STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675398	A. Building B. Wing	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Focused Care of Center	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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality for 1 of 6 residents (Resident #17) reviewed for resident rights. The facility failed to ensure the window blinds were closed when personal care was provided on 6/10/2025. These failures could place residents at risk of decreased feelings of self-worth and decreased quality of life. Findings included: Record review of an admission Record for Resident #17 dated 6/11/2025 indicated she admitted to the facility on [DATE] and was [AGE] years old with diagnoses of COPD (a group of lung diseases that affect breathing), Type 2 diabetes, major depressive disorder and (low mood, low self-esteem and a loss of interest) heart failure (heart not able to pump effectively). Record review of a Quarterly MDS Assessment for Resident #17 dated 5/29/2025 indicated she had severe impairment in thinking with a BIMS score of 4. She required substantial/maximal assistance with personal hygiene. Resident #17 was always incontinent of urine and bowel. Record review of a care plan for Resident #17 revised on 9/16/2024 indicated she had an ADL deficit from disease process. She required moderate assistance by one staff with personal hygiene. During an observation on 6/10/2025 at 11:25 AM, in the room of Resident #17. Staff members CNA F and CNA G performed personal care. Personal care was provided, they closed the door and pulled the privacy curtain but did not close the window blinds. During care provided a car passed by. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675398	A. Building B. Wing	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Focused Care of Center	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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 6/10/2025 at 11:42 AM, CNA F said she had been employed at the facility for 2 1/2 years and worked day shift from 6 am-6 pm. She said usually when she provided care to a resident in their rooms, she closed the doors and pulled the privacy curtain so if anyone entered the room, they would not be able to see care being provided. She said the normally did not close the window blinds in the room unless the room was at the front of the facility and did not think anyone could see Resident #17's window from the road by the facility. She said the blinds should be closed for all residents as it gave privacy from someone on the outside of the facility. She said it would make her feel exposed if someone had to provide personal care to her and they kept the blinds open. She said she had training on privacy for the residents when care was provided. Record review of a competency evaluation for CNA F dated 2/23/2025 indicated she successfully met the performance criteria for incontinent care that included to provide privacy which included to close the blinds. During an observation on 6/10/2025 at 2:00 PM, outside of the facility from the front parking lot looking into the room of Resident #17, her window blinds were up, and a light could be seen in the hallway. Her door was open, and a person walked down the hallway. During an observation and interview on 6/10/2025 at 8:25 AM, Resident #17 was sitting up in a wheelchair in her room. She said the staff would sometimes close the window blinds when they provided care for her. She said she did not notice it yesterday that the staff did not close the blinds but did not want anyone seeing her. During an interview on 6/10/2025 at 9:25 AM, the ADON said she had been employed at the facility since December 2024. She said staff were to provide privacy when care was provided that included pulling the privacy curtains pulled and making sure window blinds were closed. She said by staff not providing privacy to a resident during care it could be a dignity issue. During an interview on 6/10/2025 at 9:32 AM, CNA G said she had been employed for 5 years. She said she on yesterday 6/10/2025 during care provided to Resident #17, they should have closed the window blinds. She said she did not think about it and was nervous. She said they were to close the doors, pull the privacy curtains and close the blinds when care was provided. She said by them not closing the blinds, a resident could feel like their privacy was being invaded or if people passed by could be able to see in the room. She said it would make her feel uncomfortable if she was not given privacy when care was provided. Record review of a competency evaluation for CNA G dated 12/18/2024 indicated she successfully met the performance criteria for incontinent care that included to provide privacy which included to close the blinds. During an interview on 6/10/2025 at 9:35 AM, the DON said she was made aware of the staff who failed to close the window blinds when care was provided to Resident #17 on yesterday 6/10/2025. She said it was a dignity issue and window blinds should be closed and privacy curtain pulled when care was provided. She said she planned to in-service and train staff on providing privacy. She said the facility did not have a policy on dignity but in the competency skills evaluation for the nursing staff it instructed them to provide privacy and close the blinds. