

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 04/10/2025
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49827</p> <p>Based on observation, record review, and interview, the facility failed to provide reasonable accommodation for resident needs and preferences for 1 (R #1) of 1 (R #1) resident reviewed by not ensuring R #1 had access to his call light and was able to use call light. These deficient practices are likely to result in residents being unable to request assistance, such as needing help with activities of daily living (ADL's) or other acute distress. The findings are:</p> <p>A. Record review of R #1's face sheet revealed R #1 was admitted into the facility on [DATE].</p> <p>B. Record review of R #1's Electronic Health Record (EHR), revealed R #1 was admitted with the following diagnoses:</p> <ol style="list-style-type: none"> 1. Unspecified sequelae (condition which is the consequence of a previous disease or injury) of cerebral infarction (stroke). 2. Hemiplegia (condition characterized by paralysis (loss of voluntary muscle control) on one side of the body) and hemiparesis (weakness or paralysis on one side of the body) following cerebral infarction affecting right dominant side 3. Muscle weakness generalized. 4. Other reduced mobility. 5. Unspecified Speech disturbance. <p>C. Record review of R #1's care plan dated 04/01/25 revealed R #1 has ADL self-care deficit related to hemiplegia and stroke and is totally dependent on staff for toilet use and to use the call bell for assistance.</p> <p>D. On 04/10/25 at 10:37 am, during an observation, R #1 laid in bed and the call light was on the floor towards the back of the bed. R#1's spouse [R #1's spouse (R #2), who shares the same room with R #1] also verified the call light was on the floor behind the bed.</p> <p>E. On 04/10/25 at 10:40 during an observation, the call light was in R #1's hand when he attempted to demonstrate how to use the call light. R #1 attempted multiple times to press the call light button and was unable to press the button on his call light.</p> <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
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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>F. On 04/10/25 at 10:45 am, during an interview with Social Services (SS), she confirmed that it is difficult for R #1 to use a press button call light and he would benefit from a different simpler call light.</p> <p>G. On 04/10/25 at 11:05 am, during an interview with the Director of Nursing (DON), she stated R #1's push button call light is difficult for him to use and the use of a soft touch call light would be more appropriate due to his impaired mobility.</p>		