STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325057	A. Building B. Wing	11/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lovington Healthcare LLC	1600 West Avenue 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)
F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Post nurse staffing information every day. Based on observation and interview, the facility failed to post nurse staffing data on a daily basis at the beginning of the shift that included the following: 1. Facility name. 2. The current date. 3. The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: 1. Registered nurses. 2. Licensed practical nurses. 3. Certified nurse aides. 4. Resident census. This deficient practice has the potential to affect all 58 residents as identified by the census provided by the Administrator on 11/25/25 and could likely result in residents and visitors not having the staffing information readily available. The findings are: A. On 11/25/25 at 10:48 AM, during observation of the main entrance, the nurse staffing data was dated 11/24/25 and was not posted for the current day. B. On 11/25/25 at 10:50 PM, during an interview with the Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff) Coordinator, she confirmed the nursing staff data should be posted daily and was not.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation and interview, the facility failed to ensure safe medication storage practices by not ensuring the medication cart was locked while unattended. This deficient practice has the potential to affect all 17 residents residing on the 300 hall as identified by the census provided by the Administrator on 11/25/25. If the facility does not ensure safe storage practices, then residents are at risk for unauthorized persons to have access to medications and adverse effects due to improper storage. The findings are: A. On 11/25/25 at 12:15 pm, during an observation of the facility, the medication cart located near the 300 hall was found unlocked and unattended.B. On 11/25/25 at 12:17 pm, during an interview with the facility scheduler, she confirmed the medication cart near nursing station was not locked and should be locked anytime it is unattended.

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	325057	A. Building B. Wing	11/25/2025

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to ensure the hallway in the 300 hall was accessible for residents. This deficient practice is likely to affect all 17 residents residing on the 300 hall as identified on the resident census provided by the Administrator on 11/25/25. This deficient practice could likely result in residents living in an unsafe environment, could increase their risk for injuries, and decrease their quality of life. The findings are: A. On 11/25/25 at 10:30 am, a random observation of the 300 hall revealed the following: 1. Three large boxes (one with a picture of a toilet on it) piled on top of each other with other pieces of cardboard and what appeared to be packaging material sticking out of the top and sides in the hall near room [ROOM NUMBER].2. A large box with a picture of a toilet on it, on the floor in the hall near room [ROOM NUMBER].3. A toilet on the floor in the hall near room [ROOM NUMBER]. B. On 11/25/25 at 10:41 am, during an interview with the facility payroll, she confirmed there were objects on both sides of the hall blocking residents' path. She stated that everything should be on one side of the hall, so residents had a clear path.