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675398	A. Building B. Wing	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Focused Care of Center	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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 6/10/2025 at 10:15 AM, the Administrator said she was made aware of the staff that did not close the window blinds when care was provided. She said the staff would be retrained by an in-service. She said residents could feel embarrassed if the staff did not close the blinds when care was provided. She said the facility did not have a policy for dignity.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675398	A. Building B. Wing	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Focused Care of Center	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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interview and record review the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents for 1 of 2 shower rooms (Hall 100) observed for resident environment. The facility failed to ensure the shower rooms in the facility were clean. There was a black substance on the bathroom tiles and walls on 6/10/2025. This failure could place residents at risk for an unsafe environment and unsanitary environment. The findings included: During an interview on 6/9/2025 at 3:11 PM, residents in a confidential resident council meeting said the shower room on Hall 100 needed to be clean and always had clothes and feces on the floor. During an observation on 6/10/2025 at 10:18 AM, the shower room on Hall 100 revealed two shower stalls. One (1) stall had a black substance on the walls and floor where they meet, along with cracked tiles and there were not any baseboards present. In the other stall (2) it had detached baseboards. A used, dirty towel was on the floor. During an observation and interview on 6/10/2025 at 2:59 PM Housekeeper B was on Hall 100 and said she had been employed at the facility for 2-3 months and rotated the halls daily. She said housekeepers were responsible for cleaning the shower rooms during their shift daily. She said the housekeeping staff were supposed to clean the sinks, toilets, shower chairs and wipe down the shower area along with mopping and sweeping. She said if they noticed anything that required attention or repair, they were instructed to notify the Housekeeping Supervisor. She observed the shower room on Hall 100 and said she had cleaned it earlier. She said one of the stalls had a black substance on the walls and floors and it had been that way since she started. She said the other stall had baseboards that were not completely attached. She said the shower room had been in that condition since she started at the facility. She said she was not sure what the black substance was on the walls and floors. During an observation and interview on 6/10/2025 at 3:01 PM, the Housekeeping Supervisor said the housekeeping staff were responsible for cleaning the shower rooms daily after the nurse aides picked up the linens. She said they deep cleaned the shower rooms twice a week and used a disinfectant spray to clean. She observed the shower room on Hall 100 and said the black substance on the walls and floors looked like glue from the baseboards that were not present. She said the baseboards came off a while ago and were never replaced. She said the shower area had tiles that were cracked that needed to be replaced. The other stall in the shower room said it had baseboards that were not completely attached. She said the Maintenance Supervisor would be responsible for repairs in the shower room. She said she would not want to take a shower in there. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675398	A. Building B. Wing	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Focused Care of Center	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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation and interview on 6/10/2025 at 3:12 PM, the Maintenance Supervisor said he had been employed at the facility since the first of May 2025. He said he was aware of the shower room for Hall 100, and it was on a list of repairs to be done for the facility. He observed the shower room on Hall 100 and said the walls had a black substance mildew that was present on the walls and floors and one of the stalls had missing baseboards and broken tiles. He said the shower room needed a deep cleaning and resealing of the walls and baseboards. He said a plan was in place to complete the repairs but had not been a priority. He said he would have a hard time wanting to shower in that room. During an observation and interview on 6/10/2025 at 3:18 PM, the Administrator observed the shower room on Hall 100 and said she was aware of some issues in the shower room. She said it had been discussed with the facility's corporate staff and had talked about taking up the baseboards as they were not appropriate in the shower room and were planning to install proper flooring. She said the shower room was dirty and needed to be cleaned. She said the black substance on the walls and floors looked like glue and the floors had some cracked tiles. She said she would not want to use the shower room. She said she planned to get the Maintenance Supervisor to start working on the shower room. Record review of a facility policy titled Quality of Life-Homelike Environment revised May 2017 indicated, .2. The facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: a. Clean, sanitary, and orderly environment .