

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675985	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2024
NAME OF PROVIDER OR SUPPLIER Focused Care at Midland		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 N Main 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)		
<p>F 0575</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post a list of names, addresses, and telephone numbers of all pertinent State agencies and advocacy groups and a statement that the resident may file a complaint with the State Survey Agency.</p> <p>26221</p> <p>Based on observation, interview and record review the facility failed to post in a form and manner accessible and understandable to residents and resident representatives a list of names, addresses (mailing and email, and telephone numbers of all pertinent State agencies and advocacy groups, such as the State Survey Agency, the State licensure office, the protection and advocacy network, home and community based service programs, and the Medicaid Fraud Control Unit for 1 of 1 buildings reviewed for postings</p> <p>The facility failed to ensure the number to HHS Long Term Care Regulatory (state survey and certification agency) number for filing grievances, or complaints or suspected violations of state or Federal violations was posted.</p> <p>This failure could place residents at risk of lack of knowledge of who to contact should they require advocacy, investigation, and not knowing their rights, how to exercise their rights, or investigations into violations of their rights.</p> <p>Findings include:</p> <p>Observation and interview on 7/10/24 at 12:30 p.m., the ADON stated she knew what to do monitor for abuse and neglect. The ADON knew to report to the Administrator for abuse and neglect. The ADON stated if the Administrator was told of the abuse and neglect and did nothing she would call the State Survey Agency herself. When asked where the number was located the ADON left and checked all 6 halls including the three secured halls. At 12:41 p.m. the ADON returned and said, I have no idea where the darn thing is. Observation with the ADON revealed all public areas of the facility including the dining room and lobby and the posting for the abuse number was not posted.</p> <p>Observation and interview on 7/10/24 at 12:45 p.m. revealed CNA A went looking for the State Number and the ADON told him the number was not posted. CNA A said he guessed he would google the number on the phone. CNA A, the ADON, and some unidentified staff were gathered at the nurse's station trying to find the number on their phone and/or computer.</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:	Facility ID: 675985
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<p>F 0575</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Interview on 7/10/24 at 12:52 p.m. revealed DON said state number was posted on a hallway across from her office, and then realized when the facility was repainted the postings were taking down. The DON said, it's not posted, I don't know why it's not posted, it should be posted, I can't find it. The DON said she was aware it was a requirement and did not know why it was not posted. The DON said it was posted across from her office for years and she thought the numbers were posted.</p> <p>Interview on 7/10/24 at 1:08 p.m., the Administrator said she was informed of the missing posting. The Administrator said she was aware the posting needed to be up, and she did not know what happened to the posters either.</p> <p>Interview on 7/15/24 at 1:40 p.m., the Administrator stated the Corporate [NAME] President was supposed to bring them a new poster with the numbers on it and had not yet. The Administrator said the poster had disappeared in the Bermuda Triangle and she had not found it, so she posted the 1-800 number up in the meantime .</p> <p>Record review of the facility's policy and procedure on Resident Rights, revised December 2016, reflected: Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to:</p> <p>Communicate with outside agencies (e.g. local, state, or federal officials, state and federal surveyors, state long-term-care ombudsman, protection or advocacy organizations etc .) regarding any matter.</p> <p>Record review of the facility's policy and procedure on Abuse, revised 1/1/23, reflected: The administrator and/or designee are responsible for maintain all facility policies that prohibit abuse, neglect, and misappropriation of funds/personal belongings, involuntary seclusion, or corporal punishment.</p> <p>Ò Posting of HHS abuse hotline number.</p>		