STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675985	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Focused Care at Midland	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)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that each resident has a right to secure and confidential personal and medical records for 1 (Resident #1) of 5 residents reviewed for confidentiality.The facility failed to ensure Resident #1's face sheet and personal information was not given to a hospice provider without the permission of the resident's guardian.This deficient practice could place residents at risk of having their medical information being unnecessarily exposed and their personal privacy violated.The findings included: Record review of Resident #1's face sheet dated 4.23.26 reflected a [AGE] year-old female with an initial admission date of 10/22/24, with diagnoses which included vascular dementia, mood disturbance and anxiety. Record review of Resident #1's quarterly MDS assessment section C, cognitive patterns, dated 2/5/26 reflected a BIMS score of 11 (moderate impairment). During a phone interview on 4.23.26 at 1:05 pm Resident #1's Guardian stated she became the guardian of the resident on 3.23.26. She stated that she received a call from a hospice company and she was unable to answer the phone but did get voicemail. She stated that the voicemail was from the hospice company stating that they had all the residents' information and if she wanted to go with hospice, they would be happy to help. She stated she had no idea how the hospice company had any of the residents' information because she never gave it to them and that it was not right that the facility gave out Resident #1's personal information. During an interview on 4.23.26 at 1:50 pm the Corporate Nurse stated that the DON, during a phone call, told her that one day a hospice provider was in the building and came by her office. She stated that she gave the hospice company Resident #1's face sheet. She stated that she should not have done that. She stated that she did believe that it was a HIPAA violation. An attempt to contact the DON was made on 4.23.26 at 2:45 pm. The DON did not answer and message was left. Record review of the facility policy, dated December 2006, titled Confidentiality of Information indicated: Policy statement-our facility shall treat all resident information confidentially. Policy interpretation and implementation: 1. The facility will safeguard all resident records, whether medical, financial, or social in nature, to protect the confidentiality of the information. Record review of the facility policy titled Resident Rights, dated December 2016, indicated:3. The unauthorized release, access, or disclosure of resident information is prohibited. All release, access. Or disclosure of resident information [NAME] be in accordance with current laws governing privacy of information issues. All inquiries concerning the release of resident information should be directed to the HIPAA compliance officer.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675985	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Focused Care at Midland	2000 N Main Midland, TX 79705

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to maintain an effective pest control program so that the facility was free of pests and rodents for one, Resident #2, of five residents reviewed for environmental concerns. 1. The facility failed to ensure the facility was free of mice. This failure could place residents at risk of having pests in their rooms and insect bites.Findings included: Record review of Resident #2's face sheet dated 4.23.26 reflected a [AGE] year-old male with an initial admission date of 1/25/24, with diagnoses which included depressive disorder, anxiety, and muscle weakness. Record review of Resident #2's quarterly MDS assessment 2/5/26, section C, cognitive patterns, reflected a BIMS score of 13 (intact cognition). During an interview on 4.22.26 at 1:45 pm the HD stated that they did have some mice. She stated it used to be a lot worse, but they had been working with pest control weekly. She stated that everything really started reducing about 3 weeks ago. She stated that she had some CNAs on F hall and stated that they had seen some mice on that hall. She stated that she had been working directly with pest control as well as with Maintenance Director to fix this issue. She stated they did have pest control coming out weekly; they had traps out and the facility had been getting sprayed weekly. She stated they had not had any other issues in the building nor anyone else bringing any concern to her regarding the mice. She stated the last time she had brought anything to her regarding the mice was 3 weeks ago. During an interview on 4.22.26 at 1:50 pm MA stated she had seen some mice. She stated last time was a week ago over on D hall. She stated she saw two mice running up and down the hallways. She stated she knew that the facility was aware of them but not a lot had been done. She stated other than that she had no issues with the facility, and the residents did not really say anything to her about any concerns. During an interview on 4.22.26 at 1:55 pm Resident #2 stated he was doing pretty good in the facility. He stated he had been at the facility for a while now. He stated that his only complaint at the facility was the mice. He stated he had let multiple staff know and they stated it was being worked on, but he did not really see a difference. He stated it always got bad in the summer but last night he saw 2 in his room. He stated they came out in the day sometimes, but he had lost 2 pieces of food/bread from them. He stated the first time he saw the bag was partially open and saw some nibble marks on the edge of the bread. He stated the second time he saw the bag the bread was in, it was nibbled open and some of the bread had been eaten. During an interview on 4.22.26 at 1:45 pm RN A stated that she had seen mice running around on the unit and feces under beds of different residents. She stated that she had let the Maintenance Director know. She stated she knew that they were working with pest control, but she still saw mice in the facility. She stated the last time she saw a mouse on the unit was a week ago and it was running down the hallway. She stated none of the residents had been bit or hurt by the mice. She stated it was an issue if they did get bit and it was just gross for mice to be in the building. During an observation on 4.22.26 at 2:45 pm revealed in room [ROOM NUMBER]'s nightstand drawer were multiple rat dropping and a dead mouse was outside on the resident's porch. During an interview on 4.22.26 at 1:45 pm the Administrator stated that she knew that there had been a mice issue in the building. She stated she did believe it had gotten a lot better but was still a work in progress. She stated she had seen a mouse in the facility roughly 3 weeks ago. She stated luckily none of the residents had been bit or hurt by any of the mice. She stated it was not a healthy thing for mice to be in the building. She stated that a resident could get bit or sick because of the mice and that was not good. During an interview on 4.22.26 at 1:45 pm the Corporate Maintenance Director - stated that there was no pest control policy. He stated that he makes sure that the facility is pest free. He stated the facility might not be perfect yet but it was way better than it used to be. He stated that they were still working on the mice issue in the building. He stated the risk of having mice in the facility, was a resident could get bit or sick due to the mice and that should not happen.