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675398	A. Building B. Wing	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Focused Care of Center	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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on observation, interview and record review the facility failed to ensure nurse staffing data was posted daily and readily accessible to residents and visitors with all required information for 2 of 2 days reviewed (6/10/2025 and 6/11/2025) for nurse staffing posting. The facility failed to post accurate daily staffing information on 6/10/2025 and 6/11/2025. This failure could place residents, families, and visitors at risk of not being informed of the census and number of staff working each day to provide care on all shifts. Findings included: During an observation on 6/10/2025 at 7:45 AM, the daily staffing census information was posted by the front entrance on a wall dated 6/9/2025. During an observation on 6/11/2025 at 8:14 AM, the daily staffing census information was posted by the front entrance on a wall dated 6/9/2025. During an interview on 6/11/2025 at 8:16 AM, the ADON said she and the DON were responsible for posting the daily staffing census information. She said she was not sure why the posting was not put out up yesterday 6/10/2025. She said the posting showed the staff coverage for the facility based on the census for the residents and if it were not posted then family or visitors would not have the information. ADON said she was about to post the daily census information for today 6/11/2025. During an interview on 6/11/2025 at 9:35 AM, the DON said she was responsible for putting up the daily staff posting. She said she forgot to put it up yesterday 6/10/2025. She said the posting was put up so people would know who was staffed in the facility. During an interview on 6/11/2025 at 10:26 AM, the Administrator said the DON was responsible for putting up the daily staff posting. She said the posting was put up so that residents and families could see what staff were in the facility for the day. She said if the posting were not put up then visitors and residents would not be able to see how the facility was staffed. Record review of a facility policy titled Posting Direct Care Daily Staffing Numbers revised July 2016 indicated, .Our facility will post, on a daily basis for each shift, the number of personnel responsible for providing direct care to residents. 1. Within two (2) hours of the beginning of each shift, the number of Licensed Nurses and the number of unlicensed nursing personnel directly responsible for resident care will be posted in a prominent location (accessible to residents and visitors) and in a clean and readable format .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675398	A. Building B. Wing	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Focused Care of Center	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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident for 1 of 1 vaccine/medication storage refrigerators reviewed for pharmacy procedures. The facility failed on 06/11/2025 to remove expired tuberculin skin testing (TST) solution from the vaccine/medication refrigerator. This failure could place residents who receive medications at risk of not receiving the intended therapeutic benefit of the medications. Findings included: During an observation and interview on 06/11/25 at 9:00 AM the vaccine/ medication refrigerator had 1 vial of tuberculin skin testing (TST) solution in the refrigerator with an open date of 4/24 with no initials. The medication storage directions indicated tuberculin skin testing solution was to be discarded after 30 days of opening. The ADON said TST was administered by the nurse on the floor to any resident or staff member needing a TB test. The ADON said using the TST after it had expired to residents could be adverse reactions, medication not as strong as it should be, and false readings. ADON said she assumed the vial had been open on 4/24/2025 but the date read 4/24 with no initials so there was no way to be sure exactly when it was opened. During an interview on 06/11/25 at 9:39 AM DON said that the ADON was responsible for ensuring multi dose vials are labeled and expired medications are discarded. She said not discarding vaccines and testing materials could cause an infective vaccination or false results of tuberculosis testing. During an interview on 6/11/2025 at 10:00 AM, the Administrator said the process for tuberculosis testing was the DON's responsibility. The Administrator said the tuberculin skin testing solution should not be given after the use by date. She expects that staff are trained accordingly and will oversee the DON to ensure all staff are trained. Record Review of policy and procedure titled Storage of Medications dated 09/2018 indicated, .#5. When the manufacturer has specified a usable duration after opening the nurse shall place a date opened sticker on the medication and record the date opened and the new date of expiration. The expiration date of the vial or container will be 30 days from opening, unless manufacturer recommends another date or regulations/guidelines require different dating. Record review of tuberculin skin testing (TST) package insert states to dispose of medication 30 days after opening. Record review of https://www.fda.gov document dated 11/9/2020 reference 22. [NAME] S, et al. Effect of oxidation on the stability of tuberculin purified protein derivative (PPD) In: International Symposium on Tuberculin and BCG Vaccine. Basel: International Association of Biological Standardization, 1983. Dev Biol Stand 1986; 58:545-552. (Dispose of Vial 30 days after opening)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675398	