

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 08/02/2025
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observations, interviews, and record review the facility failed to prepare food that was safe, palatable and attractive for 1 of 1 kitchen reviewed for food and nutrition services. The facility failed to ensure Dietary Aide (DA) C followed the puree recipes when preparing pureed food items. The facility failed to deliver food with an appetizing taste for the lunch meal on 08/02/2025. This failure could place residents at risk of decreased food intake, hunger, unwanted weight loss, and a diminished quality of life. Findings included: Interview with a confidential resident on 08/02/2025 at 10:05 AM, the resident stated the food from the kitchen sucks and was not hot. Interview with a confidential resident on 08/02/2025 at 10:15 AM, the resident stated the food is not good. Interview with a confidential resident on 08/02/2025 at 10:20 AM, the resident stated the food is hot but is crap. Interview with a confidential resident on 08/02/2025 at 10:30 AM, the resident stated the food is not good. Observation on 08/02/2025 at 1:20 PM revealed DA C placed two pieces of sliced bread into the puree blender and poured cold milk on top. DA C did not measure the milk. After blending, DA C added liquid thickener. DA C did not measure the thickener. After washing and sanitizing the blender, DA C placed a cooked hamburger patty in the blender and poured hot water on top of it. DA C did not measure the water. The Dietary Manager (DM) told him to add some chicken broth for flavor. DA C poured liquid chicken broth in the blender. DA C did not measure the chicken broth. After washing and sanitizing the blender, DA C placed a scoop of cooked rice in the blender and poured cold milk on top. DA C did not measure the milk. After blending, DA C added liquid thickener. DA C did not measure the thickener. DA C did not take temperatures of the pureed foods. DA C covered each serving bowl with plastic wrap and placed them in the microwave for approximately 30 seconds. DA C removed the bowls from the microwave and placed them on a serving tray. Interview on 08/02/2025 at 1:35 PM DA C said he was not trained on what liquid or how much to mix in each food item. Said he thinks about what he would like it mixed with and eyeballs the amount. DA C said he can always add thickener if it is too runny. DA C said he does not know if there are recipes that should be followed. DA C said if the thickness is not correct, the resident can choke. Interview on 08/02/2025 at 1:40 PM the DM said none of the DA's have had training on purees. The DM said residents might choke if purees are prepared incorrectly. The DM said Dietary Staff needing to fill-in for a position they are not trained for happens more often than it should. Observation on 08/02/2025 at 1:50 PM revealed the lunch test tray consisted of peppered steak, brown gravy and rice, was unappetizing in appearance (meat was dried out, brown gravy had too much pepper) and the meat was hard to cut with a fork and knife. Interview with a confidential resident on 08/02/2025 at 3:00 PM the resident stated the food is not good. Interview on 08/02/2025 at 5:28 PM the Registered Dietician said the DM was directed to either print menus and recipes for the current meal season and place in a binder or print each menu and recipe daily and provide to Dietary Staff. Record Review on 08/02/2025 showed no significant weight loss for residents. A policy for food palatability was requested from the DM 08/02/2025 at 01:40 PM, he stated there was not a specific policy related to food palatability .</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
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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. (continued on next page)		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Based on observations, interviews, and record reviews, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety in 1 of 1 kitchen reviewed for kitchen sanitation and food storage. - The facility failed to ensure stored foods were properly stored, labeled, and dated.- The facility failed to ensure temperatures were checked for food items prior to serving.- The facility failed to ensure food was not handled with bare hands.- The facility failed to ensure residents received preferred portion sizes.- The facility failed to ensure that spoiled food items were disposed of properly.- The facility failed to ensure dietary staff used facial hair restraints properly. - The facility failed to ensure dietary staff wore closed shoes.- The facility failed to ensure personal food items were not stored in 1 of 2 of the kitchen refrigerators. These failures could place residents at risk of food-borne illnesses and cross-contamination. Findings included: - Observation and interview on 08/02/25 at 11:20 AM revealed Dietary Aide (DA) B had on a baseball hat with the bill turned to the side, leaving approximately 1 inch of hair on her forehead not restrained. DA A had slide/open toe sandals on. Temperature logs for refrigerator or freezer were not visible. DA A said she was not aware of the need to take food temperatures before serving. DA A said temperatures were not taken for breakfast. DA A and DA B denied knowing where temperature logs were for food temperatures, refrigerator temperatures, and freezer temperatures. - Observation of the dry storage on 08/02/25 at 11:28 AM revealed: a produce box of mushy, wrinkled potatoes; a produce box of yams with sprouts; a produce box of small red potatoes with sprouts; a produce box of potatoes with sprouts; and a bag of chips not sealed. The floor was littered with used gloves, paper, napkins and a packaged cookie. - Observation of the refrigerator on 08/02/25 at 11:37 AM revealed: a bag of sliced turkey breast and sliced cheese opened on 07/30/25 did not have a UBD (use by date); a bag of sliced turkey breast opened on 07/30/25 did not have a UBD and was not sealed; a bag of an unidentified food item opened on 07/29/25 did not have a UBD and was not sealed; a bag of ham opened on 07/23/25 did not have a UBD; a bag of sliced cheese did not have an open date or UBD; a bag of sliced ham opened on 07/18/25 did not have UBD and was not sealed; a bag of grated cheese did not have an open date or UBD and was not sealed; a bag of grated cheese did not have an open date or UBD; a partial case of bottled water; 2 bottles of sports drink, 1 was opened and partially gone; a metal bin of an unidentified food item did not have an open date or UBD; and a bag of yogurt did not have an open date or UBD.