STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675433	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Focused Care at Huntsville	1302 Nottingham St Huntsville, TX 77340

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46273 Based on interview and record review, the facility failed to ensure residents the right to be free from abuse and neglect for 1 of 10 residents (Resident #7) reviewed for abuse and neglect in that: The facility failed to ensure CNA D did not speak loudly and harshly to Resident #7 on 1/6/25 when he pushed the call light for assistance with incontinent care. The noncompliance was identified as PNC. The past noncompliance began on 1/6/25 and ended on 1/6/25. The facility had corrected the noncompliance before the survey began. This failure could place residents at risk for abuse, neglect, and not having their needs met. Findings Include: Record review of a facility face sheet dated 4/9/25 for Resident #7 indicated that he was a [AGE] year-old male admitted to the facility on [DATE] with diagnosis of heart failure. Record review of a Medicare 5-day MDS assessment dated [DATE] indicated that he had a BIMS score of 10, which indicated that he had moderately impaired cognition. He required substantial/maximal assistance with toileting hygiene. Record review of a comprehensive care plan dated 4/9/25 indicated that resident had a physical mobility and required assistance for ADLs related to acquired absence of right leg below knee and had interventions to assist resident with ADLs as needed, and to provide extensive limited assist of one staff for bed mobility, incontinence, and transfers. During an interview on 4/8/25 at 3:45 pm Resident #7 said he had one incident a while back when CNA D had yelled at him and seemed to be very mean. He said she yelled and made him feel very ashamed and it scared him. He said he had tried to get up to go to the bathroom, but he could not make it. He said he pushed the call light for help to get cleaned up. He said she made him feel bad because he had had an accident on himself. He said he did tell a staff member the next day and he said he has not seen her since then and said he does feel safe now in the facility and everyone else had been nice to him. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675433	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Focused Care at Huntsville	1302 Nottingham St Huntsville, TX 77340

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a telephone interview on 4/8/25 at 4:20 pm LVN E said she had been working the night of 1/6/25 and she remembered being in the bathroom and hearing loud voices coming from Resident #7's room. She said she was not sure if CNA D was just talking loudly or if she was actually yelling at Resident #7. She said it did sound like it could be yelling. She said she did not immediately intervene because she was not Resident #7's assigned nurse that night and she was not exactly sure what was going on. She said she knows now that she should have intervened to ensure resident safety. She said she now would report that immediately to Administrator. During interviews with facility staff on 4/9/25 between 10:40 am and 11:00 am LVN F, CNA G, LVN B, Laundry, Medical Records, Rehab Director were all able to correctly identify abuse/neglect and the proper action for identification, prevention, and protection. They said they were not aware of any abuse or neglect and if so, would immediately report it to the abuse coordinator (Administrator). They all denied having witnessed any staff members yelling at residents and were able to verbalize that it would be a violation of the resident's right to be treated with dignity/respect. LVN B stated if residents were yelled at it could hurt their feelings. Medical Records stated, it could make the resident feel bad, and Rehab Director stated, it could make them feel that they weren't safe. CNA D no longer worked at facility and was unavailable for interview. Telephone interview was attempted on 4/9/25 at 9:16 am with no answer. A voicemail was left informing of reason for call and requesting a return phone call. No return phone call was received before exit from facility. During an interview on 4/9/25 at 11:25 am the DON said she expected staff to answer call lights and address the resident's immediate needs and not to make the resident feel unwelcome to push the call light. She said she expected the resident to be able to push the call light for help without being afraid they would be yelled at. She said this was the resident's home and they were there because they depended on staff for care. She said going forward she would make rounds with CNAs to monitor their rapport with the residents and so she could notice if there were signs of a poor demeanor or poor attitudes, and she could weed those CNAs out. During an interview on 4/9/25 at 1:00 pm the Administrator said she learned of the incident the next day when Resident #7 told a staff member. She said the staff member immediately