Department of Health & Human Services Centers for Medicare & Medicaid Services

Printed: 05/20/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIE Focused Care at Fort Stockton	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675722	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing STREET ADDRESS, CITY, STATE, ZI 501 N Sycamore Fort Stockton, TX 79735	(X3) DATE SURVEY COMPLETED 06/27/2024 P CODE		
For information on the pursing home's	plan to correct this deficiency places con		ogeney		
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 0921 Level of Harm - Minimal harm or potential for actual harm	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. 46641				
Residents Affected - Some	Based on observations, interviews, and record reviews, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public for 4 of 4 (Resident # 2, 7, 8, &9) rooms reviewed for environment. The facility window blinds in Resident #2, 7, 8, &9's rooms were inoperable and damaged.				
	This failure could place residents at risk for diminished quality of life due to the lack of a well- kept environment.				
	Findings included: Observation on 6/26/24 at 9:10 am revealed that in 4 rooms (Resident #2, 7, 8, 9's room) observed during initial rounds the white 1-inch vinyl blinds being used for window covering were damaged, had broken blades, missing blades, cords in knots, inoperable.				
	Interview on 6/26/24 at 10:45am Resident #2, stated that the broken window blinds were already damaged when she arrived. Resident #2 stated it made the room look junky and cheap. Resident #2 stated she did not mention the damaged blinds to any staff but wished they would replace them.				
	Interview on 6/26/24 at 1:30pm Resident #7, stated blinds were damaged when she admitted, and it makes the room look junky. Resident #7 stated that the facility has known about the blinds but has done nothing. Resident #7 stated staff are nice and respectful, food is good, and she likes the facility but wishes they would fix the blinds. Resident #7 stated she did not ask or tell anyone about the blinds because they can see they are broken themselves.				
	Interview on 6/26/24 at 1:40pm Resident #8, stated the blinds were broken when she arrived at the facility, and they let too much light in. Resident #8 said she knows the facility knows about the blinds, and she wished they would repair them. She said she has not asked anyone to fix the blinds and thinks they should know to do this.				
	Interview on 6/27/24 at 1:10pm Re (continued on next page)	sident #9, stated the blinds have been	broken since she has been here.		

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 675722

If continuation sheet Page 1 of 2

Department of Health & Human Services Centers for Medicare & Medicaid Services

Printed: 05/20/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675722	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024	
NAME OF DROVIDED OR SURDIUS	in .	STREET ADDRESS CITY STATE 71	D CODE	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 501 N Sycamore		
Focused Care at Fort Stockton		Fort Stockton, TX 79735		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0921 Level of Harm - Minimal harm or potential for actual harm	Resident #9 stated she has told them she would like them to be replaced or fixed to keep out the light. Resident #9 stated she thinks she has told the nurse and maintenance man about the blinds. Interview on 6/27/24 at 10:05am CNA L stated she has noticed broken blinds in resident's rooms and has			
Residents Affected - Some	reported to charge nurse but did not write in the logbook. CNA L stated she has worked on night shift for most of her time at the facility and only started day shift. CNA L stated many of the blinds have been broken since she started 8 months ago.			
	Interview on 6/27/24 at 10:35am LVN I stated when things need to be fixed or looked at you can tell the maintenance man or write it down in the Logbook at the nurse's station. LVN I stated she has noticed blinds being broken but stated residents have done this and they will continue to damage blinds even if replaced. LVN I stated she knew some residents would not break blinds, but have had broken blinds in their room before they arrived. LVN I stated yes the broken blinds need to be replaced.			
	Record review of the Maintenance Logbook located at the nurse's station. Reviewed dates 6/26/24 back to 2/15/24. No request was made for broken window blinds in any resident rooms.			
	Interview by phone on 6/27/24 at 2:45pm, Maintenance man stated any repairs are either written in the Maintenance Log or told to Maintenance man by staff. He said the maintenance log is checked throughout the day. Maintenance man stated he had trouble getting blinds ordered, and the company where the facility orders from did not have the size they needed in stock. Maintenance man stated the facility has a few new blinds in storage, but he has not been able to put them up at this time but will when he is back from vacation. Maintenance man stated he knows there are a lot of blinds in resident's rooms that need to be replaced.			
	Interview on 6/27/24 at 3:05pm, Admin stated replacing the broken window blinds has been one of the things he has been working on. Admin stated they have some new blinds in storage but have not used them yet. Admin has noticed that there are a lot of window blinds in resident's rooms that are broken. Admin stated he understands it is important for the residents to live in a clean facility, have privacy, security, and have all repairs done in a timely manner.			
	Record review of Maintenance Service Policy, no date reflected:			
	2. Functions of maintenance personnel include, but are not limited to:			
	B. Maintaining the building in good	repair and free from hazards.		