

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/28/2026
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.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation and interview, the facility failed to ensure all drugs and biologicals were stored in locked compartments for 3 of 5 carts (MA Cart Station 1, MA Cart Station 2, Treatment Cart) reviewed for labeling and storage. The facility failed to ensure the MA Medication Carts and the Treatment Cart were locked and secured when staff were not present. This failure could place the residents at risk of gaining access to unlocked medications which were not prescribed to them. The findings included: Observation on 7/22/26 beginning at 9:59 a.m. revealed: The MA Medication Cart Station 1 was unlocked and unattended. The MA Medication Cart Station 2 was unlocked and unattended. The Treatment Cart was in a hallway unlocked and unattended, the Treatment Nurse was not in the room the cart was parked by. Observation on 7/22/26 at 11:15 a.m. revealed the MA taking vital signs for the resident, she left the medication cart station 1 unlocked and unattended with residents walking past. The MA left the medication cart unlocked and unattended for 5 minutes. Observation on 7/27/26 at 10:48 a.m. revealed the treatment cart unlocked and unattended in the hallway. Observation and interview on 7/27/26 at 12:00 p.m. revealed the treatment cart was left unlocked and unattended. The DON stated the carts were not supposed to be left unlocked and unattended as she locked the cart. Interview on 7/27/26 at 1:22 p.m. the DON stated the ADONs did rounds every 2 hours and were supposed to check that medication carts were locked while they were unattended. A policy for medication carts was requested. No policy on locked medication carts was provided.		

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: 675910	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/28/2026
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.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to provide a safe, functional, sanitary and comfortable environment for 5 of 5 residents (Residents #1, #3, #4, #5 and #6) reviewed for wheelchair cleanliness; Resident wheelchairs were dirty and in poor repair. (Residents #1, #3, #4, #5, and #6) This failure could place residents at risk for injury or decreased quality of health related to poor maintenance of resident care equipment. Findings included: Resident #1 Review of Resident #1's admission Record, dated 7/22/26, revealed he was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses including cerebral ischemia (a blood clot blocks a specific blood vessel to the brain, a type of mini-stroke), lack of coordination, and muscle weakness. Review of Resident #1's Initial MDS assessment dated [DATE] revealed He had a BIMS score of 15 of 15 (indicating he was cognitively intact) He used a wheelchair. Review of Resident #1's Care Plan, dated 7/3/26, on ADL self-care performance did not address mobility or use of a wheelchair. Resident #3 Review of Resident #3's admission Record, dated 7/22/26, revealed he was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses including hemiplegia (weakness on one side of the body), muscle wasting and atrophy, history of transient ischemic attacks (mini-stroke). Review of Resident #3's Quarterly MDS assessment dated [DATE] revealed: He had a BIMS Score of 10 of 15 (indicating moderate cognitive impairment) He had upper and lower extremity impairment on one side and used a wheelchair. Resident #4 Review of Resident #4's Quarterly MDS Assessment, dated 4/23/26 revealed he was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses including dementia. He had a BIMS score of 13 of 15 (indicating he was cognitively intact). The 4/23/26 MDS indicated he used a walker. Resident #5 Review of Resident #5's admission Record, dated 7/27/26, revealed she was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses including hemiplegia (one-sided paralysis) following a stroke. Resident #5 was still in her MDS Assessment window and one had not been completed yet. Review of Resident #5's initial care plan, dated 7/17/26, revealed she used a wheelchair. Review of Resident #5's emergency visit, dated 7/17/26 documented Resident #5's cognition was severely impaired. Resident #6 Review of Resident #6's admission Record, dated 7/24/26, revealed he was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease (any condition causing difficulty breathing). Review of Resident #6's admission Screener, dated 7/18/26 revealed no ambulatory devices used. Interview on 7/27/26 at 1:50 p.m. a confidential group of 4 residents, the residents stated wheelchairs were not cleaned. Observation and interview on 7/27/26 beginning at 3:06 p.m. showed: Resident #5's wheelchair seat had a brown substance ground into the wheelchair seat, and the brake had a build-up of grime on it. Resident #6 stated the facility did not wash his wheelchair. Resident #1 stated hell no they don't clean my wheelchair. Resident #4's wheelchair had an accumulation of food particles in the seat, and the back grommet was detached from the frame. Resident #3's wheelchair had a buildup of grime on it. Interview on 7/28/26 at 11:00 a.m. the DON stated the wheelchairs were supposed to be cleaned by the night shift. The DON said ?they were thinking about having the wheelchairs cleaned opposite of the residents' shower day. The DON stated the night charge nurses were responsible for monitoring that the wheelchairs were cleaned. The DON stated currently there was no schedule for the wheelchairs to be washed, and it was brought to her attention last week. The DON said she had not checked wheelchairs for cleanliness. The DON said previous places she worked at had a schedule for cleaning wheelchairs. The DON said it was not done (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/28/2026
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.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	and she was not going to make excuses why it was not done. The DON said it needed to be done. The DON said the Administrator gave the nightshift brushes. She checked the shower room and verified there were no scrub brushes in the shower room. Observation and interview on 7/28/26 beginning at 1:22 p.m. revealed Resident #5's wheelchair seat was brown. The DON stated she would not want to sit on that. Resident #4's wheelchair had the accumulation of food debris and grime. The DON said she would not want to sit in the wheelchair and the back grommet coming off the frame was unsafe. Review of the facility's policy and procedure on Maintenance Services, dated 2/1/27, revealed: It addressed the grounds and building, but not wheelchairs or other resident equipment.		

