

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325044 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/06/2026 |
| NAME OF PROVIDER OR SUPPLIER Spring River Rehabilitation and Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 3200 Mission Arch Drive Roswell, NM 88201 | |

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 0555</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to choose his or her attending physician.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to allow 1 (R #7) of 2 (R #7 and R #39) residents reviewed for hospice and pressure ulcers to choose the attending physician when they refused to accept medical orders for R #7's pressure ulcers from her hospice physician, instead sending R #7 to appointments at a wound clinic to obtain medical orders and care for pressure ulcers. If the facility does not allow residents to choose the physicians that are responsible for their care, then residents could experience feelings of frustration and depression. The findings are:A. Record review of R #7's admission Record revealed she was admitted to the facility on [DATE] with the following diagnoses:1. Osteomyelitis (inflammation of bone and bone marrow),2. Extended spectrum beta lactamase resistance (ESBL; a condition that makes infections harder to treat),3. Pressure ulcer (PU; an injury to skin and underlying tissue resulting from prolonged pressure on the skin) of right heel, unstageable [a wound that has full thickness tissue loss but is covered with slough (dead tissue) or eschar (dark scab or falling away of dead skin) so that the true depth of the wound cannot be determined],4. Pressure ulcer of sacral region, stage 4 (a deep wound that may impact muscle, tendons, ligaments, and bone),5. Hypertensive heart disease without heart failure (a condition where chronic high blood pressure causes changes in the heart without the development of heart failure),6. Cutaneous abscess (a painful, swollen lump on skin caused by a bacterial infection) of buttock,7. Attention and concentration deficit (a condition characterized by persistent difficulties in focusing, sustaining attention, and maintaining concentration that affects a person's daily functioning).B. On 03/22/26 at 1:58 pm, during an interview with R #7's Power of Attorney (POA; legal authorization for a designated person to make decisions about another person's property, finances, or medical care), he stated the facility is making his mom go to appointments at a wound clinic in a neighboring town because they won't accept the medical orders from her hospice physician. R #7's POA stated that they chose the hospice doctor to manage R #7's care but the facility is preventing that from happening. R #7's POA stated that hospice was chosen so the hospice physician should oversee her care instead the facility is not allowing them to choose the physician they want.C. On 03/23/26 at 11:00 am, during an interview with Hospice Executive Director ([NAME]) she stated the facility contacted her to obtain permission for R #7 to go to a wound clinic to get care for her pressure ulcers because they did not have anyone in house to provide the care. The [NAME] stated facility nurses are responsible for providing continuous wound care with a hospice nurse providing the wound care and taking measurements once weekly. The [NAME] stated the facility is still sending R #7 to appointments at the wound clinic even though she is on hospice.D. On 04/06/26 at 11:13 am, during an interview with the Assistant Director of Nursing (ADON) she stated that R #7 is going to the wound care clinic in a neighboring town because the facility does not have a wound care nurse.E. Record review of R #7's current physician order revealed an order dated 12/03/25 to admit R #7 to hospice care starting on 10/10/25.F. Record review of R #7's progress notes revealed progress notes dated 01/20/26, 01/21/26, 01/22/26, 01/26/26, 01/27/26, 01/28/26, 01/29/26, and 02/02/26 where R #7 had an appointment out of town at the wound clinic.</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 |
|---|---|--------------------------------------|
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: Facility ID: 325044 | If continuation sheet Page 1 of 4 |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325044 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/06/2026 |
| NAME OF PROVIDER OR SUPPLIER Spring River Rehabilitation and Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 3200 Mission Arch Drive Roswell, NM 88201 | |
| 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 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p>Based on record review and interview, the facility failed to notify residents and their representatives in writing with explanation of why the move is required for 1 (R #7) of 1 (R #7) resident reviewed for room change notifications. If the facility fails to notify the resident and their representative(s) in writing, the resident and/or their representative(s) could experience confusion and frustration. The findings are: A. Record review of the facility's communication form for room change notification for R #7 dated 02/02/26 revealed R #7 and her representative were not informed prior to the room change. B. On 03/24/26 at 1:47 pm, during an interview with R #7's representative, he stated the facility did not notify him prior to moving R #7 to a new room. R #7's representative stated that when he came to visit R #7, he went to her old room and found she was no longer there and had to ask facility staff where she was.</p> | | |