reported it to her. She said she expected her staff to treat all residents with dignity and respect. She said she told the staff that this was the resident's home, and they would not be there if they did not need help. She said going forward and since the incident happened, she had been talking to staff more often, coming in early and staying late to talk to all shifts educating staff on resident rights. She said she has been trying to prevent staff burnout and recognize if staff are stressed so she could intervene. She said she would continue to observe staff for proper treatment of residents. She said residents could be at risk of depression, that some residents already do not want to be here, and they could suffer mental and emotional stress. Record review of a facility policy titled Resident Rights dated 2001 and revised in December 2016 read: . Employees shall treat all residents with kindness, respect, and dignity . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675433	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Focused Care at Huntsville	1302 Nottingham St Huntsville, TX 77340

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of a facility policy titled Abuse dated 2/1/17 and revised on 1/1/23 read: .The purpose of this policy is to ensure that each resident has the right to be free from any type of Abuse, Neglect, Intimidation, Involuntary Seclusion/Confinement, and or Misappropriation of property . and .Residents will not be subjected to abuse by anyone, including, but not limited to community staff, other residents, consultants, volunteers, staff of other agencies serving the residents, family members or legal guardians, care taker, friends, or other individuals . The Facility took the following actions to correct the non-compliance: - Record review of the facility's Provider Investigation Report revealed an in-service titled Abuse, Neglect, Resident Rights was conducted on 1/6/25 topics of in-service topics included .Residents have the right to be free of Abuse of any kind (verbal, physical). Residents have the right to make decisions regarding care, be free of pain, right to be changed, call lights answered timely, needs met, treated with dignity and respect . Employee groups present included Nurses, CNAs, RCPs, Hospitality Aides, Housekeeping, Laundry, and Dietary and was signed by 18 staff members. Report also indicated CNA D was suspended pending investigation on 1/6/25 and was terminated following investigation. CNA D's last day to work in facility was 1/6/25. - During interviews on 4/9/25 between 10:40 am and 11:00 am LVN F, CNA G, LVN B, Laundry, Medical Records, Rehab Director all denied having witnessed any staff members yelling at residents and were able to verbalize that it would be a violation of the resident's right to be treated with dignity/respect. LVN B stated if residents were yelled at it could hurt their feelings. Medical Records stated, it could make the resident feel bad, and Rehab Director stated, it could make them feel that they weren't safe. They all said if they witnessed any abuse/neglect, they would immediately report to abuse coordinator (Administrator). - Record review of a facility Disciplinary Action Record dated 1/6/25 for CNA D indicated that she was suspended effective 1/6/25. Facts regarding incident: .Resident [#7] reported that RCP was mean, rude, yelled at him because he had an accident in his bed. He stated she told him that he's too old to have accidents on himself and if he does it again, he will have to clean himself up. Resident states she told him to stay off the call light and tell her everything he needs at once while she's in there . - Record review of a facility form titled Safe Survey Interviews dated 1/6/25 indicated that safe surveys were performed for 7 residents on Hallway 1 with no other resident complaints and all residents verbalizing they felt safe. - Interviews of sampled residents during the course of investigation 4/7/25 to 4/9/25 revealed no residents complained of resident abuse/neglect or staff yelling at them. - Record review of facility incident/accident reports for the past twelve (12) months revealed no concerns in the area(s) of Resident Abuse; Injury of Unknown Origin; Resident Neglect. Appropriate facility responses and investigations were done as necessary. Incident report for Misappropriation of property was addressed with appropriate facility response and investigation. Charges were filed. Misappropriation cited. - Record review of facility complaints for the past twelve (12) months revealed no concerns in the area(s) of Resident Abuse; Resident Rights; Misappropriation of property; or Resident Neglect.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675433	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Focused Care at Huntsville	1302 Nottingham St Huntsville, TX 77340

