

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/22/2026
NAME OF PROVIDER OR SUPPLIER Grants Wellness & Rehabilitation LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 840 Lobo Canyon Road Grants, NM 87020	

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on record reviews, observations, and interviews, the facility failed to provide a homelike environment for 5 (R #1, #2, #3, #5, and #8) out of 5 (R #1, #2, #3, #5, and #8) residents reviewed by not: Maintaining comfortable and safe temperature levels for R #1, #2, #3, and #5. Providing R #8 bed linens. If the facility fails to maintain a homelike environment, then residents are likely to feel uncomfortable and could exacerbate (make worse) health issues. The findings are: Temperature:</p> <p>A. On 01/22/26 at 8:39 am, during an observation of R #1's room, R #1 was lying in bed sleeping with two blankets present. One small blanket was over her upper body and head, and another blanket was covering her feet. R #1's room was colder than the common area and the other rooms on the unit. The thermostat in R #1's room was set to 59 degrees Fahrenheit (F). A large wall furnace was present, but not operational. When R #1's room thermostat was set to a higher temperature, the furnace did not activate.</p> <p>B. On 01/22/26 at 8:45 am, during an observation and interview with R #3, R #3's room was observed to be cold with the room thermostat set to 78 degrees F. R #3 confirmed it is often cold in his room.</p> <p>C. On 01/22/26 at 8:51 am, during an observation of R #2's room (R #1's roommate), she moaned in discomfort. R #2 was taken to the restroom by Certified Nursing Assistant (CNA) #1, but R #2 continued to moan in discomfort.</p> <p>D. On 01/22/26 at 8:55 am, during an interview with CNA #1, she stated R #2 was moaning in discomfort because R #2 was cold, and R #2 does not like to be cold. She stated she does not think the thermostats in resident's rooms work often. CNA #1 stated R #1 and R #2's room is often cold, but the facility is aware.</p> <p>E. On 01/22/26 at 9:05 am during an interview with Maintenance Supervisor (MS), he stated there had been some issues with it being cold on the 300 unit in the past. The MS stated he was aware of recent resident complaints regarding the temperature of the 300-unit. The MS confirmed the room thermostats do not work, because the rooms temperature was controlled by the thermostat at the nurse's station. He stated he had not kept any logs of the temperature readings he had been taken on the 300 unit, but confirmed residents had recently complained about the room temperatures.</p> <p>F. On 01/22/26 at 12:30 pm, during an interview with CNA #1, she stated it was colder on the 300-unit more than anywhere else in the building. CNA #1 confirmed residents have recently complained about the room temperatures.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>G. On 01/22/26 at 12:36 pm, during an interview with Registered Nurse?(RN)?#1, she?stated?the vent at the 300-unit nursing station constantly blows?cold air. RN #1 confirmed R #3 complained about the cold temperatures several weeks prior, and R #5 complained about the cold?room temperature earlier today. RN #1?stated?the nursing station thermometer was set to 72 degrees F, but the?common area?(of the 300-unit) has had recent temperatures of 68 degrees F, when checked.??</p> <p>H. On 01/22/26 at 1:19 pm, during an interview with Director of Nursing (DON), she?stated?some of the residents have complained about it being cold on the 300-unit and some rooms are cooler than others.??She?stated?the radiant heaters on the walls work throughout the building except on the 300 unit. The DON?confirmed resident rooms should not be cold, and maintenance should be made aware of cold rooms so the temperatures can be adjusted.??</p> <p>R #8 Bed Linens:??</p> <p>I.?Record review of R #8's?face sheet?revealed?R #8 was admitted into the facility on?08/07/08 and the following diagnoses:??</p> <p>Atopic dermatitis (chronic itchy skin rash or eczema),??</p> <p>Type 2 diabetes mellitus with diabetic neuropathy (a condition where high blood sugar causes nerve damage, often leading to numbness, tingling, or pain),??</p> <p>Varicose veins of unspecified lower extremity with inflammation?(a?condition in which enlarged, twisted veins in the leg become inflamed, causing pain, swelling, redness, or tenderness),??</p> <p>Unspecified dementia, unspecified severity, without behavioral (condition involving a decline in memory and thinking abilities that affects daily functioning, without associated behavioral problems such as aggression or agitation).?</p> <p>J. On 01/22/26 at 10:07 AM, during an observation of R #8's room,?R #8?was?observed?lying on her mattress without linens.?</p> <p>K. On 01/22/26 at 12:02 PM, during an observation of R #8's room,?R #8?was?observed?lying on her mattress without linens.?</p> <p>L. On 01/22/26 at 1:09 PM, during an observation of R #8's room,?R #8?was?observed?lying on her mattress without linens.?</p> <p>M. On 01/22/26 at 2:10 PM, during an observation of R #8's room,?R #8?was?observed?lying on her mattress without linens.????</p> <p>N. On 01/22/26 at?1:27 PM, during an interview with CNA #1, she?stated?all?facility?CNAs?are responsible for?making resident beds. She?stated?once the linen is?removed, the bed should be re-made right away.??</p> <p>O. On 01/22/26 at 1:30 PM, during an interview with the RN #1, she?stated?resident beds should be made?without unnecessary delay. She noted residents should not be lying in bed without linens, as the material is plastic and prolonged contact could disrupt the resident's skin.?RN #1 also?stated?the?residents can be cold without a blanket.?RN #1 confirmed R #8's bed should have been provided linens</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>once the soiled ones were removed.??</p> <p>P. On 01/22/26, at 2:40 PM, during an interview with the DON, she?stated?it is her expectation all residents' beds be made?immediately?after the linen is removed. She?stated?residents cannot rest comfortably without linens on their beds and noted delays in making beds could contribute to worsening skin issues.?</p> <p>?</p>

