

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

Printed: 07/30/2026  
Form Approved OMB  
No. 0938-0391

|                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     |                                                 |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>455591                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                            | (X3) DATE SURVEY<br>COMPLETED<br><br>05/23/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Focused Care of Waxahachie                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1413 W Main St<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     |                                                 |
| F 0600<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.<br><br><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to protect 1 (Resident #1) of 7 residents reviewed for abuse and neglect in that: The facility failed to ensure Housekeeper A was not verbally aggressive with Resident # 1 on 05/22/2026. This failure could place residents at risk of emotional distress and psychosocial harm. Findings included: Record review of Resident #1's admission record dated 05/23/2026 documented a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #1 diagnoses included: major depressive disorder(mood disorder) essential primary hypertension (high blood pressure), and type 2 diabetes (body resist insulin or cannot produce enough of it). Record review of Resident #1's Quarterly MDS assessment, dated 05/11/2026, revealed the resident had a BIMS score of 15 which indicated the resident was cognitively intact. Record review of Resident #1's care plan, dated 05/23/2026, revealed Resident #1 was care planned for impaired coping r/t situational and social factors (social loss of important relationship, disrupted family life, grief, loneliness, helplessness, or hopelessness). An interview with Resident #1 on 05/23/2026 at 11:27 a.m., stated when Housekeeper A cursed at her it made her upset that Housekeeper A would treat her like that. Resident # 1 stated she immediately went to tell the ADM after the incident because she did not want that to happen to anyone else. Resident # 1 stated the day before yesterday, could not recall the time when she asked Housekeeper A to clean her room after she had finished cleaning another room. Resident # 1 stated Housekeeper A never came to her room. Resident # 1 stated on yesterday time not recalled she saw Housekeeper A in the hallway and she was being sarcastic and said to Housekeeper A, thank you for cleaning my room on yesterday and Housekeeper A asked Resident # 1 what did you just say and Resident # 1 stated she told Housekeeper A again thank you for cleaning my room on yesterday. Resident # 1 stated Housekeeper A stated to her Bitch get your crazy ass away from me. Resident # 1 stated she could not believe Housekeeper A had talked to her that way and she was frustrated and mad at the same time. An interview with Housekeeper A on 05/23/2026 at 1:58 p.m., stated that she did not know when she cursed at Resident #1 it would be abuse. Housekeeper A stated she had been working at the facility for about two weeks, and she had completed training at orientation. Housekeeper A stated Resident # 1 was being funny with her because she was not able to clean her room before her shift had ended. Housekeeper A stated the next day Resident # 1 came to look for her to tell her thank you for cleaning her room, when she had not cleaned her room. Housekeeper A stated she asked Resident # 1 what she just say, and out of frustration she told Resident #1 Bitch get your crazy ass away from me. Housekeeper A stated immediately after the incident that the ADM spoke with her, and she told her what she had told Resident #1 and the ADM told her that she could not talk like that to a resident. Housekeeper A stated she did not hurt Resident #1 and she did not feel it was abuse. Housekeeper A stated the ADM immediately suspended her and she had to immediately leave the facility until further investigation. An interview with the Housekeeping Supervisor on 05/23/2026 at 1:58 p.m., stated that he was not in the facility when the incident occurred with Resident #1 and Housekeeper A yesterday. The Housekeeping Supervisor stated that when he made it to the facility yesterday between 8:30 am or 9:00 am, the<br>(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<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|--------------------------------------------------------------------------|-------|-----------|

|                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     |                                                 |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>455591                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY<br>COMPLETED<br><br>05/23/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Focused Care of Waxahachie                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1413 W Main St<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                                 |
| <p>F 0600</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>ADM advised him that Housekeeper A had verbally abused Resident # 1, and she was suspended until further notice and was asked to leave the facility. The Housekeeping Supervisor stated it was expected for Housekeeper A to have treated Resident #1 with respect and not curse at the resident. The Housekeeping Supervisor stated that the Housekeeper had been trained on abuse and neglect at new hire orientation. An interview with the DON on 05/23/2026 at 4:49 p.m., stated that she was made aware of the incident with Housekeeper A and Resident #1 after Resident # 1 reported to the ADM. The DON stated that it was expected for Housekeeper A not to curse at Resident #1. The DON stated that when there was verbal abuse it could cause feelings being hurt, anger, depression, and decline in health. An interview with the ADM on 05/23/2026 at 5:15 p.m., stated Resident #1 reported to her around 8:30 am on yesterday morning that she asked Housekeeper A to clean her room yesterday and Housekeeper A never came to her room. Resident #1 stated this morning when she saw Housekeeper A, she sarcastically said thank you for cleaning her room yesterday even though Housekeeper A did not clean Resident #1's room. Housekeeper A told Resident #1 to shut the hell up and get out my face you crazy bitch. The ADM stated after the conversation with Resident # 1 she immediately went to find Housekeeper A and brought her into the office. The ADM stated she asked Housekeeper A what she say to Resident #1 and Housekeeper A stated that she told Resident #1 to shut the hell up and get out my face you crazy bitch. The ADM then advised Housekeeper A that she was not to speak to any resident like that and advised Housekeeper A that speaking to Resident #1 like that was verbal abuse. The ADM stated that Housekeeper A stated to her even if residents are yelling, cursing, and talking crazy. The ADM stated she advised the Housekeeper that it was verbal abuse. The ADM stated she immediately told Housekeeper A that she was suspended and to leave the premises immediately. The ADM stated that Housekeeper A will be terminated on Tuesday after corporate return from the holiday. The ADM stated it was expected for Housekeeper A to talk to Resident # 1 with Respect. The ADM stated talking like that to a resident could cause depression and emotional distress. An interview with the Social Worker on 05/23/2026 at 6:28 p.m., stated that she was not in the facility on 05/22/2026 when the incident had occurred with Resident #1 and the Housekeeper. The Social Worker stated she was not aware of the incident, and she was sure that the ADM would notify her of the incident on Monday 05/25/2026. Review of Housekeeper A's personnel file reflected that she was hired on 05/14/2026 and terminated on 05/27/2026. Housekeeper A had received her abuse training at orientation on 05/14/2026 and background had been checked. Review of the facility's investigation dated 05/22/2025 reflected a thorough investigation was completed, and the allegation of verbal abuse was confirmed. Inservice over abuse had begun with the facility staff on 05/22/2025. Review of facility's Policy dated 02/01/2017 and revised 01/27/2020 titled Abuse reflected: The purpose of this policy is to ensure that each resident has the right to be free from any type of Abuse, Neglect, Intimidation, Involuntary Seclusion/Confinement, and or Misappropriation of property. The facility staff will adhere to the policies and procedures and will follow the guidelines in the written policy and procedure. The facility administrator is the appointed Abuse Coordinator, and in his/her absence a designee will be appointed. Abuse is a willful infliction of injury or negligent, unreasonable confinement, intimidation, or punishment with resulting physical or emotional harm or pain to a resident; or sexual abuse, including involuntary or nonconsensual sexual conduct that would constitute an offense under penal code S 21.08 (indecent exposure) or Penal code chapter 22 (assaultive offenses), sexual harassment, sexual coercion, or sexual assault. Residents will not be subjected to abuse by anyone, including, but not limited to community staff, other residents, consultants, volunteers, staff of other agencies serving the residents, family members or legal guardians, care taker, friends, or other individuals. This includes physical. verbal. sexual. physical /chemical restraint.</p> |                                                                                     |                                                 |