

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675293	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/06/2026
NAME OF PROVIDER OR SUPPLIER Focused Care at Linden		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 W Houston St Linden, TX 75563	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0573 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Let each resident or the resident's legal representative access or purchase copies of all the resident's records. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to allow the resident the right to obtain a copy of the records or any portions thereof, including in an electronic form or format when such records were maintained electronically, upon request and 2 working days advance notice to the facility for 1 of 1 resident (Resident #1) reviewed for the right to access copies of records. The facility failed to provide medical records for Resident #1 to the legal representative of Resident #1's family member within two working days of a request on [DATE] and [DATE]. This failure could place residents at risk by causing a negative health impact due to not having continuity of care. Findings include: Record review of a face sheet, dated [DATE], indicated Resident #1 was originally admitted on [DATE] and readmitted on [DATE]. Resident #1 had diagnoses which included dementia (a decline in mental ability severe enough to interfere with daily life), peripheral vascular disease (a disease of the blood vessels that restricts circulation to the legs and feet), and need for assistance with personal care. The face sheet indicated Resident #1 was discharged from the facility on [DATE]. Record review of a Significant Change MDS, dated [DATE], indicated Resident #1 was understood and understood others. The MDS indicated Resident #1's BIMS was a 9, which indicated moderate cognitive impairment. Record review of a nurses note, dated [DATE] at 4:34 p.m., indicated Resident #1 expired in the facility on [DATE]. Record review of an Authorization Form for Release of Protected Health Information for Resident #1 indicated, I, (Family Member A), hereby authorize the following named physician(s) or health care providers to obtain and disclose the protected health information and associated billing records described below. The health information and billing records in the custody of the physicians or health care providers who have examined, evaluated, or treated (Resident #1). The facility and the medical director were listed as the names of the health care providers. The form was signed by Family Member A and Resident #1 on [DATE]. The form indicated Family Member A was Resident #1's power of attorney. Record review of a certified mail receipt post marker [DATE] and addressed to the facility indicated a received signature of the Business Office Manager. The sender was the legal representative of Family Member A. Record review of a formal letter from the office of the legal representative of Family Member A, dated [DATE], indicated the Authorization Form for Release of Protected Health Information for Resident #1, dated [DATE], was attached. The letter also indicated, Please provide, (Resident #1's) records electronically within 48 hours of receiving this notice. During an interview on [DATE] at 9:35 a.m., the Administrative Assistant for the legal representative of Family Member A said Resident #1's records were requested almost a year ago. She said the full record for Resident #1 had been requested. She said they had not received a response and had not received the records. During an interview on [DATE] at 12:18 p.m., the Executive Director of Operations said she vaguely remembered an attorney sending a release for the records of Resident (continued on next page)		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F 0573 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	#1. She said typical procedure was to send the request on to the main corporate office and then they released the records. She said she would have to do some checking because it had been a while. She said the signature on the certified mail receipt postmarked [DATE] appeared to be the signature of the Business Office Manager. She said the Business Office Manager was not present in the facility. During an interview on [DATE] at 2:18 p.m., the Executive Director of Operations said she found the request in an email she sent to the main corporate office. She said she called the corporate office, and no one could provide confirmation the records for Resident #1 were released. She said the records were now being processed and would be sent out. She said records should be released when they were requested because the family had the right to the resident's information. Record review of an Access to Medical Records facility policy, last revised on [DATE], indicated, .Each resident has the right to access and or obtain copies of his or her personal and medical records upon request. A resident/responsible party may submit his/her request either orally or in writing for access to personal or medical records pertaining to him/her .Request will be sent to the Chief Clinical Officer and Director of Regulatory/Risk Management. The resident/responsible party may obtain a copy of his or her personal or medical record within two business days of an oral or written request.		