational Therapy (OT), E. Specialized Assessment Physical Therapy (PT), F. Specialized Assessment Speech Therapy (ST), G. Specialized Occupational Therapy (OT), H. Specialized Physical Therapy (PT), and I. Specialized Speech Therapy (ST). The NFSS also identified a need for Habitation Coordination Services. Record review of facility's LTC Online Portal communication for Resident #2 as of 07/30/2026 indicated the NSFF for Resident #2 was submitted on 07/10/2026 at 07:42 AM. During an observation and attempted interview on 07/30/2026 at 4:20 PM Resident #1 was observed in his room, sitting in his wheelchair. An attempted interview was conducted and Resident #1 was unable to answer any questions in reference to his IDT meeting. Resident #1 was able to indicate that his wheelchair was currently working, but it was older and he did not know how long he had it. An observation of the wheelchair indicated the arms of the chair had signs of aging and wear with cracks in the plastic covering around the arms of the chair. During an attempted interview on 07/30/2026 at 11:15 AM, 1:30 PM, 3:15 PM. And 4:30 PM, Resident #2 was unavailable for interview. During an interview on 07/30/2026 at 2:30 PM the MDS nurse stated she was new to the position and was not the acting MDS nurse when the referenced IDT meetings were held for Resident #1 or Resident #2. The MDS nurse stated she started as MDS nurse in the middle of June, but she was in training for the first couple of weeks. The MDS nurse stated she had not completed an NFSS since she has been the MDS nurse, and she was not familiar of the process or timeframes. The MDS nurse stated she did review the NFSS in the LTC portal for Resident #1 and Resident #2 on this date, 07/30/2026, and the NFSS for Resident #1 and Resident #2 were not submitted within 20 business days from the IDT meetings. The MDS nurse stated she did not know why the NFSS was not submitted timely. The MDS nurse stated she did not know if there was a system in place to ensure the NFSS was completed timely, as the position was new to her. The MDS nurse stated she did not know who was responsible for submitting and monitoring the NFSS, but she stated she would follow up to find out. The MDS nurse stated she had received training on PASRR, but she planned to do additional training to re-educate herself on the process. The MDS nurse stated if a NFSS was not submitted timely it could cause a delay in services for a resident. The MDS nurse stated she did verify that Resident #1's and Resident #2's NFSS had since been submitted. During an interview on 07/30/2026 at 3:00 PM the DOR stated she was promoted to DOR the previous week. The DOR stated she had never completed an NFSS form, and she was not familiar with the process. The DOR stated she was not the facility's DOR when Resident #1 and Resident #2 had their IDT meetings in April 2026. During an interview on 07/30/2026 at 3:20 PM the ADM stated the facility had a new MDS nurse and a new DOR. The ADM stated she was not aware Resident #1's and Resident #2's NFSS were submitted late. The ADM stated the DOR was responsible for submitting the NFSS and the MDS nurse was responsible for monitoring the NFSS after submission to ensure it was accepted. The ADM stated the NFSS for Resident #1 and Resident #2 may have been delayed due to the change in staffing for the MDS nurse and DOR. The ADM stated it was her expectation that all residents' NFSS were submitted timely. The ADM stated they would work on obtaining a system to monitor this more closely and ensure the MDS nurse and DOR were educated on the process. The (continued on next page)		

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	ADM stated if a resident's NFSS was not submitted timely it could cause a delay in PASRR services for the resident. Record review of the facility's policy titled, Resident Assessment: PASRR , undated, reflected the following: POLICY:It is the policy of this facility to ensure that each resident is properly screened using the PASRR specified by the State. PURPOSE:This facility shall not admit on or after January 1, 1989, any new residents with:Mental illness ad defined in paragraph (m)(2)(i), 42 CFR 483.20 of the SOM unless the State mental health authority has determined , based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority prior to admission: A. That because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility and;B. If the individual requires such level of services, whether the individual requires specialized services for mental retardation. Mental retardation, as defined in paragraph (m)(2)(ii), 42 CFR 483.20 of the SOM unless the State mental retardation or developmental disability authority has determined prior to admission: A. That because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility, and;B. If the individual requires such level of services, whether the individual requires specialized services for mental retardation. PROCEDURES:A PASRR shall be completed on every resident upon admission. Based upon the assessment, the facility will ensure proper referral to appropriate state agencies for the provision of specialized services to residents with MI/MR.		