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 - Few	Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46273 Based on interview and record review the facility failed to ensure the right to be free from misappropriation of resident property for 1 of 10 residents (Resident #1) reviewed for misappropriation of resident property. The facility failed to ensure HSKP A did not use Resident #1's debit card for her personal use between the dates of [DATE] through [DATE]. The noncompliance was identified as PNC. The past noncompliance began on [DATE] and ended on [DATE]. The facility had corrected the noncompliance before the survey began. This failure could place residents at risk for decreased quality of life, misappropriation, and dignity. Findings include: Record review of a facility face sheet dated [DATE] for Resident #1 indicated that he was a [AGE] year-old male admitted to the facility on [DATE] with diagnosis of sepsis (a complication caused by the body's overwhelming and life-threatening response to infection which can lead to tissue damage, organ failure, and death). Record review of a comprehensive MDS assessment dated [DATE] for Resident #1 indicated that he had a BIMS score of 12, which indicated moderately impaired cognition. Record review of a comprehensive care plan dated [DATE] for Resident #1 indicated that he was dependent on staff for meeting emotional, intellectual, physical, and social needs and had an intervention to provide a program of activities that was of interest and empowered the resident by encouraging/allowing choice, self-expression, and responsibility. Record review of electronic medical record for Resident #1 indicated he expired in facility on [DATE]. Record review of a facility incident report dated [DATE] for Resident #1 read: .Resident's [family member] came to this nurse [DON] and administrator to let us know someone was using his debit card. There were several charges for cash app and the convenience store up the road. The name on the bank statement was recognized as an employee of this facility . and .Resident [#1] states he misplaced his card on Sunday and had been looking for it . Record review of a police report dated [DATE] indicated [NAME] and HSKP A were boyfriend/girlfriend. Bank transaction statement included in police report dated [DATE] listed the following transactions: Date Time [NAME] Name Transaction Amount [DATE] 5:19 pm Cash App (no name associated) $0.00 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675433	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Focused Care at Huntsville	1302 Nottingham St Huntsville, TX 77340

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 - Few	[DATE] 5:55 pm [Store Name] $0.00 [DATE] 6:06 pm [Store Name] $0.00 [DATE] 7:25 pm Cash App (no name associated) $0.00 [DATE] 7:26 pm Cash App**[NAME] $0.00 [DATE] 7:27 pm Cash App**[NAME] $0.00 [DATE] 7:27 pm Cash App**HSKP A $0.00 [DATE] 7:27 pm Cash App**HSKP A $0.00 [DATE] 7:27 pm Cash App**[NAME] $0.00 [DATE] 7:28 pm Cash App**HSKP A $0.00 [DATE] 7:30 pm Cash App**HSKP A $0.00 [DATE] 8:29 pm Cash App**[NAME] $0.00 [DATE] 8:29 pm Cash App**[NAME] $0.00 [DATE] 8:46 am Cash App**[NAME] $0.00 [DATE] 11:45 am Cash App**[NAME] $200.00 [DATE] 11:45 am Cash App**[NAME] $200.00 [DATE] 11:45 am [Store Name] $97.11 [DATE] 11:45 am [Store Name] $4.32 [DATE] 7:02 pm Cash App**[NAME] $0.00 [DATE] 7:02 pm Cash App**[NAME] $0.00 [DATE] 8:53 am Cash App**[NAME] $0.00 [DATE] 8:54 am Cash App**[NAME] $0.00 [DATE] 8:58 am Cash App (no name associated) $0.00 [DATE] 8:58 am Cash App (no name associated) $0.00 [DATE] 8:58 am Cash App (no name associated) $0.00 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675433	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Focused Care at Huntsville	1302 Nottingham St Huntsville, TX 77340

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 - Few	Total amount taken: $501.43 Record review of a personnel file for HSKP A indicated that her hire date was [DATE]. Her Criminal History check was done on [DATE] and no violations were listed. Her EMR check was done on [DATE] and she was not listed on the EMR. She had received Abuse training on hire ([DATE]). During an interview on [DATE] at 10:15 am the Administrator said Resident #1 had just received a new card and had a staff member help him activate it. She said she saw on camera where resident placed card on his leg as he wheeled himself back to his room. She said it may have fallen off his leg during that time. She said she did not see on camera anyone picking the card up. She said when he told her he could not find it, his family member was notified, and she went to the bank on the following Monday to cancel it and that was when she found out it had been used. She said employee involved had been terminated and no longer worked at the facility. During a telephone interview on [DATE] at 11:17 am RP C said she had spoken to a Lieutenant with the police department a while back, unable to remember how long ago, and he had told her he would take care of everything, and she had not heard anything else. She said one of the staff that did housekeeping at the facility had taken the card and used