

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455936	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/23/2024
NAME OF PROVIDER OR SUPPLIER  Focused Care at Lamesa		STREET ADDRESS, CITY, STATE, ZIP CODE  1201 N 15th St Lamesa, TX 79331	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43344</b></p> <p>Based on observations, interviews, and record review, the facility failed to maintain an infection control program designed to provide a safe, comfortable, and sanitary environment to help prevent the development and transmission of communicable diseases for 31 of 31 residents reviewed for infection control (Residents #1- #31).</p> <ol style="list-style-type: none"> <li>The facility failed to implement and maintain contact precautions and ensure staff utilized Personal Protective Equipment (PPE) appropriately to prevent cross contamination from residents (Resident #3, #4, #6, and #28) positive with COVID-19.</li> <li>The facility failed to place readily visible signage on the door of Resident #1-#30 who was actively on contact precautions.</li> <li>The DM and CNA A entered the room of a resident (Resident #6 and #28) who was on transmission-based precautions without proper PPE.</li> <li>Housekeeper D entered the room of a resident (Resident #14 and #19) who was on transmission-based precautions without proper PPE.</li> <li>The HA entered the room of a resident (Resident #30) who was on transmission-based precautions without proper PPE.</li> <li>The HA provided a resident (Resident #4) who was on transmission-based precautions snacks without proper PPE.</li> <li>The facility failed to implement and maintain contact precautions and prevent cross contamination for resident (Resident #31) by cohorting him with a positive resident (Resident #13) with COVID-19.</li> </ol> <p>These failures could place residents at risk for spread of infection and cross contamination.</p> <p>Findings included:</p> <p>Resident #1</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Record Review of Resident #1's face sheet, dated 10/23/24, revealed a [AGE] year-old male that was initially admitted to the facility on [DATE] and readmitted on [DATE], with the following diagnoses: dementia (memory loss), pneumonia (lung infection) and muscle weakness.</p> <p>Record Review of Resident #1's Comprehensive MDS assessment dated [DATE], revealed under Section C, Cognitive Patterns, a BIMS score of 14, indicating the resident was not cognitively impaired.</p> <p>Record review of Resident #1's care plan, dated 10/22/24, did not the residents positive status for COVID-19.</p> <p>Record review of Resident #1's Order Summary Report, dated 10/23/24, reflected the resident was to be assessed for s/s of COVID-19, isolate immediately and proceed with further precautions.; Ordered 10/21/2024.</p> <p>Record Review of Resident #1's nursing progress notes entered by LVN D dated 10/21/24 at 5:10 PM indicated Resident #1 tested positive for COVID-19 on 10/21/24.</p> <p>Record review of the facility list (untitled/undated) of COVID-19 residents/staff revealed Resident #1 tested positive on 10/21/24 with the following symptoms: lethargy and weakness.</p> <p>Resident #2</p> <p>Record Review of Resident #2's face sheet, dated 10/23/24, revealed a [AGE] year-old female that was initially admitted to the facility on [DATE] and readmitted on [DATE], with the following diagnoses: diabetes (blood sugar condition), reduced mobility, morbid obesity and major depressive disorder.</p> <p>Record Review of Resident #2's Comprehensive MDS assessment dated [DATE], revealed under Section C, Cognitive Patterns, a BIMS score of 15, indicating the resident was not cognitively impaired.</p> <p>Record review of Resident #2's care plan, dated 10/14/24, reflected the following:</p> <p>A focused area, initiated on 11/09/20, Resident #2 was at risk for exposure to respiratory virus (COVID-19) due to worldwide pandemic and local state and community cases identified. The goal initiated on 11/09/20, was that Resident #2 was to minimize risk of potential exposure over through next review date.</p> <p>Record review of Resident #2's Order Summary Report, dated 10/23/24, reflected the resident was to be assessed for s/s of COVID-19, isolate immediately and proceed with further precautions.; Ordered 10/16/2024.</p> <p>Record Review of Resident #2's nursing progress notes entered by LVN E dated 10/18/24 at 4:09 AM indicated Resident #2 tested positive for COVID-19 on 10/18/24.</p> <p>Record review of the facility list (untitled/undated) of COVID-19 residents/staff revealed Resident #2 tested positive on 10/16/24 with the following symptoms: congestion, chills and runny nose.</p> <p>Resident #3</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A focused area, initiated on 10/29/20, Resident #12 was at risk for exposure to respiratory virus (COVID-19) die to worldwide pandemic and local state and community cases identified. The goal initiated on 10/29/20, was that Resident #12 was to minimize risk of potential exposure over through next review date.