

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 12/12/2025
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 0921</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</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** An incident investigation (Intake#1029204, 1030702, 1035046, 1046030, 1046503, 1054016) was conducted on 12/12/25. The census was 78. Based on observation, interview, and record review, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents for 1 of 1 facility reviewed for environmental concerns. The facility failed on 12/10/2025 when Hall B had Residents rooms and hallways that was upswept with food particles and trash on the floors throughout the building, broken window blinds was in resident's rooms, and there was broken floor tiles in resident's rooms. These failures could affect the residents and placed them at risk of living in an unsafe and uncomfortable environment. Findings included: Observation on 12/10/25 at 9:25 AM to 9:40 AM revealed Hall B- floors covered in trash, food particles, trash candy wrappers lying between handrail and wall. At 9:30AM Hall B, room [ROOM NUMBER], brown dry stain (coffee or tea) on floor, trashcan overflowing, trash on floor and under bed, resident not in room. At 9:35AM Dining room Floor, trash, food and cups lying on floor all over dining room. Breakfast was served in dining room at 7:30AM. At 9:40AM Hall A, floors covered in trash, food particles, trash candy wrappers lying between handrail and wall. Observation on 12/10/25 beginning at 9:45AM reflected the following: room [ROOM NUMBER]-Broken window blind, broken floor tiles, room [ROOM NUMBER]- Broken floor tiles, room [ROOM NUMBER]- floors upswept, trashcan overflowing, room [ROOM NUMBER]- floors un-swept and brown stains on floor, trashcan overflowing, Interview on 12/10/25 at 11:15AM the Administrator stated that the floor tech was running late 12/10/2025 and that why floors were not clean. Administrator stated that staff need to empty trashcans when needed and floors need to be cleaned as needed. Administrator stated she has in-serviced all staff that it was everyone's job to clean and pick up trash. Interview on 12/12/25 at 11:00AM during the exit conference the Administrator stated they could not find a policy on homelike environment.</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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