

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455900	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/08/2025
NAME OF PROVIDER OR SUPPLIER Focused Care at Mount Pleasant		STREET ADDRESS, CITY, STATE, ZIP CODE 1606 Memorial Ave Mount Pleasant, TX 75455	

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)
<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>(continued on next page)</p>

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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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview the facility failed to have an ongoing and effective pest control program for 3 of 7 resident rooms reviewed for pest control (Resident #1, Resident #2 and Resident #3.) The facility did not have an effective pest control program to eradicate the cockroaches in the facility. The facility failure placed residents at risk for diarrhea, dysentery (infectious diarrhea), salmonella (an infection that can lead to diarrhea, fever, and stomach cramps), and other serious health concerns. Findings included: 1. Record review of the face sheet for Resident #1 indicated he was re-admitted to the facility on [DATE] with diagnoses including chronic heart failure, COPD (Chronic obstructive pulmonary disease is a group of lung diseases that cause ongoing breathing problems), history of cellulitis to lower extremities (common bacterial skin infection that affects the deeper layers of the skin and underlying tissue). Record review of Resident #1's MDS dated [DATE] indicated Resident #1 had clear speech, made himself understood and usually understood others. The MDS indicated Resident #1 had no cognitive impairment (BIMS of 15). The MDS indicated Resident #1 had a behavior of rejecting care that had occurred 1-3 days during the 7-day look back period. The MDS indicated Resident was dependent on staff toileting hygiene, showers/bathing, dressing the lower body, and putting on footwear. The MDS indicated Resident #1 required substantial assistance dressing the upper body. The MDS indicated Resident #1 required moderate assistance with personal hygiene. The MDS indicated Resident #1 required setup or clean-up assistance only with eating and oral hygiene. Record review of the care plan revised on 6/3/25 indicated Resident #1 was on enhanced barrier precautions (an infection control intervention designed to reduce transmission of multidrug-resistant organisms which could lead to infection). The care plan indicated Resident #1 was risk for skin impairment and infection. During an interview and observation on 8/22/25 at 11:00 a.m., at the hospital, Resident #1 said he saw roaches in his room all the time because his roommate would keep uncovered food items in his room. Resident #1 said he had not seen any roaches in his bed. Resident #1 said he saw small roaches and the big water bugs in his room. Resident #1 said he never saw anyone spray his room. During an interview on 9/8/25 at 8:00 a.m., Resident #1 laid in his bed at the facility. Resident #1 said he was happy to be back at the facility but had seen roaches crawling on his floor since he had been back. During a telephone interview on 9/9/25 at 2:09 p.m., EMS personnel A said she assisted in the transport of Resident #1 from the facility to the on 8/18/25 hospital. EMS personnel A said Resident #1 is a very large man and could not transfer himself. She said when they (EMS personnel) moved Resident #1 from his bed to the stretcher she saw small roaches were crawling on his bed. She said the roaches were small and not like large water bugs. During a telephone interview on 9/9/25 at 2:14 p.m., EMS personnel B said he assisted in the transport of Resident #2 from the facility to the hospital on 8/18/25. EMS personnel B said he saw bugs crawling on the bed but could not say for sure if they were roaches. 2. Record review of Resident #2's face sheet indicated he was readmitted to the facility on [DATE] with diagnoses including COPD and type II diabetes. Record review of the MDS dated [DATE] indicated Resident #2 had short term memory problems and some difficulty with cognitive skills for daily decision making. The MDS indicated Resident #2 required supervision or touch assistance for most ADLs (oral hygiene; toileting; shower/bathing; dressing of the upper/lower body; putting on/off footwear). The MDS Resident #2 needed set up or clean-up assistance only for eating. Record review of the care plan dated 8/28/25 indicated Resident #2 had COPD. The care plan interventions included; monitor for signs and symptoms of respiratory infection. During an interview and observation on 8/21/25 at 1:40 p.m., Resident #2 was sitting in his wheelchair in his room. Resident #2 indicated Resident #1 was his roommate. Resident #2 said he saw roaches in his room all the time. There were multiple covered containers containing food on Resident #1's side of the bed. Resident #2 pointed to the space between the two nightstands and said look there is one right now. A small cockroach was noted crawling on the floor in between the space between the two night stands. Resident #2 declined to talk further with the surveyor and left the room in his wheelchair. 3. Record review of the face sheet for Resident #3 indicated she was readmitted to the facility on 11/30 24 with diagnoses including heart failure, and type II diabetes. Record review of the MDS dated [DATE] indicated Resident #3. The MDS indicated she had clear speech. The MDS indicated she usually understood and usually made herself understood. The MDS indicated she was cognitively intact (BIMS of 14). Record review of the care plan revised on 8/11/25 indicated Resident #3 was at risk for frequent infections related to her diabetes. During an interview and observation on 8/21/25 at 2:00</p>		