

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675751	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2025
NAME OF PROVIDER OR SUPPLIER Focused Care at Odessa		STREET ADDRESS, CITY, STATE, ZIP CODE 2443 W 16th St Odessa, TX 79763	

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 0940 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop, implement, and/or maintain an effective training program for all new and existing staff members. (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 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to develop, implement, and maintain an effective training program for all new and existing staff for 5 of 27 (CNA A, CNA B, LVN C, CNA D, and LVN E) employees reviewed for disaster training requirements. CNA A, CNA B, LVN C, CNA D, and LVNE were not adequately trained in emergency preparedness training related to bomb threats. This failure could result in delayed or inappropriate response in the event of a bomb threat. The findings included: Resident #3 Review of Resident #3's admission Record, dated 12/2/25, indicated he was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses including paraplegia, pressure ulcer to the sacral region, neuropathy and above the knee amputation of both legs. Resident #3 was discharged [DATE]. Review of Resident #3's Quarterly MDS, dated [DATE], indicated He had a BIMS score of 13 of 15 (indicating he was cognitively intact) and he showed no signs of delirium. He reported no symptoms of depression. There were no behaviors reported. Review of Resident #3's Care Plan, updated 6/11/25, documented: Resident had a behavior problem related to low frustration tolerance. Identified interventions included - Anticipate and meet the resident's needs;- if reasonable discuss the resident's behavior, explain/ reinforce why behavior was inappropriate and/or unacceptable to the resident. Review of Resident #3's Care Plan, updated 10/12/24 (previous visit), documented: Focus: The resident had the potential to be verbally aggressive (cursing, yelling at staff) related to ineffective coping skills Goal: The resident will demonstrate effective coping skills through the review date. Interventions:- Administer medications as ordered;- Analyze of key times, places, circumstances, triggers, and what de-escalates behavior and document.- When the resident becomes agitated: Intervene before agitation escalates. Guide away from source of distress. Engage calmly in conversation; if response is aggressive, staff walk calmly away, and approach later. Interview on 12/2/25 at 12:23 p.m. CNA A stated she was at the nurse's station between 8 a.m. and 8:15 a.m. and Resident #3 approached her. CNA A stated Resident #3 told her he received an eviction notice and wheeled away. CNA A said then Resident #3 rolled up to her laughing; CNA A asked why he was laughing and Resident #3 stated when he got out of here he would shoot up or bomb this shit hole. CNA A stated she was at a loss for words and said, oh, okay. CNA A said she waited for a statement like 'just kidding' but Resident #3 did not say anything. CNA A said it was like Resident #3 was joking but not joking and there was no eye contact when he said it, like he was really thinking about it. CNA A stated the nurse next to her did not hear it. CNA A said she told her nurse about it and the nurse instructed her to report to the Administrator. CNA A said someone told the DON, the ADON, and the SSD and she told them what happened. CNA stated the Administration called the police and the police asked her if she wanted to press charges. CNA A stated she thought Resident #3 was very capable of following through with the threat if he was back on drugs. CNA A said she could see Resident #3 was fantasizing about it, daydreaming about it. CNA A stated she had no idea to ask where he would put it because it was the first time anyone said something like that to her. CNA A stated the training she received on disaster preparedness was the computer training and it kind of run through what to do with a bomb threat. CNA A said the last time she received training on what to do in case of a bomb threat was when there was a suspicious package across the street, but the police told them to shelter in place. CNA A stated the facility went over the situation in the next town hall meeting, but it was just the facility did what they had to do, it was very quick and just covered the staff moved the residents to safety. CNA A stated if she answered the phone and someone said there was a bomb in the building she would give the phone to the nurse. CNA A said she would then tell the other nurse so they could get a hold of the DON or ADON. CNA A said she wouldn't even know what to do. CNA A stated she read the policy and passed it on to the next person. CNA A stated she did not remember what disaster training went over a bomb threat at this or any other facility she worked at previously; CNA A said she only knew the order of evacuation and what to do in case of a fire. CNA A stated she did not feel the facilities went over it as much as fire preparation. Interview on 12/2/25 at 1:27 p.m. CNA B stated if she answered the phone and someone said there was a bomb in the building the training she got was to not panic, notify whoever was around to notify authorities and call administration. CNA B said she was told to keep the caller talking and ask questions. CNA B said she did not want to ask the caller the location of the bomb because she did not want to trigger them. CNA B said she would ask the caller what they wanted, what their intentions were, and keep them on the line as long as possible, distracted. After prompting by surveyor, CNA B said she would listen for background noises to try and determine where they</p>		