A. Building B. Wing	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Focused Care of Center	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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food safely. The facility did not ensure walls, floors, and equipment were not dirty with a buildup of grease, food and dust on 6/09/2025 and 6/10/2025 in the facility only kitchen. These failures could place residents who received their meals from the kitchen at risk for food-borne illness and food contamination. Findings included: During an observation on 06/09/25 at 8:20 a.m., the floor and baseboards in the dry storage area had a black, dirt buildup. The food preparation and cooking area had dirt and food debris on the floor. The walls located next to the washing station and steam table had visible dirt and grease build up from the baseboards up to approximately 18 inches. The top of the dishwashing machine had visible food debris. The air vents located in the food preparation and dish washing area had visible dust and a black substance on the vent cover. During an observation on 6/10/2025 at 10:30 AM, the floor in the kitchen preparation and wash areas were dirty with dust and food debris. The walls located next to the washing station and steam table had visible dirt and grease build up. During an interview on 06/09/25 at 08:40 AM, [NAME] C said that the kitchen staff was responsible for cleaning the kitchen area. She said the staff tries to clean throughout the shift but sometimes they are not able to clean good until the end of the shift. She stated that the kitchen should be kept clean so that the food was not contaminated. During an interview on 6/10/25 at 10:45 AM, [NAME] D said everybody in the kitchen was responsible for cleaning the kitchen and storage area. She said the tries to clean throughout the shift, but that it gets busy at times and the staff will clean before they leave for the day. She said that a cleaning schedule was followed and employees are assigned tasks to complete daily and weekly. [NAME] D said that food was at risk for contamination if the kitchen was not clean. During an interview on 6/10/25 at 11:00 AM, Dietary Aide E said that all kitchen staff was responsible for cleaning the kitchen and food storage area. She said the cleaning schedule was followed and signed by the staff. She said the dietary manager checked the cleaning schedule. She said that food was at risk for contamination if the kitchen was not clean. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675398	A. Building B. Wing	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Focused Care of Center	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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 6/11/2025 at 8:30 am, the Administrator said the kitchen staff was responsible for cleaning the kitchen area. She said the dietary manager was responsible for oversite of the staff and ensuring that all tasks assigned to the kitchen staff were completed. She said the kitchen was in the process of being updated and remodeled. She said the walls were being replaced or painted as new equipment arrives. She said she was aware of the areas of concern and the facility was currently in the process of repairing and painting the areas of concern. She stated that an outside vender had come to the facility the previous week to power was the kitchen floors. She said that the dirt and grease visible on the wall was from years of use and that the wall coverings were being replaced or deep cleaned and repainted. She said the possible outcome of the kitchen not being clean was food contamination that could cause illness in the residents. Administrator stated moving forward the facility would continue with repairs and updates in the kitchen. The Administrator said that the dietary manager would be responsible for monitoring and in services for staff on kitchen cleaning. During an interview on 06/11/25 at 8:50 am, the Dietary Manager said the kitchen staff was responsible for cleaning the kitchen area. She said that she oversees the staff and the cleaning schedule. She said that staff was expected to keep kitchen area clean throughout the shift. She said deeper cleaning was done at the end of the shift or she will bring in extra staff to deep clean. She stated she also assists with cleaning the kitchen. She said that if the kitchen was not cleaned, there would be a risk of food contamination and resident illness. She stated that the staff would continue to be responsible for cleaning the kitchen throughout the shift and she would continue to work with administration and maintenance to update and clean the kitchen and storage areas. Record review of a monthly kitchen cleaning schedule log indicated full cleaning performed in March 2025, April 2025, and May 2025. Record review of a policy for Kitchen Cleaning Schedule revised November 2023 indicated Food and Nutrition Services Personnel will be responsible to maintaining the cleanliness and sanitation of kitchen. Procedure included It is the responsibility of all employees to follow the cleaning schedule. Written cleaning instructions for each area and piece of equipment will be provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675398	A. Building B. Wing	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Focused Care of Center	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 1 of 6 staff (CNA H) reviewed for infection control. The facility failed to ensure CNA H washed or sanitized her hands when passing