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325044 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/06/2026 |
| NAME OF PROVIDER OR SUPPLIER Spring River Rehabilitation and Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 3200 Mission Arch Drive Roswell, NM 88201 | |

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interviews, the facility failed to maintain acceptable parameters of nutritional status for 1 (R #7) of 2 (R #7 and R #106) residents reviewed for nutrition when staff failed to follow the diet order and nutritional recommendations allowing R #7 to have a 22 pound or 22.2% weight loss. This deficient practice is likely to lead to residents suffering from unplanned weight loss and malnutrition which could worsen medical conditions. The findings are:</p> <p>A. Record review of R #7's admission Record revealed she was admitted to the facility on [DATE] with the following diagnoses:</p> <ol style="list-style-type: none"> 1. Osteomyelitis (inflammation of bone and bone marrow), 2. Extended spectrum beta lactamase resistance (ESBL; a condition that makes infections harder to treat), 3. Pressure ulcer (PU; an injury to skin and underlying tissue resulting from prolonged pressure on the skin) of right heel, unstageable [a wound that has full thickness tissue loss but is covered with slough (dead tissue) or eschar (dark scab or falling away of dead skin) so that the true depth of the wound cannot be determined], 4. Pressure ulcer of sacral region, stage 4 (a deep wound that may impact muscle, tendons, ligaments, and bone), 5. Hypertensive heart disease without heart failure (a condition where chronic high blood pressure causes changes in the heart without the development of heart failure), 6. Cutaneous abscess (a painful, swollen lump on skin caused by a bacterial infection) of buttock, 7. Attention and concentration deficit (a condition characterized by persistent difficulties in focusing, sustaining attention, and maintaining concentration that affects a person's daily functioning). <p>B. On 03/22/26 at 1:58 pm, during an interview with R #7's Power of Attorney (POA; legal authorization for a designated person to make decisions about another person's property, finances, or medical care), he stated that R #7 has lost about thirty pounds in the last few months.</p> <p>C. Record review of R #7's weight log revealed the following:</p> <ol style="list-style-type: none"> 1. On 09/22/25, R #7 weighed 100.8 pounds. 2. On 12/23/25, R #7 weighed 94 pounds. 3. On 03/23/26, R #7 weighed 78.6 pounds. 4. R #7 had a weight loss of 22.02% (percent) in six months. <p>D. Record review of R #7's care plan revised on 01/08/26 revealed staff are to: (continued on next page)</p> |

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325044 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/06/2026 |
| NAME OF PROVIDER OR SUPPLIER Spring River Rehabilitation and Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 3200 Mission Arch Drive Roswell, NM 88201 | |

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>1. Assist R #7 with meals using verbal and/or physical assistance.</p> <p>2. Encourage R #7 to come out of her room for meals.</p> <p>3. Monitor intake at all meals, offer alternative choices as needed.</p> <p>4. Offer alternate food choices if 50% of meal is not consumed.</p> <p>D. Record review of R #7's Nutrition & Amount Eaten log dated 02/24/26 to 03/25/26 revealed fourteen days where R #7 did not eat more than 50% of any meal that day.</p> <p>E. Record review of R #7's electronic health record revealed no alternative meal choices offered to R #7 on the days when she ate less than 50% of her food.</p> <p>F. On 03/25/26 at 9:06 am, an observation and interview of R #7 in her room revealed the following:</p> <p>1. R #7 received her food tray that consisted of a glass of milk, a glass of orange juice, hashbrowns, gravy with what appeared to be small bits of meat, and oatmeal that appeared watery.</p> <p>2. R #7 is eating without assistance and only ate a small portion of her meal.</p> <p>3. At 9:45 am, R #7's meal tray was picked up by facility staff. Staff did not ask R #7 if she was still hungry or if she wanted an alternative food option.</p> |