

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325057	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/13/2025
NAME OF PROVIDER OR SUPPLIER  Lovington Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1600 West Ave I Lovington, NM 88260	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>51657</p> <p>Based on record review, observation, and interview, the facility failed to ensure privacy during personal care for 1 (R #1) of 1 (R #1) residents reviewed for privacy when staff failed to pull the privacy curtain closed allowing his roommate full view of R #1's body parts. This deficient practice likely caused R #1 to feel ashamed and embarrassed. The findings are:</p> <p>A. Record review of R #1's care plan dated 01/24/25 revealed R #1 has a reopened pressure ulcer stage (PU; an injury to skin and underlying tissue resulting from prolonged pressure on the skin), Stage 3 (full thickness skin loss that extends into deeper tissue and fat but not into muscle, tendon, or bone) to his right buttock.</p> <p>B. On 02/13/25 at 2:10 pm, during an interview with R #1's daughter, she stated that her father was always a proud man and would be embarrassed with other people, like his roommate, seeing his body parts.</p> <p>C. On 02/13/25 at 4:07 pm, a wound care observation with R #1 revealed the following:</p> <ol style="list-style-type: none"> <li>1. Registered Nurse (RN) #1 entered R #1's room and closed the door behind her.</li> <li>2. R #1's roommate was in the room, on his side of the room, in his wheelchair in full view of R #1's bed.</li> <li>3. RN #1 completed personal care which involved wound care to a pressure ulcer to R #1's buttocks area without pulling the privacy curtain closed.</li> </ol> <p>D. On 02/13/25 at 4:20 pm, during an interview with the Administrator (ADM), she confirmed that facility staff should pull the privacy curtains closed prior to assisting residents with personal care. The ADM stated that her expectation is for staff to provide privacy by pulling curtains closed if there is a roommate or closing the door.</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
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