</p> <p>Record review of Resident #12's Order Summary Report, dated 10/23/24, reflected the resident was to be assessed for s/s of COVID-19, isolate immediately and proceed with further precautions.; Ordered 10/18/2024.</p> <p>Record Review of Resident #12's nursing progress notes entered by the DON dated 10/18/24 at 5:10 PM indicated Resident #12 tested positive for COVID-19 on 10/18/24.</p> <p>Record review of the facility list (untitled/undated) of COVID-19 residents/staff revealed Resident #12 tested positive on 10/18/24 with the following symptoms: asymptomatic.</p> <p>Resident #13</p> <p>Record Review of Resident #13's face sheet, dated 10/23/24, revealed a [AGE] year-old male that was initially admitted to the facility on [DATE] and readmitted on [DATE], with the following diagnoses: anxiety (increased worry), pneumonia (lung infection), and schizophrenia (chronic mental illness).</p> <p>Record Review of Resident #13's Comprehensive MDS assessment dated [DATE], revealed under Section C, Cognitive Patterns, a BIMS score of 13, indicating the resident was not cognitively impaired.</p> <p>Record review of Resident #13's care plan, dated 10/2/24, reflected the following:</p> <p>A focused area, initiated on 10/12/22, Resident #13 was at risk for exposure to respiratory virus (COVID-19) die to worldwide pandemic and local state and community cases identified. The goal initiated on 10/12/22, was that Resident #13 would remain free from virus through next review date.</p> <p>Record review of Resident #13's Order Summary Report, dated 10/23/24, reflected the resident was to be assessed for s/s of COVID-19, isolate immediately and proceed with further precautions.; Ordered 10/21/2024.</p> <p>Record Review of Resident #13's nursing progress notes entered by LVN D dated 10/21/24 at 3:08 PM indicated Resident #13 tested positive for COVID-19 on 10/21/24.</p> <p>Record review of the facility list (untitled/undated) of COVID-19 residents/staff revealed Resident #13 tested positive on 10/21/24 with the following symptoms: runny nose and weakness.</p> <p>Resident #14</p> <p>Record Review of Resident #1's face sheet, dated 10/23/24, revealed a [AGE] year-old male that was admitted to the facility on [DATE], with the following diagnoses: dementia (memory loss), muscle weakness and muscle wasting atrophy (loss of muscle tissue).</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Record Review of Resident #14's Comprehensive MDS assessment dated [DATE], revealed under Section C, Cognitive Patterns, a BIMS score of 11, indicating the resident was moderately cognitively impaired.</p> <p>Record review of Resident #14's care plan, dated 10/23/24, reflected the following:</p> <p>A focused area, initiated on 10/16/24, Resident #14 was COVID positive and had clinical concerns. The goal initiated on 10/16/24, was that Resident #4 would be monitored for secondary infections/virus.</p> <p>Record review of Resident #14's Order Summary Report, dated 10/23/24, reflected the resident was to be assessed for s/s of COVID-19, isolate immediately and proceed with further precautions.; Ordered 10/16/2024.</p> <p>Record Review of Resident #14's nursing progress notes entered by the DON dated 10/16/24 at 5:10 PM indicated Resident #14 tested positive for COVID-19 on 10/16/24.</p> <p>Record review of the facility list (untitled/undated) of COVID-19 residents/staff revealed Resident #14 tested positive on 10/16/24 with the following symptoms: congestion, chills and runny nose.</p> <p>Resident #15</p> <p>Record Review of Resident #15's face sheet, dated 10/23/24, revealed a [AGE] year-old female that was admitted to the facility on [DATE], with the following diagnoses: dementia (memory loss), anxiety (increased worry), and cognitive communication deficit (difficulty communicating).</p> <p>Record Review of Resident #15's Comprehensive MDS assessment dated [DATE], revealed under Section C, Cognitive Patterns, a BIMS score of 14, indicating the resident was not cognitively impaired.</p> <p>Record review of Resident #15's care plan, dated 8/7/24, reflected the following:</p> <p>A focused area, initiated on 6/7/23, Resident #15 was at risk for exposure to respiratory virus (COVID-19) due to worldwide pandemic and local state and community cases identified. The goal initiated on 6/07/23, was that Resident #15 would increase knowledge deficit related to infection control practices and/or minimize risk related to virus through next review date.</p> <p>Record review of Resident #15's Order Summary Report, dated 10/23/24, reflected the resident was to be assessed for s/s of COVID-19, isolate immediately and proceed with further precautions.; Ordered 10/14/2024.</p> <p>Record Review of Resident #15's nursing progress notes entered by the DON dated 10/14/24 at 6:35 PM indicated Resident #15 tested positive for COVID-19 on 10/14/24.</p> <p>Record review of the facility list (untitled/undated) of COVID-19 residents/staff revealed Resident #15 tested positive on 10/14/24 with the following symptoms: congestion and Runny nose.</p> <p>Resident #16</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Focused Care at Lamesa		STREET ADDRESS, CITY, STATE, ZIP CODE  1201 N 15th St Lamesa, TX 79331	