- Interview on 08/02/25 at approximately 11:44 AM, DA B said the bottled water in the refrigerator was for staff to stay hydrated. DA B said the bottles of blue sports drink were hers. - Observation on 08/02/25 at 11:46 AM revealed: a bottle of ground turmeric was not sealed; clean bowls, plates, a muffin pan, pitchers and plate covers were facing up; and bins of serving and cooking utensils were not covered. The dish cart next to the steam table held stacks of clean plates. The top plate on one of the stacks of small plates had dried food particles on it. The top plate on another stack of small plates had one mouse dropping on it.- Observation on 08/02/25 at 11:51 AM revealed an overflowing bin labeled Open Cake Mix/Sugar. Please Use contained: a bag of graham cracker crumbs was not sealed; a chocolate cake mix did not have an open date or UBD; a muffin mix opened on 02/15/25 was labeled Use 1st did not have a UBD; a box of corn starch opened on 05/22/25 did not have a UBD and was not sealed; a bag of French fried onions opened on 07/06/25 did not have a UBD date; a peppered gravy mix did not have an open date or UBD and was not sealed; a bag of graham cracker crumbs did not have an open date or UBD and was not sealed; a bag of potato pearls opened on 04/15/25 did not have a UBD and was not sealed; a bag of potato pearls did not have an open date or UBD; a bag of potato pearls opened on 03/01/25 did not have a UBD; a bag of bread crumbs did not have an open date or UBD and was not sealed; and a bag of cocoa opened on 10/27/24 did not have a UBD and was not sealed. There was an unknown brown powdery substance spilled in the bin. - Observation on 08/02/25 at 12:15 PM revealed the Dietary Manager (DM) entered the kitchen, walked past the steam table, stove, and clean dishes to retrieve a hair restraint from the dry storage. The DM did not wear a beard restraint. - Observation on 08/02/25 at 12:20 PM revealed DA A did not check the temperatures for the gravy or the meat for mechanical soft diets before serving. - Observation on 08/02/25 at 12:35 PM revealed the DM and DA B gathering full trash bags with gloved hands. Without changing gloves, the DM and DA B began placing cut cake in bowls with gloved hands.- Interview on 08/02/25 at 12:39 PM, the DM said he usually printed menus and recipes every day. The DM said he did not print them for today (08/02/25) and tomorrow (08/03/25).- Observation on 08/02/25 at 12:57 PM revealed the DM was placing cake in bowls with gloved hands. the DM removed the left glove to</p>		

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<p>F 0814</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Dispose of garbage and refuse properly.</p> <p>Based on observation and interviews, the facility failed to dispose of garbage and refuse properly for 2 of 3 dumpsters in that: The facility failed to ensure the dumpster lids were closed on 2 of 3 dumpsters and the area surrounding the dumpsters were free of garbage and debris. These failures could affect residents who resided in the facility and the public by placing them at risk of exposure to germs, disease, and an environment which could attract pests and rodents. The findings include: In an observation on 8/2/25 at 6:00 PM of 2 of 3 dumpsters located outside the nursing facility, the lids were open on both dumpsters. The dumpsters were not full. A trash bag with trash inside was hanging over the trash can. There was trash outside the dumpster including a toilet and some wooden items. During an interview on 8/2/25 at 6:10 PM, the Administrator stated the expectation is dumpster lids were to always remain closed and area free of trash or debris. The maintenance director does rounds outside the facility on Monday, Wednesday, and Friday. No policy on garbage and refuse disposal was provided by time of exit on 8/2/25 at 8:30 PM.</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**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 residents, staff, and the public for 3 of 3 resident smoking areas reviewed for environmental concerns. The facility failed to ensure adequate cleaning in the designated smoking areas. This failure placed the staff and visitors at risk of an uncomfortable and unsafe environment. Findings included: During an observation on 08/2/25 at 6:25 p.m., in smoking area 1 the grass/weeds were approximately 24 inches high. There was trash including used glove, paper, cans, food wrappers. Smoked cigarette butts littered the ground throughout the area. This area is shared by men's locked unit E and men's locked unit F. During an observation on 8/2/2025 at 6:30PM in smoking area 2 Women's Locked Unit from hall C. There was litter scattered on the ground including paper, cans, cups, food wrappers. Smoked cigarette (butts) littered on ground throughout area. The trash can was overflowing. The weeds/grass in this area are up to 1 ft. tall. During an observation on 8/2/2025 at 6:30PM in smoking area 3 located out the door of DR, shared by halls A, B, and D. This area is all cement and no grass. Observed trash including used glove, paper, cans, food wrappers. Also, smoked cigarette (butts) littered on ground throughout area. Cat food bowl w/ food, bag of cat food, 2 cat houses. Cat house 1 has wood chips for bed. Cat house 2 has a blanket for bed. Blanket is covered in cigarette butts, grass, and trash. During an interview on 8/2/2025 at 6:50PM with Regional Maintenance Manager, he said maintenance staff are supposed to clean outside grounds including smoking areas every Monday, Wednesday, and Friday. Mowing is performed by a contractor and they do not [NAME] smoke areas unless requested. Interview and record review with Administrator on 8/2/2025 at 7:00PM revealed a maintenance log check off for smoking area cleaning. Most recent check off was on 7/30/2025. Maintenance staff of facility was not available for interview due to Spanish speaking only. Administrator said mowing was not completed at last scheduled visit by contractor due to mechanical issues and that they were supposed to return today to complete. He said it was the expectation for the facility to be maintained with a clean and sanitary environment. Policy for clean sanitary environment was not received at exit.</p>