STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675910	A. Building B. Wing	10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Focused Care at Hogan Park	3203 Sage St Midland, TX 79705

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48593 Based on observation, interview, and record review the facility failed to provide services with reasonable accommodation of needs for 1 of 11 (Resident #1) residents reviewed for resident call system. The facility failed to provide a working communication system on 10/23/2024 that was easily at reach and that would allow Resident #1 the ability to safely call for staff for assistance. This failure could place residents at risk of not having a means of directly contacting caregivers in an emergency or when they need support for daily living. The findings included: Record review of Resident #1's admission record dated 10/23/24 revealed Resident #1 was a [AGE] year-old male with an admitted [DATE]. Medical diagnosis that included spinal stenosis (the narrowing of the space around your spinal cord or nerves), muscle weakness, muscle wasting, and quadriplegia (paralysis of both arms and legs). Record review of Resident #1's MDS dated [DATE] revealed a Brief Interview for Mental Status (BIMS) of 11 indicating a moderately impaired cognition. under Section GG - Functional Abilities and Goals revealed the resident requires Substantial/maximal assistance for oral hygiene, shower/bathe self, upper body dressing, lower body dressing, putting on/taking off footwear, and personal hygiene . Record review of Resident #1's care plan dated 09/25/24 revealed Focus - The resident is at risk for falls and fractures as evidence by: residents diagnosis of quadriplegia. Goal - The resident will be free of falls through the review date. Interventions/ Task - Be sure The resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. And Focus - Resident has an ADL self-care performance deficit r/t disease processes. Resident has a diagnosis of quadriplegia. Goal - Will maintain ability to participate with self care at current level QD through review date. Interventions/ Tasks - Keep call light within reach and encourage resident to use it for assistance. Respond promptly to all requests for assistance. (resident uses specialized call light). (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
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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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 10/ 23 / 2024 at 11:50 a.m., revealed Resident #1 lying in bed asking for help. Resident #1 asked if surveyor would be able to get his call light to call staff into his room. Resident #1 stated he is able to use his call light as long as the staff give it to him and place it over his chest. Resident #1 stated the staff will clip it to his pillow, but they do not always ensure it is over his chest. Surveyor pressed the call light that was observed hanging off the side of the bed out of reach of Resident #1. An unknown staff entered the room, asked what was needed, turned off call light, and left. The staff did not give the resident the call light. Observation on 10/ 23 / 2024 at 1:11 p.m revealed Resident #1 lying in bed with the call light out of reach. Resident #1 stated that staff had come in to adjust him but did not give his call light to him before leaving. Observation on 10/ 23 / 2024 at 4:03 p.m., revealed Resident #1 lying in bed with the call light out of reach. Resident #1 stated one staff member, did not remember who, had come into the room because his roommate pressed the call light for him. Resident stated the staff member went to get help to place the resident in his wheelchair. Resident #1 did not have his call light in his reach . During an interview on 10/23/24 at 1:45 p.m., the DON stated it is expected of staff to answer the call light within 5 minutes, to do what is being asked of the resident, if need to come back actually come back to resident promptly, keep call light within reach. The DON stated she was not aware that Resident #1 was not being given his call light routinely. The DON stated she would ensure staff are in-serviced on importance of keeping call light within reach. No policy available for call lights .