it at a store on Lake Road on 3 different times. She said the bank did end up depositing the money back into his account eventually. She said Resident #1 did know that card had been stolen, but he was so sick at the time that he did not really know everything that transpired, however, he had been upset that he had been at the facility for so long and felt upset that an employee would do that to him. A telephone interview with HSKP A was attempted on [DATE] at 3:00 pm. Phone did not ring, immediately received a message that voicemail had not been set up yet and there was no option to leave a voicemail. During an interview on [DATE] at 11:25 am the DON said she expected her staff to not mess with any resident's personal property, money, or jewelry. She said the facility offers a lockbox and Resident #1 did have one and he kept the key with him, and also had a drawer to lock it in, but he had used the card earlier that day and he dropped it. She said she expected her staff to return a debit card or personal property if found. She said the facility does training on hire and routinely throughout the year. She said she expected her staff to not steal from residents. She said residents could be at risk of feeling unsafe or experience mental anguish. She said going forward the facility has asked corporate if they could be more involved in the background checks for potential employees. During an interview on [DATE] at 1:00 pm the Administrator said she expected her staff to follow policies. She said staff know they are not supposed to touch resident's personal property. She said they were routinely in-serviced. She said when new employees were hired, they were educated on abuse/neglect/misappropriation. She said going forward she was going to speak to corporate since the facility does not do their own background checks, but she wanted to be more involved in background checks going forward. She said residents could be at risk of emotional/mental stress, financial strain, and depression. The facility took the following actions to correct the non-compliance: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675433	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Focused Care at Huntsville	1302 Nottingham St Huntsville, TX 77340

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 - Few	- Record review of the facility's Provider Investigation Report revealed an in-service titled Misappropriation of resident funds/Theft of resident property was conducted on [DATE]; Topics of in-service included .Deliberate misplacement; Exploitation; Wrongful/temporary or permanent use of residents belongings or money or personal property, jewelry, clothing, forging signatures, cashing checks, or using credit or debit cards . Employee groups present included CNAs, Dietary, Housekeeping, Laundry, Nursing, Activities, and Business Office and was signed by 19 staff members. Report also indicated HSKP A was suspended pending investigation on [DATE] and was terminated following investigation. HSKP A's last day to work in facility was [DATE]. - During interviews on [DATE] between 10:40 am and 11:00 am LVN F, CNA G, LVN B, Laundry, Medical Records, Rehab Director were all able to correctly identify abuse/neglect and the proper action for identification, prevention, and protection. They said they were not aware of any abuse or neglect and if so, would report it to the abuse coordinator, (Administrator). - Record review of a facility form titled Safe Survey Interviews dated [DATE] indicated that safe surveys were performed for 11 residents with no other residents complaining of missing property and all verbalized they felt safe in facility. - Interviews of sampled residents during the course of investigation [DATE] to [DATE] revealed no residents complained of resident abuse/neglect or misappropriation. - Record review of facility incident/accident reports for the past twelve (12) months revealed no concerns in the area(s) of Resident Abuse; Injury of Unknown Origin; Resident Neglect. Appropriate facility responses and investigations were done as necessary. Incident report for Misappropriation of property was addressed with appropriate facility response and investigation. Charges were filed. Misappropriation cited. - Record review of facility complaints for the past twelve (12) months revealed no concerns in the area(s) of Resident Abuse; Resident Rights; Misappropriation of property; or Resident Neglect. Record review of a facility policy titled Abuse dated [DATE] and revised on [DATE] read: .The purpose of this policy is to ensure that each resident has the right to be free from any type of Abuse, Neglect, Intimidation, Involuntary Seclusion/Confinement, and or Misappropriation of property . and .Residents will not be subjected to abuse by anyone, including, but not limited to community staff, other residents, consultants, volunteers, staff of other agencies serving the residents, family members or legal guardians, care taker, friends, or other individuals .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675433	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Focused Care at Huntsville	1302 Nottingham St Huntsville, TX 77340

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46273 Based on interviews and record review, the facility failed to implement written policies and procedures to prohibit and prevent abuse, neglect, and misappropriation for 1 of 10 residents (Resident #7) reviewed for developing and implementing abuse policies. The facility failed to implement its own abuse policy when LVN E failed to report to abuse coordinator upon hearing CNA D yelling at Resident #7 on 1/6/25. The noncompliance was identified as PNC. The past noncompliance began on 1/6/25 and ended on 1/6/25. The facility had corrected the noncompliance before the survey began. This failure could place residents at risk of neglect, abuse, mental anguish, and emotional distress. Findings include: Record review of a facility face sheet dated 4/9/25 for Resident #7 indicated that he was a [AGE] year-old male admitted to the facility on [DATE] with diagnosis of heart failure. Record review of a Medicare 5-day MDS assessment dated [DATE] indicated that he had a BIMS score of 10, which indicated that he had moderately impaired cognition. He required substantial/maximal assistance with toileting hygiene. Record review of a comprehensive care plan dated 4/9/25 indicated that resident had a physical mobility and required assistance for ADLs related to acquired absence of right leg below knee and had interventions to assist resident with ADLs as needed, and to provide extensive limited assist of one staff for bed mobility, incontinence, and transfers. During an interview on 4/8/25 at 3:45 pm Resident #7 said he had one incident a while back when CNA D had yelled at him and seemed to be very mean. He said she yelled and made him feel very ashamed and it scared him. He said he had tried to get up to go to the bathroom, but he could not make it. He said he pushed the call light for help to get cleaned up. He said she made him feel bad because he had had an accident on himself. He said he did tell a staff member the next day and he said he has not seen her since then and said he does feel safe now in the facility and everyone else had been nice to him. During a telephone interview on 4/8/25 at 4:20 pm LVN E said she had been working the night of 1/6/25 and she remembered being in the bathroom and hearing loud voices coming from Resident #7's room. She said she was not sure if CNA D was just talking loudly or if she was actually yelling at Resident #7. She said it did sound like it could be yelling. She said she did not immediately intervene because she was not Resident #7's assigned nurse that night and she was not exactly sure what was going on. She said she knows now that she should have intervened to ensure resident safety. She said she now would report that immediately to Administrator. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675433	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Focused Care at Huntsville	1302 Nottingham St Huntsville, TX 77340

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interviews with facility staff on 4/9/25 between 10:40 am and 11:00 am LVN F, CNA G, LVN B, Laundry, Medical Records, Rehab Director were all able to correctly identify abuse/neglect and the proper action for identification, prevention, and protection. They said they were not aware of any abuse or neglect and if so, would immediately report it to the abuse coordinator (Administrator). They all denied having witnessed any staff members yelling at residents and were able to verbalize that it would be a violation of the resident's right to be treated with dignity/respect. LVN B stated if residents were yelled at it could hurt their feelings. Medical Records stated, it could make the resident feel bad, and Rehab Director stated, it could make them feel that they weren't safe. CNA D no longer worked at facility and was unavailable for interview. Telephone interview was attempted on 4/9/25 at 9:16 am with no answer. A voicemail was left informing of reason for call and requesting a return phone call. No return phone call was received before exit from facility. During an interview on 4/9/25 at 11:25 am the DON said she expected staff to answer call lights and address the resident's immediate needs and not to make the resident feel unwelcome to push the call light. She said she expected the resident to be able to push the call light for help without being afraid they would be yelled at. She said this was the resident's home and they were there because they depended on staff for care. She said going forward she would make rounds with CNAs to monitor their rapport with the residents and so she could notice if there were signs of a poor demeanor or poor attitudes, and she could weed those CNAs out. During an interview on 4/9/25 at 1:00 pm the Administrator said she learned of the incident the next day when Resident #7 told a staff member. She said the staff member immediately reported it to her. She said she expected her staff to treat all residents with dignity and respect. She said she told the staff that this was the resident's home, and they would not be there if they did not need help. She said going forward and since the incident happened, she had been talking to staff more often, coming in early and staying late to talk to all shifts educating staff on resident rights. She said she has been trying to prevent staff burnout and recognize if staff are stressed so she could intervene. She said she would continue to observe staff for proper treatment of residents. She said residents could be at risk of depression, that some residents already do not want to be here, and they could suffer mental and emotional stress. Record review of a facility policy titled Resident Rights dated 2001 and revised in December 2016 read: . Employees shall treat all residents with kindness, respect, and dignity . Record review of a facility policy titled Abuse dated 2/1/17 and revised on 1/1/23 read: .The purpose of this policy is to ensure that each resident has the right to be free from any type of Abuse, Neglect, Intimidation, Involuntary Seclusion/Confinement, and or Misappropriation of property . and .Residents will not be subjected to abuse by anyone, including, but not limited to community staff, other residents, consultants, volunteers, staff of other agencies serving the residents, family members or legal guardians, care taker, friends, or other individuals . and .the law requires the abuse coordinator/designee, or employee of the facility who believe that the physical or mental health or welfare of a resident has been or may be adversely affected by abuse, neglect, or exploitation caused by another person to report the abuse, neglect, or exploitation . The Facility took the following actions to correct the non-compliance: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675433	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Focused Care at Huntsville	1302 Nottingham St Huntsville, TX 77340

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Record review of the facility's Provider Investigation Report revealed an in-service titled Abuse, Neglect, Resident Rights was conducted on 1/6/25 topics of in-service topics included .Residents have the right to be free of Abuse of any kind (verbal, physical). Residents have the right to make decisions regarding care, be free of pain, right to be changed, call lights answered timely, needs met, treated with dignity and respect . Employee groups present included Nurses, CNAs, RCPs, Hospitality Aides, Housekeeping, Laundry, and Dietary and was signed by 18 staff members. Report also indicated CNA D was suspended pending investigation on 1/6/25 and was terminated following investigation. CNA D's last day to work in facility was 1/6/25. - During interviews on 4/9/25 between 10:40 am and 11:00 am LVN F, CNA G, LVN B, Laundry, Medical Records, Rehab Director all denied having witnessed any staff members yelling at residents and were able to verbalize that it would be a violation of the resident's right to be treated with dignity/respect. LVN B stated if residents were yelled at it could hurt their feelings. Medical Records stated, it could make the resident feel bad, and Rehab Director stated, it could make them feel that they weren't safe. They all said if they witnessed any abuse/neglect, they would immediately report to abuse coordinator (Administrator). - Record review of a facility Disciplinary Action Record dated 1/6/25 for CNA D indicated that she was suspended effective 1/6/25. Facts regarding incident: .Resident [#7] reported that RCP was mean, rude, yelled at him because he had an accident in his bed. He stated she told him that he's too old to have accidents on himself and if he does it again, he will have to clean himself up. Resident states she told him to stay off the call light and tell her everything he needs at once while she's in there . - Record review of a facility form titled Safe Survey Interviews dated 1/6/25 indicated that safe surveys were performed for 7 residents on Hallway 1 with no other resident complaints and all residents verbalizing they felt safe. - Interviews of sampled residents during the course of investigation 4/7/25 to 4/9/25 revealed no residents complained of resident abuse/neglect or staff yelling at them. - Record review of facility incident/accident reports for the past twelve (12) months revealed no concerns in the area(s) of Resident Abuse; Injury of Unknown Origin; Resident Neglect. Appropriate facility responses and investigations were done as necessary. Incident report for Misappropriation of property was addressed with appropriate facility response and investigation. Charges were filed. Misappropriation cited. - Record review of facility complaints for the past twelve (12) months revealed no concerns in the area(s) of Resident Abuse; Resident Rights; Misappropriation of property; or Resident Neglect.