STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455591	A. Building B. Wing	04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Focused Care of Waxahachie	1413 W Main St Waxahachie, TX 75165

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for one (Resident #1) of six residents reviewed for infection control. The facility failed to ensure staff practiced hand hygiene when entering and exiting Resident #1's room, who required enhanced barrier precautions. The failure put residents at risk for infection, hospitalization, and decreased quality of life.Findings included: Record review on 04/07/2026 at 2:35 PM Resident #1's electronic medical record revealed that Resident #1 was admitted on [DATE]. Resident #1 had a history of bipolar disorder (Mood swing), epilepsy (Seizure), GERD (Gastro Esophageal Reflux Disease - acid or food coming back up) Without Esophagitis, and adjustment disorder with anxiety. Full Code. BIMS score was at 12 (Mild cognitive impairment). During an interview and observation on 04/07/2026 at 11:17 a.m., the surveyor notified ADM that Resident #1 wanted to talk to the facility ADM Before entering the room of Resident #1, the surveyor noticed EBP signage posted on the door. Observation reflected Resident #1 was assisted back from therapy. Observation reveal that the therapy personnel did not perform hand hygiene during entry or exit from Resident #1's room. Observation further revealed that ADM went directly into Resident #1's room without performing hand hygiene. Before entering the room, the surveyor told ADM that the surveyor would perform hand hygiene because the EBP signage required it. ADM then performed hand hygiene and returned to Resident #1's room During an interview on 04/08/2026 at 11:27 a.m., LVN-A stated she was in-serviced regularly on abuse, neglect, misappropriation, hand washing, hand hygiene, infection control, and resident rights. LVN-A stated that a negative outcome of not following the EBP signage and not promoting hand hygiene was the spread of infection to the residents, herself, or others. LVN-A stated EBP signage was placed at the resident's door to prevent infection. She statednurses were responsible for placing the EBP sign on the resident's door. During an interview on 04/08/2026 at 11:35 a.m., CNA-B stated she was in-serviced regularly on abuse, neglect, misappropriation, hand washing, hand hygiene, infection control, and resident rights. CNA-B stated that the negative outcome of not following EBP signage could include the spread of infection to residents, herself, or others. During an interview on 04/08/2026 at 11:50 a.m., THP-C stated he was in-serviced regularly on abuse, neglect, misappropriation, hand washing, hand hygiene, and infection control. THP-C stated a negative outcome of not following the EBP signage could be cross-contamination and the spread of infection. THP-C stated that Room Ready personnel (the person who makes the room ready for the new resident) and DON approved the EBH sign on the resident's door. During an interview on 04/08/2026 at 12:00 p.m., DON stated she was in-serviced regularly on abuse, neglect, misappropriation, hand washing, hand hygiene, infection control, and resident rights. DON stated a negative outcome of not following the posted EBP signage on the door was the spread of infection to the residents, herself, or others. DON stated that room-ready personnel , central supply personnel, DON, and nurses were responsible for placing the EBP sign on the resident's door. DON stated that DON, ADON, ADM, and the wound care nurse ensured the EBP signage was followed through by all the staff members before (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
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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	entering and exiting residents with the signage of EBP. The DON stated that frequent monitoring and in-services, along with partner rounds each partner is following their duties properly), could be conducted to ensure compliance with EBH protocols. During an interview on 04/08/2026 at 12:10 p.m., ADM stated she was in-serviced regularly on abuse, neglect, misappropriation, hand washing, hand hygiene, infection control, and resident rights. ADM stated a negative outcome of not following the EBP signage and not promoting hand hygiene was the spread of infection to the residents, herself, or others. The ADM stated that room-ready personnel, central supply personnel, the DON, and nurses were responsible for placing the EBH sign on the resident's door. ADM stated DON, ADON, and AD, and the wound care nurse (A nurse who specialized in wound care) made sure the signs were followed through. ADM stated that frequent monitoring and in-services, along with partner rounds, could be conducted to follow through on EBH protocols. ADM stated that, after talking to DON, the facility realized that no EBP signed was required for Resident #1 because Resident #1 was not in isolation at that time. Record review on in-service and education record, dated 4/7/26, topic EBP-Hand sanitizing in-service had been provided on 4/7/26. The EBH sign noted: Enhanced barrier precautions everyone must: Clean their hands, including before entering, and when leaving the room. Providers and staff must also: Wear gloves and a gown for the following high-contact resident care activitiesDressing, Bathing/showering, Transferring, Changing linens, Providing hygiene, Changing briefs or assisting with toileting. Device care or use: Central line, urinary catheter, feeding tube, tracheostomy.Wound care: Any skin opening requiring a dressing.Do not wear the same gown and gloves for the care of more than one person. Record review of the facility's policy titled, Infection Control , dated of 4/1/2024, stated that Enhanced Barrier Precautions (EBP) are a CDC guidance to reduce the transmission of multi-drug resistant organisms (MDRO) in health care settings, including nursing homes. Place signage on resident's closet door, maintain PPE in residents' room, and assure all team members are aware of resident status and need for EBP during high contact care.