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 07/28/2026
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.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0576 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents have reasonable access to and privacy in their use of communication methods. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure residents were provided with reasonable access to receive their mail in a timely manner for 1 of 3 residents (Resident #2) reviewed for resident rights. The facility failed to respect residents' right to privacy and opened their personal mail. (Resident #2) The facility failed to deliver financial mail to residents. (Resident #2) This failure could place residents at risk of a delay in residents' personal correspondence, financial information, or other time-sensitive materials. The findings included:Based on interview and record review, the facility failed to ensure residents were provided with reasonable access to receive their mail in a timely manner for 1 of 3 residents (Resident #2) reviewed for resident rights. The facility failed to respect residents' right to privacy and opened their personal mail. (Resident #2) The facility failed to deliver financial mail to residents. (Resident #2) This failure could place residents at risk of a delay in residents' personal correspondence, financial information, or other time-sensitive materials. The findings included: Review of Resident #2's admission Record, dated 7/28/26, revealed Resident #2 was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses including: quadriplegia (unable to use all extremities), reduced mobility, and pressure sore to the sacral area (lowest part of the back). Review of Resident #2's quarterly MDS Assessment, dated 5/21/26, revealed:She had a BIMS score of 15 of 15 with no signs or symptoms of delirium (indicating she was cognitively intact).She had range of motion impairment on all extremities and used a wheelchair.She was dependent on staff for all ADLs There was no care plan related to Resident #2's desire to get mail unopened. Review of Resident #2's admission packet revealed nothing about permission for the facility to open her mail. Interview on 7/24/26 at 3:45 p.m. Resident #2 stated the staff opened her mail from Medicaid, scanned it into the computer and then put it in a file. Resident #2 said the staff did not deliver the mail to her, so she was not notified of an increase in services and now she has a back bill she did not know how she was going to pay for her back bill. Resident #2 said she was very upset about it. Interview on 7/27/26 at 10:00 a.m. the BOM and receptionist stated the regional BOM trained the receptionist to open mail. Interview on 7/27/26 at 10:02 p.m. the Receptionist stated the Regional Accounts Manager trained her to open Medicaid/Medicare and Social Security mail and upload it to the electronic record. The Receptionist said the residents were not given their letters, it was put into a file or a binder. The Receptionist stated the rest of the mail was delivered by the Activity Director unopened. The Receptionist said she was trained from the very beginning of her employment to open the Medicaid/Medicare/Social Security mail. The Receptionist said she was never told she could not open residents mail. During an interview on 7/27/26 at 10:14 a.m. the Administrator stated they had a new Director of Records and she did not know how to distinguish facility mail and resident mail from Medicaid/Medicare and Social Security. The Administrator stated that it was duplicated information since the facility got the same letter as the residents and the addresses at the top was hard to read. The Administrator stated Resident #2 complained every time Social Security increased their money, but she did not get more than \$75 for her Personal Needs Allowance. Interview on 7/27/26 at 1:50 p.m. a confidential group of 4 residents, one of the residents stated they did have their financial mail opened. The residents felt the Receptionist got it mixed up with facility mail because the building got so much mail and she did not look at it. Follow up interview on 7/28/26 at 3:35 p.m. Resident #2 stated she was still angry the facility opened her mail no and did not her of the bill increase. Resident #2 asked how was she supposed to know what was going on in her life if she did not get her mail. Resident #2 stated she was in her right mind and there was no (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/28/2026
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.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0576 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	reason she should not get her mail. Resident #2 stated she felt powerless over her life because she could not even control her finances. Review of the facility's policy and procedure on Resident Rights, revised 12/2016, revealed: Employees shall treat all residents with kindness, respect, and dignity. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: Manage his or her personal funds, or have the facility manage his or her funds (if he or she wishes) Access to a telephone, mail, and email; Review of the Rights and Protections as Nursing Home Resident, undated, documented: Get proper privacy, property, and living rights. You have the following rights: to have privacy in sending and getting mail and email.		