Printed: 05/31/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675272	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
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 con	tact 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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few			

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 675272

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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 10/16/2024	
NAME OF PROVIDER OR SUPPLIE	ER	STREET ADDRESS, CITY, STATE, ZI	P CODE	
Willowbend Nursing and Rehabilita	Willowbend Nursing and Rehabilitation Center		2231 Highway 80 E Mesquite, TX 75150	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG			on)	
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) In an interview and observation on 10/15/24 at 03:50 p.m., Resident #73 was noted in her bathroom sitting on the bedside commode above the toilet. This was the same bedside commode noted on 10/14/24 and it remained in significant disrepair with extensive rusting and paint loss. The back of Resident #73 legs and her hands were noted in contact with the metal areas missing paint and covered in rust. Resident #73 was interviewed and stated that the bedside commode had been covered in rust since she was admitted to the facility about two years ago. She stated she had not reported it as a concern because she had not known she could say anything about it to staff. She stated the condition of the bedside commode had been bothering her and that it would be nice if something had been done about it. She denied having experienced any abrasion or injury related to the bedside commode and none were observed. In an interview on 10/15/24 at 04:10 p.m., LVN C stated he had worked for the facility for three months on evening shift. When shown Resident #73's bedside commode LVN C stated, it needs a new one. I will have to reach out to maintenance. He put a glove on and felt of one area on the bedside commode with missing paint and stated, it's not sharp but it is rusty. In an interview on 10/15/24 at 02:00 p.m., Maintenance Supervisor D stated that he and one other maintenance department did not make rounds on equipment as bedside commodes, but that the maintenance department did not make rounds on equipment such as bedside commodes, but that the maintenance department did not make rounds on equipment such as bedside commodes, but that the hard relied on nursing to report the concern to them using the maintenance binder found at each nurse's station. He reported that if ust were found on bedside commodes, they were thrown in the trash and not repaired, but replaced instead. He reported that they have a polic			

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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 con	Lact 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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approve in accordance with professional states 47855 Based on observation, interview, an professional standards for food sersers. The facility failed to correctly labes 2. The facility failed to correctly labes 3. The facility failed to label and dates 4. The facility failed to discard the resolution of the states of the facility failed to change the lin the container to sugar. These failures could place resident findings included: Observation of the kitchen on 10/13 sliced cheese was observed with a contents. The refrigerator #1 on 10 of water, a sandwich, and a package contents. The refrigerator had a not observation on 10/13/2024 at 9:45 with label stating Flour was observed was labeled 09/01/2024 thru 10/01.	ed or considered satisfactory and store indards. Indicated record review the facility failed to store vice safety in the facility's only kitchen, el and date a storage bag full of sliced el a package of diced peppers stored in the 5 supplemental meal bags intended remaining sugar by the written use by cabel on a container identified as flour the sat risk for food-borne illness and cross 3/2024 at 9:40 a.m., revealed in refrige date in and no use by date, and no inform of crackers. There were no dates on the written on the outside that read make a.m., of a large white wheeled contained with what was later identified as sugerial as a sugar to the supplementation of the satisfactory and store in the satisfactory and st	prepare, distribute and serve food one food in accordance with reviewed for food safety. cheese. In the refrigerator. for Dialysis patients. late. In the actual substance being stored as contamination. Trator 2, a storage bag containing formation describing the contents. The bags and no description of the the stiting on the floor of the kitchen, that was observed. The container

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		STREET ADDRESS, CITY, STATE, ZIP CODE 2231 Highway 80 E	
Willowbend Nursing and Rehabilitation Center		Mesquite, TX 75150	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview and observation with orders every week and she usually stated her most recent order came stated that the cheese in the refriger without her knowledge. She stated corresponding package of cheese and stated it should have been disc as we spoke. In the walk-in refriger and said she would label the items contamination and food allergies of to any resident. She stated she did refrigerator were snacks for the dia there. She stated she would make bags. Interview with the Cook, on 10/13/2 understands that they need to be lated Resident's deserve that and should get sick from food and does not was correspondence from Administrators storage policy. He stated they follow	th the DM on 10/13/2024 at 10:15 a.m., made sure items were labeled with red in 2 days ago. She stated they reviews erator was taken from the larger package they knew better but was not aware of next to it. She identified the item in the carded as of 10/01/2024. She removed ator (refrigerator 3) she identified the v. She stated that she understood the populd have a negative effect on a reside not know how this got past her inspect bettic resident and nursing would come sure they were getting the proper label 2024 at 10:25 a.m., he stated that he do abeled correctly, stored properly and of the given the best food they can providing anyone to get sick by anything he down on 10/14/2024 at 2:01p.m. reveal the withe Texas Food Establishment Rules hement Rules dated August 2021, found	she revealed that she received beived and use by dates. She ed the dates last week. The DM ge and put in the storage bag who did it. She pointed to the container labeled as flour as sugar, the flour label from the container egetables in the bag as peppers of bential that food borne illness, int and did not want that to happen tion. She stated the bags in the to get them when they were not is to indicate the contents of the desenot usually put the food up, but a good quality. He stated that the desenot usually put the food up, but a good quality. He stated that the desenot usually put the food up, but a good quality. He stated that the desenot usually put the food up, but a good quality. He stated that the desenot usually put the food up, but a good quality the stated that the desenot usually put the food up, but a good quality the stated that the desenot usually put the food up, but a good quality the stated that the desenot usually put the food up, but a good quality the stated that the desenot usually put the food up, but a good quality the stated that the desenot usually put the food up, but a good quality the stated that the desenot usually put the food up, but a good quality the stated that the desenot usually put the food up, but a good quality the stated that the desenot usually put the food up, but a good quality the stated that the desenot usually put the food up, but a good quality the food up, but a good

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675272	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
Willowbend Nursing and Rehabilita	ation Center	2231 Highway 80 E Mesquite, TX 75150	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG			on)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) Review of the U.S. FDA Food Code 2022 reflected: Chapter 3, section 3-201.11 Compliance and Food Law. C. Packaged Food shall be labeled as specified in Law, including 21 CFR 101 Food Labeling [* (b) A food which is subject to the requirements of section 403(k) of the act shall bear labeling, even though such food is not in package form, Co A statement of artificial flavoring, artificial coloring, or chemical preservative shall be placed on the food or on its container or wrapper, or on any two or all three of these, as may be necessary to render such statement likely to be read by the ordinary person under customary conditions of use for the color additive.] 9 CFR 317 Labeling, [*(a) When, in an official establishment, any inspected and passed product is placed in any receptacle or covering constituting an immediate container, there shall be affixed to such container a label. Marking Devices, and Containers, and 3 CFR 381 Subpart N Labeling and Containers, and as specified under 5 3-202.18. Section 3-302.12 Food Storage Containers, Identified with Common Name of Food. Except for containers holding FOOD that can be readily and unmistakably recognized such as dry pasta, working containers holding food or food ingredients that are removed from their original packages for use in the food establishment as cooking oils, flour, herbs, potato flakes, sait, spices, and sugar shall be identified with the common name of the food. Section 3-501.17. Commercial processed food: Open and hold cold. B. 1. The day or date marked by the food establishment may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on food safety. C. 2. Marking the date or day by which the food must be consumed on the premises, sold, or discarded as specified under (A) of this section. 3. Marking the date or day by entire the food on or before the last date or day by which the food must be c		

Facility ID: