STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675602	A. Building B. Wing	12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Focused Care of Gilmer	623 Hwy 155n Gilmer, TX 75644

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 0774 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Help the resident with transportation to and from laboratory services outside of the facility. (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0774 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide normal transportation for residents to medical services outside of the facility for 1 of 6 residents (Resident #1) reviewed for transportation. The facility failed to provide transportation for Resident #1 to a doctor's appointment on 10/14/25. This failure could place residents at risk of possible adequate evaluation, hospitalization and unmet needs.Findings include: Record review of Resident #1's face sheet, dated 10/28/25, reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #1 had diagnoses which included: paraplegia (a condition characterized by the loss or impairment of motor sensory functions in both lower limbs), gastro-esophageal reflux disease (a condition where stomach contents flow back up into the esophagus, causing irritation and various symptoms) and flatulence (the release of gas from the digestive tract through the anus). Record review of Resident #1's quarterly MDS, dated [DATE], reflected Resident #1 was usually understood and usually understood by others. Resident #1's BIMs score was a 15, which indicated cognition was intact. Resident #1 required dependent assistance with all ADLs. Record review of Resident #1's care plan, dated 8/4/25, reflected Resident #1 had alteration in bowel elimination related to the history of constipation. The interventions included administer medications as ordered by the MD and monitor effectiveness, notify MD if not effective, encourage fluid intake if not contraindicated by diet or fluid restriction, encourage participation in activities, monitor bowel movements every shift and record and check for impaction as needed, monitor for abdominal distention, bowel sounds, or complaint of abdominal pain or pressure as needed resident complaint and provide adequate time and privacy for elimination. Record review of Resident #1's nurses' notes reflected LVN B documented on 10/02/25 at 11:41 A.M. Resident #1 had an Appointment with on October 14th at 10:00 A.M. Record review of Resident #1's nurses' notes reflected LVN C documented on 10/28/23 at 12:52 P.M. Nurse Practitioner here and talked with resident about consult on 14th with the doctor for colostomy bag for diagnosis of sweal bowel ischemia (a condition where the bile ducts do not get enough blood flow). During an interview on 10/28/25 at 9:32 A.M., a Family Friend said the facility knew about the doctor's appointment for Resident #1 on 10/14/25, at 10:00 A.M. two weeks prior to the day. She said there was no reason why the facility should have let Resident #1 miss her appointment, because the van was at the facility. She said Resident #1 needed to go to her appointment because her physicians' office referred her to the colon surgeon for a colonoscopy (a medical procedure to examine the inside of the large intestine [colon] and rectum using a flexible tube with a camera called a colonoscope.) due to a swollen colon. She said on 10/14/25 during the morning hours, she spoke with the office staff and reminded them about the appointment for Resident #1, then the staff told her they did not have a van driver to take Resident #1 to her appointment. During an interview on 10/28/25 at 11:57 A.M., with Family Member #1, he said Resident #1 had an issue last week when the facility did not take her to her doctor's appointment. He said Resident #1 was very upset she missed her doctor's appointment on 10/14/25. He said he did not know the reason why the facility did not take her to her appointment, but it was concerning, because Resident #1 was so upset. During an interview on 10/28/25 at 1:51 P.M., with Resident #1, she said on 10/14/25, she had an appointment at 10:00 A.M. to go see a surgeon about getting a colostomy. She said the facility knew about her appointment two weeks before the date and that morning they told her they did not have a driver to take her to her appointment. She said that made her so angry, because they knew she needed to go to that appointment and they waited to the last minute to tell her they did not have a driver to take her. During an interview on 10/28/25 at 3:18 P.M., with EDOO, she said the incident happened on 10/14/25 with Resident #1, she wanted to say she had an appointment, and it was an issue with a transportation service, and they canceled . During an interview on 10/28/25 at 3:54 P.M., with EDOO, she said Maintenance Man A was going to drive the facility van the day of Resident #1's appointment, but he called in sick; then the backup driver came in a little later and took another resident to their doctor's appointment. At that point MRC had already rescheduled Resident#1's appointment, because her MD charged a $50.00 fee if appointments were not canceled. She said the backup transportation driver came in after Resident #1's appointment. She said Maintenance Man A notified MRC early that morning he was not going to be able to come in to take Resident #1 to her appointment, but they could not get the backup driver to come in soon enough to get Resident #1 to her appointment. During an interview on 10/28/25 at 4:05 P.M. with MRC, she said she was not sure what happened when Resident #1 missed her appointment on 10/14/25. She said she thought maybe the transportation service was cancelled