

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/25/2025
NAME OF PROVIDER OR SUPPLIER Focused Care at Orange		STREET ADDRESS, CITY, STATE, ZIP CODE 4201 Fm 105 Orange, TX 77630	

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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47879</p> <p>Based on observation, interview, and record review, the facility failed to coordinate assessments with the PASRR program, including incorporating the recommendations from the PASRR evaluation report into a resident's care planning for 1 of 2 residents reviewed for PASRR assessments. (Resident #1)</p> <p>The facility did not provide and arrange for a specialized customized manual wheelchair for Resident #1 as recommended and agreed upon by the IDT within the time frame set by PASRR.</p> <p>This failure could place residents who are PASRR positive at risk of not receiving the necessary services/DME that would enhance their quality of life.</p> <p>Findings included:</p> <p>Record review of a face sheet dated 03/24/2025 indicated Resident #1 was a [AGE] year-old male initially admitted to the facility on [DATE] and readmitted on [DATE]. His diagnoses included moderate intellectual disabilities (condition that affects a person's ability to learn and function at an expected level), developmental disorder of speech and language (communication disorder that interferes with learning, understanding, and using language), hypertension (condition in which the force of the blood against the artery walls is too high), hypertensive chronic kidney disease (a long-standing kidney condition that develops over time due to persistent or uncontrolled high blood pressure), chronic kidney disease (condition impairs kidney function, causing kidney damage), and benign prostatic hyperplasia (noncancerous enlargement of the prostate gland) with lower urinary tract symptoms.</p> <p>Record review of a PCSP dated 01/16/2025 for Resident #1 indicated the IDT recommended and agreed on continued Habilitation coordination and a CMWC.</p> <p>Record review of a care plan last revised 01/16/2025 indicated Resident #1 was PASRR positive (screening to identify if resident has PASRR conditions serious mental illness, intellectual disability, developmental disability or related conditions) for intellectual disability. He is visited by a PASRR service coordinator and will specialized services. On 01/16/2025 Quarterly PCSP meeting held with Habilitation Coordinator and IDT team. The Habilitation Coordinator explained to the IDT that PASRR's decision regarding the CMWC overrules the facility therapy's determination regarding the CMWC. The Patient will continue to receive habilitation services, patient measured for customized manual wheelchair per DME company. Goals included for Resident #1 to maintain highest level of practicable wellbeing through the review date.</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
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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of a quarterly MDS dated [DATE] indicated Resident #1 had severe cognitive impairment. He had unclear speech and was usually understood and usually understood verbal communication. He required substantial or maximal assistance for most activities of daily living and used a wheelchair for mobility. He was considered by the state level II PASRR process to have serious mental illness and intellectual disability.</p> <p>During an observation on 03/25/2025 at 10:30 a.m., Resident #1 was sitting in his standard wheelchair in his room. Resident #1 reported that he was pleased with care provided by the facility and used his standard wheelchair to move about the facility without difficulty. Resident #1 acknowledged that he is to receive a custom wheelchair, but it has not been delivered.</p> <p>During an interview on 3/24/2025 at 4:05 p.m., the Clinical Reimbursement Coordinator said PASRR requirements mandate that the facility complete an accurate request for NF specialized services recommended (CMWC) and agreed upon at the IDT meeting into the online portal within 20 business days and DME or a CMWC must be ordered within 5 business days after receiving notification of the approval through the LTC Online Portal. She said Resident #1 refused a CMWC during quarterly meetings up until 01/16/2025 and even though the facility physical therapist did not recommend a CMWC for Resident #1, the Habilitation Coordinator explained to the IDT that PASRR's decision regarding the CMWC overrules the facility therapy's determination regarding the CMWC and the facility initiated the request for NF specialized services in the LTC Online Portal. She said she completed the facility section of the request and forwarded it to the DME company for them to complete their section and they entered the information into the LTC Online Portal. She said the quarterly IDT meeting for Resident #1 was on 01/16/2025, and she entered the information into the LTC Online Portal on 01/30/2025. She said on 02/05/2025 she received multiple alerts from the LTC Online Portal which identified the CMWC request had errors or sections that needed to be reviewed and completed. She said that she reviewed the document on the Online Portal on 02/05/2025 and made the requested corrections and resubmitted the CMWC request. She said the CMWC request was approved on 02/12/2025. She was unsure when she notified the DME company Resident #1's CMWC request was approved.</p> <p>During an interview on 03/25/2025 at 3:15 p.m., the office manager with the DME company said they received the approval for Resident #1's CMWC on 02/24/2025 via email from the facility Clinical Reimbursement Coordinator with a screen shot of the LTC Online Portal attachment indicating that the CMWC request was approved on 2/12/2025. She said they ordered the Customized Wheelchair for Resident #1 on 02/24/2025 and the equipment should be delivered to the facility 3/26/2025.</p> <p>During an interview on 3/25/2025 at 5:30 p.m., the DON said the Clinical Reimbursement Coordinator was responsible for coordinating all things PASRR related. She said she was familiar with the PASRR process and what documents were required to be completed but not the timelines for completion. She said she was aware that Resident #1 was PASRR positive and evaluated for a CMWC and was waiting for the delivery from the DME company. She said during the quarterly IDT meeting on 01/16/2025 the Habilitation Coordinator explained to the IDT that PASRR's decision regarding the CMWC overrules the facility therapist's determination regarding the CMWC and the CMWC process was initiated at that time. She said a possible negative outcome of not meeting the PASRR timeframes for completing the CMWC request and ordering the CMWC could be residents not receiving services as approved through PASRR.</p> <p>(continued on next page)</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/25/2025 at 6:10 p.m., the Administrator said the Clinical Reimbursement Coordinator was responsible for any updates for PASRR and submitting the specialized services/DME request on the LTC Online Portal. He said he was aware that Resident #1 was approved for a CMWC and was waiting for the equipment to be delivered. The Administrator said he received calls from PASRR staff and provides the requested documents. He said residents might not get the services/DME that PASRR provided if requests were not submitted in the required timeframes. He said he expected the facility staff to follow the PASRR policy and meet the required timelines for submitting the request for specialized services or DME and notifying the DME company when facility notified of the DME approval.</p> <p>Record review of an undated facility policy titled PASRR indicated . Policy: the purpose of this policy is to ensure PASRRs are being obtained and completed timely and accurately. Procedure: 1. PASRRs are obtained from referring entity by the admissions department. 2. PL1s are put into LTC online portal by the facility CRC within 72 hours of resident admitting to facility. The completed PL1 must also be uploaded into the resident's EMR. 3. Communicate with LIDDA/LMHA to ensure all active positive PL1s have a completed PE and upload the PE into the resident's EMR. 4. Review recommended specialized services on the PE once the PE is submitted. 5. When discharging a resident to another NF, the facility is responsible for completing PASRR for the NF. 6. Follow Texas PASRR policy for all mandatory meetings and care coordination including any changes that may require a change in resident's PASRR status.</p>		