

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER White Sands Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 5715 North Lovington Highway Hobbs, NM 88240	

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>Based on record review and interview, the facility failed to ensure residents were free of any significant medication errors for 1 (R #1) of 1 (R #1) resident reviewed for medication administration when staff failed to administer medication per physician's orders. This deficient practice could likely lead to the residents having adverse (unwanted, harmful, or abnormal result) side effects, or not receiving the desired therapeutic effect of the medication. The findings are:</p> <p>A. Record review of R #1's Physician's orders revealed the following:</p> <ol style="list-style-type: none"> 1. Metoprolol succinate (beta-blocker used to treat chest pain (angina), heart failure, and high blood pressure) ER (extended release), extended release 24-hour, started on 11/24/23. Give 50 MG (milligram; dose of medication) by mouth one time a day for hypertension (high blood pressure). Hold if SBP (Systolic blood pressure; the top number in a blood pressure reading) is less than 120, DBP (Diastolic blood pressure; the bottom number in a blood pressure reading) is less than 80, HR (Heart rate; number of times the heart beats in a min) is less than 60. 2. Losartan Potassium (used to relax blood vessels to increase the supply of the blood and oxygen to the heart.) 100 MG, started on 11/25/23. Give 1 tablet by mouth one time a day for hypertension. Hold if SBP is less than 120. <p>B. Record review of R #1's Medication Administration Record (MAR) for May 2025, revealed staff administered the following medications:</p> <ol style="list-style-type: none"> 1. Metoprolol succinate ER, 50 MG, on 05/02/25, 05/04/25, 05/07/25, 05/11/25, 05/12/25, 05/13/25, 05/16/25, 05/17/25, 05/18/25, 05/20/25, and 05/22/25 for SBP less than 120, DBP less than 80. 2. Losartan Potassium 100 MG, on 05/07/25, 05/11/25, and 05/13/25 for SBP less than 120. <p>C. Record review of R #1's blood pressures were documented as follows:</p> <ol style="list-style-type: none"> 1. 05/02/25-132/75 2. 05/04/25-134/75 3. 05/07/25-114/78 4. 05/11/25-118/80 <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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER White Sands Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 5715 North Lovington Highway Hobbs, NM 88240	

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5. 05/12/25-132/74 6. 05/13/25-115/72 7. 05/16/25-122/78 8. 05/17/25-125/77 9. 05/18/25-131/74 10. 05/20/25-128/72 11. 05/22/25-120/74 D. On 05/23/25 at 10:35 am during an interview with the Director of Nursing (DON), she stated the following: 1. R #1 received her Metoprolol Succinate and Losartan Potassium medications outside the prescribed parameters. 2. Medication was administered outside the prescribed parameters causing a significant medication error. 3. She stated her expectations are for the nurses to follow the orders as written, hold the medication and call the doctor to verify instructions.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER White Sands Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 5715 North Lovington Highway Hobbs, NM 88240	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation and interview, the facility failed to ensure all treatment carts were locked while unattended. This deficient practice had the potential to affect all 27 people residing in rooms on the 200 hall by allowing unauthorized people access to their medical supplies and personal health information. The findings are:</p> <p>A. On 05/22/25 at 10:15 am, a random observation of the facility revealed the treatment cart located in the 200 hall was unlocked, and the facility employees were not in the area.</p> <p>B. On 05/22/25 at 10:15 am, during an interview with Registered Nurse (RN) #1, she confirmed the treatment cart was unlocked and she locked the cart. RN #1 stated the treatment cart should be locked and secured while not in use.</p> <p>C. On 05/23/25 at 10:25 am, during an interview with the Director of Nursing (DON), she confirmed that all treatment carts should be locked while not in use.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER White Sands Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 5715 North Lovington Highway Hobbs, NM 88240	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on observation and interview, the facility failed to safeguard resident's personal health information by leaving a list of residents with their associated wound care orders in plain view. This deficient practice had the potential to affect all 27 people residing in the rooms on the 200 hall by allowing unauthorized people access to their personal health information. The findings are:</p> <p>A. On 05/22/25 at 10:15 am, a random observation of the facility revealed a paper document with names of the residents and their wound care orders sitting face up on top of the treatment cart.</p> <p>B. On 05/23/25 at 10:25 am, during an interview with the Director of Nursing (DON), she confirmed that all personal health information should be safeguarded and should never be left in view of people that are not authorized to see it.</p>		