

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675398	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/06/2024
NAME OF PROVIDER OR SUPPLIER  Focused Care of Center		STREET ADDRESS, CITY, STATE, ZIP CODE  501 Timpson Center, TX 75935	

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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30527</p> <p>Based on interviews and record review, the facility failed to develop and implement a baseline care plan for each resident that included the instructions needed to provide effective and person-centered care for 1 of 3 residents reviewed for baseline care plans. (Resident #1)</p> <p>The facility failed to develop a baseline care plan that addressed Resident #1's use of a fall mat at bedside and bed in the lowest position.</p> <p>This failure could place residents at risk of not receiving care and services to meet their needs.</p> <p>Findings</p> <p>Record review of the face sheet dated 07/05/2024 indicated Resident #1 was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses including acute osteomyelitis (bone infection) of the right ankle and foot, muscle wasting, cognitive communication deficit, lack of coordination, hypertension (high blood pressure), pressure ulcers of the sacral area (a wound near the lower back and spine).</p> <p>Record review of the Admission MDS assessment dated [DATE] indicated Resident #1 was sometimes understood by others and sometimes understood others. The MDS indicated Resident #1 had a BIMS of 04 and was severely cognitively impaired. The MDS indicated Resident #1 was dependent with toileting, lower body dressing, and putting on and taking off footwear, required maximum assistance with bathing, and moderate assistance with upper body dressing. In section GG0120 Mobility devices the MDS indicated in the last 7 days Resident #1 used a walker and a wheelchair.</p> <p>Record review of the Order Summary Report dated 07/06/2024 indicated Resident #1 had an active order with a start date of 06/25/2024 for fall mat at bedside and bed to be in lowest position.</p> <p>Record review of the baseline care plan signed 06/25/2024 revealed it did not address the use of a fall mat at bedside and bed in the lowest position.</p> <p>Record review of an undated comprehensive care plan indicated Resident #1 was at increased risk for falls with the following interventions:</p> <p>Anticipate needs, provide prompt assistance.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assure lighting is adequate and areas are free of clutter.</p> <p>Encourage resident to ask for assistance of staff.</p> <p>Encourage socialization and activity attendance as tolerated.</p> <p>Ensure call light is in reach and answer promptly.</p> <p>The comprehensive care plan did not address the floor mat at bedside or the bed in lowest position.</p> <p>During an interview on 07/06/2024 at 04:15 PM, LVN A said she had worked at the facility as the charge nurse for approximately 2 years. LVN A stated the charge nurse completed admissions when the ADON or DON were not in the building. LVN A stated all new admission orders were placed in the system for the MARs and TARs and all that information combined and created the baseline care plan. LVN A stated Resident #1 required a fall mat at her bedside and the bed in the lowest position to prevent injury because she was at high risk for falls. LVN A stated that the care plan not addressing Resident #1's use of a floor mat at bedside would result in a gap in the care provided to Resident #1.</p> <p>During an interview on 07/06/2024 at 4:33 PM, the ADON said she and the DON were responsible for completing the baseline care plans. The ADON said she and the DON completed new admissions in the system including verifying and entering orders for the MAR and TAR daily and checked each other's work as the check and balance system to ensure an appropriate baseline plan of care was developed for the residents. The ADON said Resident #1 required a fall mat at her bedside and the bed in the lowest position to prevent injury because she was at high risk for falls. The ADON said Resident #1's order for the floor mat at bedside and bed in lowest position should have been included in the baseline care plan. The ADON said Resident #1's baseline care plan did not address the use of a fall mat at bedside because when Resident #1 admitted to the facility there had been a lot of admissions, and the DON was hospitalized . The ADON said the baseline care plans were important so staff would know what the residents' needs were and how to take care of them.</p> <p>During an interview on 07/06/2024 at 5:53 PM, the Administrator said the ADON and DON completed the baseline care plans. The Administrator said the ADON and DON switched out their work and verified each other's work was done appropriately by using a checkoff audit tool. The Administrator said the baseline care plans should be completed within the 48 hours after a resident was admitted to the facility. The Administrator said the baseline care plan ensured the best care was provided and prevented harm to the residents.</p> <p>Record review of a revised Baseline Care Plan policy dated 11/01/2019 indicated, a baseline care plan is required to be completed within 48 hours of admission. The baseline care plan must include: Initial goals based on admission orders , Physician Orders, Dietary Orders, Therapy Services, Social Services, PASARR ( if applicable) .The facility will provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to: the initial goals of the resident, a summary of the resident's medications and dietary instructions, any services and treatments to be administered by the facility and personnel acting on behalf of the facility, information to properly care for the resident upon admission, address specific health and safety concerns. The baseline care plan will be amended with any changes in care needs and those changes will be communicated to the resident and or resident's representative .</p>		