out meal trays to residents on Hall 500 on 6/9/2025. These failures could place residents at risk of exposure to infectious diseases due to improper infection control practices. Findings included: During an observation of meal service on 6/9/2025 from 1:03 PM to 1:22 PM, CNA H did not wash or sanitize her hands prior to entering/exiting rooms or handling meal trays for the next room for the following rooms on Hall 500: entered room [ROOM NUMBER] and took the meal tray into the room and set up the tray and opened the utensils. She repositioned the resident in bed and exited. She then entered room [ROOM NUMBER] and placed the meal tray on over bed table and exited. She then entered room [ROOM NUMBER] and placed the meal tray on the over bed table and opened sugar packets and poured them into a cup of tea and set up the meal tray for the resident. She exited the room and did not wash or sanitize her hands. During an interview on 6/11/2025 at 9:25 AM, the ADON said she was one of the Infection Preventionists (IP's) in the facility. She said staff should sanitize their hands between residents when passing trays. She said there could be a risk for cross contamination or spreading infections when staff did not wash or sanitize their hands. She said they started an in-service with staff on hand hygiene on 6/9/2025. ADON said staff were trained quarterly on infection control and hand hygiene and they had a competency evaluation for skills back in December 2024. Record review of an in-service dated 6/9/2025 indicated the DON conducted a training on hand hygiene and CNA H was present. During an interview on 6/11/2025 at 9:35 AM, the DON said she and the ADON were the IPs for the facility. She said staff were trained on hand hygiene quarterly. She said there was not a risk for infection control with staff not sanitizing their hands between passing meal trays unless they were providing direct resident care between passing meal trays. During an interview on 6/11/2025 at 10:15 AM, the Administrator said the IPs were the DON and ADON who were responsible for training staff on infection control in the facility. She said she was aware that CNA H did not sanitize her hands between passing meal trays on 6/9/2025. She said the facility immediately in-serviced the staff on hand hygiene. She said if the staff did not sanitize between passing meal trays there could be a risk for cross contamination. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675398	A. Building B. Wing	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Focused Care of Center	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of a facility policy titled Hand Hygiene revised 10/24/2022 indicated, . Hand Hygiene is used to prevent the spread of pathogens in healthcare settings. 1. You should always perform hand hygiene: before and after providing any type of care; after contact with medical equipment or other environmental surfaces that may be contaminated .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675398	A. Building B. Wing	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Focused Care of Center	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 0926 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have policies on smoking. Based on observations, interviews, and record reviews, the facility failed to ensure it formulated, adopted, and enforced policies regarding smoking, smoking areas, and smoking safety that also consider non-smoking residents for 1 of 2 smoking areas (secured unit smoking area) reviewed for smoking safety. The facility failed to ensure paper and plastic trash were not discarded into the fire safety can on 6/09/2025. This failure could place residents at risk of injury, burns, and an unsafe smoking environment. Findings included: During an observation on 06/09/25 at 9:03 AM the designated smoking area off the secured unit was observed with one fire can that contained cigarette butts, 1 plastic bottle and an empty cigarette package. There was no ashtray in the area. During an interview on 06/09/25 at 9:04 AM CNA A said the housekeeping staff were responsible for cleaning the fire can daily. She said smokers were supervised during smoking and there were no ashtrays because the residents dug in them. CNA A said they put the resident's cigarette butts in the fire can because it had a lid and there should not be any trash in the fire can because it was a fire hazard. During an interview on 06/10/25 at 3:20 PM Housekeeper B said that the housekeepers were responsible for cleaning the designated smoking areas daily. She said the staff that supervise the smokers should also make sure that the fire cans did not have any trash and was only for cigarette butts. Housekeeper B said trash in the fire can could result in a fire. During an interview on 06/11/25 at 8:23 AM the Administrator said that housekeeping was responsible for maintaining the designated smoking areas and cleaned them daily. She said the staff supervising the smokers should also be checking for any trash in the fire cans and expected staff to regularly inspect the area before and after smoke breaks for any fire hazards. Administrator said trash in the fire can could cause a fire. Record review of a facility policy titled Smoking dated 10/12/2022 revealed, .policy of this community to provide a safe environment, 2. smoking by residents is allowed with the following safety measures readily available: ashtrays made of noncombustible material, metal containers with self-closing covers into which ashtrays can be emptied .