STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325040	A. Building B. Wing	07/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
White Sands Healthcare	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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

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
	325040	A. Building B. Wing	07/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
White Sands Healthcare	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 0689 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to prevent an accident for 1 (R #1) of 1 (R #1) resident reviewed for falls, when the facility failed to ensure staff used a mechanical lift as required.This deficient practice resulted in R #1 falling and sustaining a Subarachnoid hemorrhage (bleeding in the space between the brain and the tissue covering the brain) was identified on (Computed Tomography; a medical imaging procedure that uses x-rays to create detailed cross-sectional images of the body) CT that required treatment at a hospital for higher level of care.A. Record review of R #1's face sheet revealed R #1 was admitted into the facility on [DATE] and currently has the following diagnoses:1. Type 2 Diabetes.2. Alzheimer's (brain disorder that slowly destroys memory and thinking skills, and eventually the ability to carry out the simplest tasks).3. Anxiety (feeling of unease, worry, or nervousness).4. Repeated Falls.5. Hypertension (A condition in which the force of the blood against the arty walls is too high).6. Epilepsy7. Muscle Weakness8. Parkinson's Disease B. Record review of R #1's nursing progress notes revealed the following:- On 06/19/25, staff documented the resident sent to the Emergency Department (ED) to evaluate and treat, status post fall. C. Record review of witness statements revealed the following:-On 07/01/25, Hospitality Aide (HA) stated she was in R #1's room when the fall occurred because she was doing 1:1 monitoring (a person that maintains constant visual observation of a resident to ensure resident safety). She stated that R #1 was placed in a mechanical lift sling by CNA #1 without assistance from other staff. She stated once CNA #1 had R #1 in the mechanical lift sling, she raised R #1 in the air when she heard a snap and R #1 fell out of the sling. R #1 fell to the floor, hitting his legs on the corner of the mechanical lift and his head on the base of the mechanical lift.-On 07/01/25, Certified Nursing Aide (CNA) #1 stated she getting R #1 up for the day using the mechanical lift, she stated when she got R #1 in the sling and had him up in the air with the mechanical lift, she heard a pop and R #1 dropped to the floor. CAN #1 stated he fell before I could do anything. She stated that R #1 fell on his buttocks and his legs hit the legs of the lift and his head hit the base of the lift.-On 07/01/25, Licensed Practical Nurse (LPN) #1 stated he was the charge nurse assigned to R #1 at the time of R 1#'s fall on 06/19/2025. He stated that he was notified that R #1 had fallen from the lift. When he arrived to R #1's room he observed R #1 sitting on the floor with CNA #1 attending to him. He stated that R #1 was awake, alert and oriented to self and was his normal baseline at time of assessment.C. Record review of R #1's Investigation Report (5 day report), dated 06/30/25, revealed that R #1 fell from a [NAME] lift during a bed-to-chair transfer, landing on his back hitting his head. R #1 was sent to the emergency room for evaluation and treatment. Subarachnoid hemorrhage (bleeding in the space between the brain and the tissue covering the brain) was identified on (Computed Tomography; a medical imaging procedure that uses x-rays to create detailed cross-sectional images of the body) CT and R #1 was referred to Covenant Hospital in Lubbock for further neurological treatment. R #1 had repeat CT on 06/21/25 indicating resolution of the subarachnoid hemorrhage and subsequently readmitted back to nursing home facility.D. Record review of R #1's care plan, initiated on 06/02/25 and revised on 07/01/25, revealed the following: - Focus: R #1 has an ADL self-care performance deficit related to Dementia, Parkinson's disease and visual disturbances secondary to presbyopia, nuclear sclerosis bilaterally, refraction disorder and cataracts.- Interventions: R #1 requires total assistance by staff to move betweensurfaces and as necessary and requires total assistance by staff with sittingto stand transfers, chair to bed transfers, toilet transfers and shower transfers. R #1 requires transfers with Hoyer lift with 2 people and was initiated on 10/20/20 and revised on 07/01/25. E. Record review of R #1's Minimum Data Set (MDS) Section GG (Functional Abilities and Goals), dated 06/27/25, revealed the following:-R #1 requires maximal assistance to roll between his left and right side. -R #1 requires maximal assistance when moving from sitting on the side of the bed to lying flat on the bed. - R #1 is completely dependent when moving from lying flat on the bed to sitting on the side of the bed. - R #1 is completely dependent when transferring from chair to bed or bed to chair.F. On 07/16/25 at 10:40 am during an interview with Assistant Director of Nursing (ADON) stated during the investigation it was revealed that CNA #1 initiated the transfer alone without assistance. She stated the Hospitality Aide (HA) was in the room at the time of the fall but was only there performing one to one monitoring of the resident. The ADON stated CNA per competency training dated 02/19/25, her expectation was for CNA #1 to get help prior to attempting a hoyer lift. The ADON also states their policy states there has to be two certified