

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675910	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/27/2026
NAME OF PROVIDER OR SUPPLIER  Focused Care at Hogan Park		STREET ADDRESS, CITY, STATE, ZIP CODE  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.			
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F 0773  Level of Harm - Actual harm  Residents Affected - Few	<p>Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to promptly notify the physician or physician's representative when laboratory results fell outside of the clinical reference range in accordance with facility policies and procedures for 1 (Resident #1) of 6 residents reviewed for lab services. The facility failure to relay the test results from Resident #1 to the physician as per facility Lab Monitoring &amp; Lab Orders Policies and Procedures. The failure placed residents at risk of delays in receiving the necessary interventions to treat their medical condition. Findings included: Record review of Resident #1's admission record, dated 02/10/2026, revealed admission on [DATE], to the facility. Record review of Resident #1's history and physical dated 01/29/26, revealed a [AGE] year-old male with a diagnosis of Schizoaffective Disorder, Bipolar Type, Post-Traumatic Stress Disorder, and Constipation. There was no indication of Diabetes Mellitus noted. Record review of Resident #1's quarterly MDS assessment, dated 01/14/2026, revealed a BIMS score of 15, indicating the resident was cognitively intact. Resident #1 did not have a diagnosed of diabetes nor was he coded under Section N - Medications for Insulin Injections under part A or B. Record review of Resident #1's care plan, dated 02/10/26 revealed that Resident #1 did not have focus area for Diabetes nor interventions for diabetes. Record review of Resident #1's Order Summary Report reviewed on 02/10/26, revealed Resident #1 did not have any orders for insulin or blood glucose monitoring. Risperdal Oral Tablet 2 MG (Risperidone) Give 2 mgby mouth two times a day (Anti-psychotic medication). Start 08/14/2024 Record review of Resident #1's Progress Notes dated 01/28/26, revealed Resident #1 ambulating pushing his wife who was pushing a full grocery cart from the local store full of snacks (chips, drinks, and other items.). Resident #1 informed the nurse that he was having stomach aches and had been taking a lot of stuff to make him poop and he had pooped. Resident #1 took prune juice, enema, and Lactulose. Resident #1 informed that Since he has so much bowel prep that even though he had a BM he might have stomachache from that. Progress Note dated: 01/29/26 - Revealed in 10:47 a.m., ambulating about the facility, no c/o spasms or pain. NP here. Negative KUB and Resident #1 notified. Revealed at 8:26 p.m., complained of foul bowel odor, smelling breath, and feeling nausea. New orders give for CBC, CMP, and Colace BID. Progress Note dated: 01/30/26 - Revealed at 4:10 p.m., Resident #1 was alert and oriented enjoying foods related to activities. Progress Note dated: 02/02/2026, 1:20 p.m. revealed, Called EMS 911, resident alert and oriented x3 (Resident was alert, knew who he was, where he was), clean and dry, transferred to hospital per request. Report given to ER nurse. Record review of the 24-Hour Report dated 01/29/26, revealed Resident #1 - negative on KUB. Fleets of enema given. Colace BID (Given twice a day), Labs reviewed negative outcome. CBC and CMP were done. - 01/30/26, revealed CBC drawn in the am (morning). Record review of Resident #1's laboratory results dated , Friday 01/30/2026, revealed his blood glucose level was 934 (Reference/normal range 74-109). It also indicated, Critical results called to (Resident #1's doctor) at 12:23 p.m. central time by lab tech. Read back and</p> <p>(continued on next page)</p>		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  675910	Facility ID:  675910  If continuation sheet Page 1 of 5

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<p>F 0773</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>verified? Y). (Note: The lab directly called the doctor and not the facility. Record review of Resident #1's hospital records, dated 02/02/2026, revealed in part: Chief complaint via EMS from facility c/o abdominal pain x 3 days, acid reflux. Pt has been having high glucose readings x1 week reading high. Kussmaul respirations (an abnormal breathing pattern characterized by rapid, deep breathing at a consistent pace. It's a sign of a medical emergency - usually diabetes-related ketoacidosis (DKA), which can affect people with diabetes and people with undiagnosed Type 1 diabetes). [AGE] year-old male, bilateral blindness, chest burning since last three days. He was also complaining of polyuria (Urinating a lot) and poor appetite and glucometer reading as high since last one week. He was never diagnosed with diabetes in the past. Blood work showed glucose 743. Diabetic [NAME] Acidosis (a serious health condition that could happen as a result of diabetes. It could be life-threatening). Assessment/Plan of Lactic Acidosis, Diabetic Ketoacidosis, and newly diagnosed diabetes mellitus on 02/02/26. Plan - s/p 2 L NS in ER, Will give 2 more liters of LR fluid boluses start DKA protocol insulin and IV fluids. NPO for now ok meds and ice chips. Routine chemistry: Glucose levels 2/3/26 = 195, 2/4/2026 = 297, 2/5/2026 = 155. Start statin once tolerating diet transfer to PCU (Progressive Care Unit).02/04/2026 Seen and examined no acute distress patient states overall feeling slightly better, blood sugars back in the 400s though this morning augmented insulin basal, continue to monitor likely discharge tomorrow if glucose much more controlled. Continue IV fluids, increase Lantus insulin to 40 units with 10 units preprandial continue sliding scale, will give additional bolus today. 02/05/2026 discharge recommendations: return to long term, care planned treatment discharge/discontinue OT treatment evaluation complete: Yes. During an interview on 02/06/2026 at 1:25 p.m., the Treatment Nurse said on Thursday, 01/29/2026, Resident #1 told the doctor he was not feeling well. The Treatment Nurse said Resident #1 told the doctor he felt nauseous and his poop smelled bad and asked the doctor if he wanted to test his stool and the doctor said no but ordered some labs. The Treatment Nurse said she filled out the lab sheet and placed it on the lab book, she said the lab usually arrived the next day. The Treatment Nurse said Resident #1 did not request to go to the hospital at that time nor did he appear in distress. The Treatment Nurse said the following day (01/30/2026) after the labs were drawn that the lab normally calls the facility but for some reason they contacted the doctor. The Treatment Nurse stated the physician did not contact the facility. The Treatment Nurse said that on Saturday 01/31/2026 at about 9:30 a.m. Resident #1 asked her about his lab results but told him to ask LVN B because she was his nurse at that time. The Treatment Nurse said she had not witnessed if Resident #1 had asked LVN B about his lab results. During an interview on 02/06/2026 at 2:00 p.m., LVN C said she worked on Monday (02/02/2026) at 6:00 a.m. to 2:00 p.m. shift. LVN C stated she checked on Resident #1 and he was pale and talking differently. LVN C said the resident was awake and alert, so she checked his vital signs, and his blood pressure was high, and Resident #1 asked about his lab results. LVN C said she recalled that Resident #1 had had some labs done so she went to check to see if the results were back. LVN C said she looked at the Ring App and Resident #1's blood sugar was at 945 on his lab results which was at a high critical level. LVN C said she checked Resident #1's blood sugar with their glucometer and it was 478. LVN C said Resident #1 was sent to the hospital. LVN C said she did not understand why the laboratory had not called because whenever there were critical value results, they called to make them aware ASAP. LVN C said she worked on Friday 01/30/2026 when the lab results were done but no one from the laboratory or doctor's office called with the critical values since the doctor was contacted about the critical values around noon. LVN C said, at shift change, she discussed with the night shift what was on the 24-hour report and there was nothing about Resident #1's lab results. (Note: the ring app is an app that is located on the</p> <p>(continued on next page)</p>		

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