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Record Review of Resident #16's face sheet, dated 10/23/24, revealed a [AGE] year-old female that was initially admitted to the facility on [DATE] and readmitted [DATE], with the following diagnoses: muscle weakness, COVID-19 and dementia (memory loss).</p> <p>Record Review of Resident #16's Comprehensive MDS assessment dated [DATE], revealed under Section C, Cognitive Patterns, a BIMS score of 09, indicating the resident was moderately cognitively impaired.</p> <p>Record review of Resident #16's care plan, dated 10/22/24, reflected the following:</p> <p>A focused area, initiated on 2/15/23, Resident #16 was at risk for exposure to respiratory virus (COVID-19) due to worldwide pandemic and local state and community cases identified. The goal initiated on 2/15/23, was that Resident #16 was to minimize risk of potential exposure over through next review date.</p> <p>Record review of Resident #16's Order Summary Report, dated 10/23/24, reflected the resident was to be assessed for s/s of COVID-19, isolate immediately and proceed with further precautions.; Ordered 10/18/2024.</p> <p>Record Review of Resident #16's nursing progress notes entered by LVN E dated 10/18/24 at 4:21 AM indicated Resident #16 tested positive for COVID-19 on 10/18/24.</p> <p>Record review of the email sent by the DON on 10/29/24 at 10:00 AM revealed Resident #16 tested positive on 10/17/24 with the following symptoms: asymptomatic.</p> <p>Resident #17</p> <p>Record Review of Resident #17's face sheet, dated 10/23/24, revealed a [AGE] year-old female that was admitted to the facility on [DATE], with the following diagnoses: dementia (memory loss), anxiety (increased worry), diabetes (blood sugar deficit) and lack of coordination.</p> <p>Record Review of Resident #17's Comprehensive MDS assessment dated [DATE], revealed under Section C, Cognitive Patterns, a BIMS score of 3, indicating the resident was severely cognitively impaired.</p> <p>Record review of Resident #17's care plan, dated 08/21/24, reflected the following:</p> <p>A focused area, initiated on 10/15/23, Resident #17 was at risk for exposure to respiratory virus (COVID-19). The goal initiated on 10/15/23, was that Resident #17 would remain free from virus through next review date.</p> <p>Record review of Resident #17's Order Summary Report, dated 10/23/24, reflected the resident was to be assessed for s/s of COVID-19, isolate immediately and proceed with further precautions.; Ordered 10/18/2024.</p> <p>Record Review of Resident #17's nursing progress notes entered by the DON dated 10/18/24 at 4:20 PM indicated Resident #1 tested positive for COVID-19 on 10/18/24.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Focused Care at Lamesa		STREET ADDRESS, CITY, STATE, ZIP CODE  1201 N 15th St Lamesa, TX 79331	

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Record review of the facility list (untitled/undated) of COVID-19 residents/staff revealed Resident #17 tested positive on 10/18/24 with the following symptoms: asymptomatic.</p> <p>Resident #18</p> <p>Record Review of Resident #18's face sheet, dated 10/23/24, revealed a [AGE] year-old male that was admitted to the facility on [DATE], with the following diagnoses: lack of coordination, schizophrenia (chronic mental disorder), and dementia (memory loss).</p> <p>Record Review of Resident #18's Comprehensive MDS assessment dated [DATE], revealed under Section C, Cognitive Patterns, a BIMS score of 07, indicating the resident was severely cognitively impaired.</p> <p>Record review of Resident #18's care plan, dated 9/25/24, reflected the following:</p> <p>A focused area, initiated on 06/07/23, Resident #18 was at risk for exposure to respiratory virus (COVID-19) due to worldwide pandemic and local state and community cases identified. The goal initiated on 06/07/23, was that Resident #18 would remain free from virus through next review date.</p> <p>Record review of Resident #18's Order Summary Report, dated 10/23/24, reflected the resident was to be assessed for s/s of COVID-19, isolate immediately and proceed with further precautions.; Ordered 10/14/2024.</p> <p>Record Review of Resident #18's nursing progress notes entered by LVN D dated 10/15/24 at 5:57 PM indicated Resident #18 tested positive for COVID-19 on 10/15/24.