

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  11/18/2025
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)
F 0602  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	Protect each resident from the wrongful use of the resident's belongings or money.  (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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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to ensure the right to be free from misappropriation of resident property for 5 of 10 residents (Resident #1, Resident #5, Resident #6, Resident #8, and Resident #12) reviewed for misappropriation of resident property. The facility failed to ensure the [NAME] did not use Resident #1, #5, #6, #8, and #12's food debit card for personal use on 6/28/2025, 7/26/2025, 8/26/2025, and 8/31/2025. This failure could place residents at risk for decreased quality of life, misappropriation, and dignity. Findings include: 1. Record review of a facility admission record for Resident #1 dated 10/6/2025 indicated she admitted to the facility on [DATE] and was [AGE] years old with diagnoses of dementia (occurs when the brain nerve cells die), type 2 diabetes, major depressive disorder (persistent sadness and loss of interest in doing things), and heart failure. She was discharged from the facility on 9/19/2025. Record review of a Quarterly MDS Assessment for Resident #1 dated 9/12/2025 indicated she did not have any impairment in thinking with a BIMS score of 14. She was independent with activities of daily living except for toileting hygiene and shower/bathing when she needed setup or clean-up assistance. Record review of a care plan for Resident #1 dated 4/21/2025 indicated she had impaired cognitive function or impaired thought processes. Interventions included to keep the routine consistent and try to provide consistent caregivers as much as possible in order to decrease confusion. 2. Record review of a facility admission record for Resident #6 dated 10/7/2025 indicated she admitted to the facility on [DATE] and was [AGE] years old with diagnoses of major depressive disorder, dementia, hypertension, and osteoarthritis (stiffness, joint pain). She was discharged on 10/3/2025 to the hospital. Record review of a Quarterly MDS Assessment for Resident #6 dated 9/24/2025 indicated she had moderate impairment in thinking with a BIMS score of 9. She required supervision with eating, oral and toileting hygiene. Record review of a care plan for Resident #6 dated 10/23/2023 indicated she had impaired cognitive function or impaired thought processes with interventions to keep the resident's routine consistent and try to provide consistent caregivers as much as possible in order to decrease confusion. 3. Record review of a facility admission record for Resident #8 dated 10/8/2025 indicated he admitted to the facility on [DATE] and was [AGE] years old with diagnoses of COPD (a group of diseases that affect breathing), mild intellectual disabilities (a condition that limits intelligence and disrupts abilities to live independently), hypertension, and chronic kidney disease stage 4 (kidney failure). Record review of a Quarterly MDS for Resident #8 dated 9/1/2025 indicated he had moderate impairment in thinking with a BIMS score of 12. He was independent in eating. Record review of a care plan for Resident #8 revised 5/12/2024 indicated he had ADL self-care performance deficits related to disease processes. Interventions included the was able to feed himself with set-up and supervision to be able to complete meal and have not become too tired to feed himself. 4. Record review of an admission record for Resident #12 dated 10/8/2025 indicated he admitted to the facility on [DATE] and was [AGE] years old with diagnoses of dementia, bipolar disorder (a mental illness that causes extreme mood swings), type 2 diabetes, and hypertension. Record review of a Quarterly MDS Assessment for Resident #12 dated 8/15/2025 indicated he had moderate impairment in thinking with a BIMS score of 8. He was independent in eating and required supervision or touching assistance with oral hygiene. Record review of a care plan for Resident #12 dated 6/3/2024 indicated he had impaired cognitive function or impaired thought processes. Interventions included to keep the resident's routine consistent and try to provide consistent caregivers as much as possible. 5. Record review of an admission record for Resident #5 dated 10/8/2025 indicated he admitted to the facility on [DATE] and was [AGE] years old with diagnoses of Alzheimer's Disease (a progressive and irreversible decline in memory and cognitive abilities), major depressive disorder (persistent sadness and loss of interest), anemia (decreased production of red blood cells in the body), and BPH (the prostate glands grows larger than normal). Record review of a Quarterly MDS Assessment for Resident #5 dated 9/3/2025 indicated he had severe impairment in thinking with a BIMS score of 3. He was independent with eating and supervision or touching assistance with oral hygiene and toileting. Record review of a care plan for Resident #5 dated 4/21/2025 indicated he had impaired cognitive function or impaired thought processes. Interventions included to present just one thought, idea, questions, or command at a time. Record review of the personnel file for BOM[NAME] indicated she was hired at the facility on 10/13/2022. She had an initial criminal history check on 10/12/2022. An annual EMR was checked on 1/1/2025 and she was not listed as being unemployable. She had annual training on abuse on 4/1/2025. Record review of a [Istare name] receipt</p>		