

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

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/24/2026
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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, and interviews, the facility failed to obtain consent from a resident representatives prior to giving a significant haircut to a resident living on the memory care unit for 1 (R #2) of 4 (R #1, R #2, R #3 and R #4) residents reviewed. This deficient practice could likely result in residents feeling a loss of humanity and dignity. The findings are: A. Record review of the facility's admission Agreement, dated 12/2023, revealed the facility may share medical information with family to identify a surrogate decision maker when an individual was incapacitated and unable to give or receive information. B. Record review of R #2's admission Record revealed R #2 was admitted into the facility on [DATE] with the following diagnoses: 1. Dementia (a group of conditions characterized by impairment of at least two brain functions, such as memory loss and judgment), with severe behavioral disturbances, 2. History of traumatic brain injury (TBI; head or neck injury). C. Record review of R #2's admission Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff) assessment, dated 04/13/26, revealed R #2's Brief Interview of Mental Status (BIMS; a screening for cognitive impairment) was 00, severe impairment. D. Record review of R #2's skilled evaluation, dated 04/09/26, revealed the resident had impaired decision-making ability. E. On 06/24/26 at 1:32 pm, during an observation and interview, R #2 had short hair, and the length was to her ears. R #2 was unable to say if she liked the length of her hair. F. On 06/23/26 at 2:44 pm, during an interview, R #2's husband stated he was upset when the facility cut R #2's hair without consulting him first. He stated his wife always had long hair that reached her mid back. He stated the facility cut her hair very short, above her ears. G. On 06/24/26 at 1:37 pm, during an interview, the Memory Care Activities Director (AMC) stated the facility should notify the family or representative of a resident in the memory care unit prior to scheduling haircuts. She stated R #2's husband was the decision maker for the resident. She stated they called R #2's husband before they cut the resident's hair, but he did not answer. The AMC stated they went ahead and cut R #2's hair. The AMC stated R #2 consistently had hair in her face and would not allow staff to brush or style her hair out of her face. The AMC stated she was concerned for R #2 safety. H. On 06/24/26 at 1:57 pm, during an interview, the Administrator (ADM) stated it was her expectation for staff to notify resident representatives prior to cutting a resident's hair in memory care. She stated it was also her expectation for staff to document the consent in the resident's progress notes. She staff should also document any safety concerns regarding a resident in the resident's record. She stated staff should have notified R #2's representative prior to cutting R #2's hair.		

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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