</p> <p>Record review of the facility list (untitled/undated) of COVID-19 residents/staff revealed Resident #18 tested positive on 10/14/24 with the following symptoms: congestion and runny nose.</p> <p>Resident #19</p> <p>Record Review of Resident #19's face sheet, dated 10/23/24, revealed a [AGE] year-old male that was admitted to the facility on [DATE], with the following diagnoses: dementia (memory loss), muscle wasting and atrophy (loss of muscle tissue), and muscle weakness.</p> <p>Record Review of Resident #19's Comprehensive MDS assessment dated [DATE], revealed under Section C, Cognitive Patterns, a BIMS score of 08, indicating the resident was moderately cognitively impaired.</p> <p>Record review of Resident #19's care plan, dated 08/07/24, did not address the residents positive COVID-19 status.</p> <p>Record review of Resident #19's Order Summary Report, dated 10/23/24, reflected the resident was to be assessed for s/s of COVID-19, isolate immediately and proceed with further precautions.; Ordered 10/21/2024.</p> <p>Record Review of Resident #19's nursing progress notes entered by LVN D dated 10/21/24 at 5:10 PM indicated Resident #19 tested positive for COVID-19 on 10/21/24.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Record review of the facility list (untitled/undated) of COVID-19 residents/staff revealed Resident #19 tested positive on 10/21/24 with the following symptoms: runny nose, congestion and weakness.</p> <p>Resident #20</p> <p>Record Review of Resident #20's face sheet, dated 10/23/24, revealed a [AGE] year-old female that was initially admitted to the facility on [DATE] and readmitted [DATE], with the following diagnoses: cerebral infarction (dying brain tissue that occurs due to blocked or reduced blood flow), muscle wasting atrophy (loss of muscle tissue), , abnormal weight loss and lack of coordination.</p> <p>Record Review of Resident #20's Comprehensive MDS assessment dated [DATE], revealed under Section C, no data was entered.</p> <p>Record review of Resident #20's care plan, dated 09/11/24, reflected the following:</p> <p>A focused area, initiated on 11/09/20, Resident #20 was at risk for exposure to respiratory virus (COVID-19) die to worldwide pandemic and local state and community cases identified. The goal initiated on 11/09/20, was that Resident #20 was to minimize risk of potential exposure over through next review date</p> <p>Record review of Resident #20's Order Summary Report, dated 10/23/24, reflected the resident was to be assessed for s/s of COVID-19, isolate immediately and proceed with further precautions.; Ordered 10/21/2024.</p> <p>Record Review of Resident 20's nursing progress notes entered by LVN D dated 10/21/24 at 3:17 PM indicated Resident #20 tested positive for COVID-19 on 10/21/24.</p> <p>Record review of the facility list (untitled/undated) of COVID-19 residents/staff revealed Resident #20 tested positive on 10/21/24 with the following symptoms: asymptomatic.</p> <p>Resident #21</p> <p>Record Review of Resident #21's face sheet, dated 10/23/24, revealed a [AGE] year-old male that was initially admitted to the facility on [DATE] and readmitted [DATE], with the following diagnoses: diabetes (blood sugar deficit), dementia (memory loss) and lack of coordination.</p> <p>Record Review of Resident #21's Comprehensive MDS assessment dated [DATE], revealed under Section C, Cognitive Patterns, a BIMS score of 11, indicating the resident was moderately cognitively impaired.</p> <p>Record review of Resident #21's care plan, dated 09/5/24, reflected the following:</p> <p>A focused area, initiated on 11/09/20, Resident #21 was at risk for exposure to respiratory virus (COVID-19) die to worldwide pandemic and local state and community cases identified. The goal initiated on 11/09/20, was that Resident #21 would increase knowledge deficit related to infection control practices and/or minimize risks related to virus through next review date.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Record review of Resident #21's Order Summary Report, dated 10/23/24, reflected the resident was to be assessed for s/s of COVID-19, isolate immediately and proceed with further precautions.; Ordered 10/14/2024.</p> <p>Record Review of Resident #21's nursing progress notes entered by LVN D dated 10/14/24 at 5:46 PM indicated Resident #21 tested positive for COVID-19 on 10/14/24.</p> <p>Record review of the facility list (untitled/undated) of COVID-19 residents/staff revealed Resident #21 tested positive on 10/14/24 with the following symptoms: congestion and runny nose.</p> <p>Resident #22</p> <p>Record Review of Resident #22's face sheet, dated 10/23/24, revealed a [AGE] year-old female that was initially admitted to the facility on [DATE] and readmitted [DATE], with the following diagnoses: muscle weakness, muscle wasting atrophy (loss of muscle tissue) and cognitive communication deficit (difficulty communica</p>		