

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 11/18/2025
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure it's free of any significant medication errors for 1 of 8 residents (Resident #1) reviewed for significant medication errors. The facility failed to identify Resident #1 medication allergy to Hydrocodone and Resident #1 was administered 10 doses of Hydrocodone. This failure could place residents at risk for having allergic reactions such as skin rashes, itching, or swelling if given medications they are allergic to. Findings included: Record Review of Resident #1's face sheet dated 10/6/2025 indicated Resident #1 was a 78- year- old female initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of Pain, Hyperlipidemia (high levels of fat in the blood.), and Primary Hypertension (high blood pressure). Record review of Resident #1's Care plan dated 04/22/2025 indicated Resident #1 had Codeine, Diazepam, Sulfa Antibiotics, Tramadol, Caffeine, Adhesive listed as her allergies with Review listed allergies prior to administering new medications, and Give MD a list of allergies when receiving orders to new medications listed as interventions. Record review of Resident #1's nurse's notes and progress notes from the dates 04/23/2025- 05/05/2025 indicated there were no notes related to the administration of Hydrocodone and any negative outcomes. Record review of Resident #1's Physician orders dated 04/17/2025 indicated Hydrocodone was ordered by the hospital physician. Record Review of Resident #1's Medication Record dated April 2025 indicated Resident # 1 had Codeine, Diazepam, Sulfa Antibiotics, Tramadol, Caffeine, Adhesive listed for her allergies. Resident #1 received 10 doses of PRN (as needed for pain) Hydrocodone -Acetaminophen Oral Tablet 5-325 MG related to pain. Dates & Times of administration:- April 24, 2025 at 11:50 a.m. (administered by: LVN E)- April 25, 2025 at 3:45 p.m. (administered by: LVN F)- April 25, 2025 at 10:43 p.m. (administered by: LVN F)- April 27, 2025 at 2:51 a.m. (administered by: LVN G)- April 28, 2025 at 12:32 a.m. (administered by: LVN G)- April 28, 2025 at 12:24 p.m. (administered by: LVN E)- April 28, 2025 at 8:44 p.m. (administered by: LVN F)- April 29, 2025 at 11:50 a.m. (administered by: LVN E)- April 30, 2025 at 10:57 a.m. (administered by: LVN E)- April 30, 2025 at 8:00 p.m. (administered by: LVN F) Record review of nurse report sheet dated: 04/22/2025 retrieved by LVN A indicated Resident #1 was allergic to Hydrocodone, Valium, Codeine, Clindamycin, Sulfa, and Tramadol and adhesive tape. Record review of Resident #1's Hospital discharge paperwork dated 04/17/2025-04/22/2025 (length of hospital stay) indicated Hydrocodone was listed as an allergy. Record review of default progress note entered by Nurse Practitioner B dated: April 30,2025 indicated Resident #1 had Hydrocodone listed as one of her allergies. Record review of Residents with No Recommendations dated: 05/1/2025 thru 05/13/2025 indicated Resident #1 was reviewed by the pharmacy consultant with no recommendation made. An interview on 10/07/2025 at 11:23 a.m. with Resident #1's family member indicated Family Member A said she was not present during any time when Resident #1 received Hydrocodone. She said she did not know how many doses were administered. Family Member A said she was told Resident #1 was allergic to Hydrocodone by Family Member B. She said Resident #1 wanted her to make the complaint to State. Family Member A said she wanted all investigation findings and communications to be given to Resident #1 and Family Member B. An interview on 10/07/2025 at 11:50 a.m. with Resident #1's family member indicated Family Member B said when Resident #1 was admitted on [DATE] she reported to the staff that Resident #1 was allergic to Hydrocodone. Family Member B said she was aware that Resident #1 had a urinary tract infection during her stay at the facility. Family Member B could not recall the name of the staff member she reported Resident #1 allergies too. She said Resident #1 reported to her that she was not forced to take the Hydrocodone but was told the Hydrocodone would not affect her because she would be sleeping. Family Member B said she was not present at any of the times Hydrocodone was administered. An interview on 10/07/2025 at 12:07 p.m. indicated Nurse Practitioner C said a person with a true medication allergy could have a skin rash, itching, hives, and or shortness of breath. She said people sometimes list medications they did not like taking under allergies, so they would not be given the medication even though it was not a true allergy. She said she would not have approved a resident with an allergy to Hydrocodone to receive Codeine to prevent a potential allergic reaction. Nurse Practitioner C said Resident #1 was given Hydrocodone first during her 04/17/2025 hospital stay before admitting to facility. and was not ordered Hydrocodone by the facility. Nurse Practitioner C said she cannot prescribe Hydrocodone, only the Physician can. She cannot recall if Resident #1 had any skin rashes, itching, hives, or shortness of breath, or negative effects from receiving 10 doses of Hydrocodone. An interview on 10/07/2025 at 2:00 p.m. indicated Pharmacist #1 said a true medication</p>		