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure the Minimum Data Set (MDS; a federally mandated comprehensive assessment of a resident's functional, medical, psychosocial and cognitive assessment completed by facility staff) was accurate for 1 (R #8) of 1 (R #8) resident reviewed for MDS accuracy. This deficient practice could result in failure to provide adequate care and treatment of the resident's needs. The findings are: A. Record review of R #8's face sheet revealed R #8 was admitted into the facility on [DATE] with the following diagnoses: Type 2 diabetes mellitus with diabetic autonomic neuropathy (a condition in which high blood sugar from diabetes causes damage to the nerves that control automatic body functions, such as heart rate, digestion, blood pressure, and bladder control), Personal history of transient ischemic attack (TIA; a brief blockage of blood flow to the brain that causes stroke-like symptoms), and cerebral infarction without residual deficits (cerebral infarction (Stroke; in which blood flow to the brain was temporarily or briefly interrupted, with no lasting neurological deficits remaining), Cognitive communication deficit (condition in which a person has difficulty understanding, processing, or expressing information due to impaired cognitive functions such as memory, attention, problem-solving, or executive functioning, often affecting effective communication), Depression (a mood disorder characterized by persistent feelings of sadness or low mood, loss of interest or pleasure in activities, and changes in thinking, behavior, or physical functioning that interfere with daily life). B. Record review of R # 8's MDS, dated [DATE], Section C (Cognitive Patterns) revealed the following: Should brief interview for mental status Brief Interview for Mental Status (BIMS; screening for cognitive impairment) be conducted? (Section C 0100) was coded as: unanswered, Brief Interview for Mental Status (Section C0200) was unanswered, Brief Interview for Mental Status (Section C0300) was unanswered, Brief Interview for Mental Status (Section C0400) was unanswered, Brief Interview for Mental Status (Section C0500) was unanswered, resulting in the absence of a BIMS score, Should the Staff Assessment for Mental Status be Conducted? (Section C0600) was dashed (unanswered), Short-term memory (Section C0700) coded as: memory ok, Cognitive skills for daily decision making (Section C1000) coded as: modified independence. C. Record review of R # 8's MDS, dated [DATE], Section C (Cognitive Patterns) revealed the following: Should brief interview for mental status Brief Interview for Mental Status (BIMS; screening for cognitive impairment) be conducted? (Section C 0100) was coded as: yes, Brief Interview for Mental Status (Section C0200) was dashed (unanswered), resulting in the absence of a BIMS score, Should the Staff Assessment for Mental Status be Conducted? (Section C0600) was dashed (unanswered), Short-term memory (Section C0700) coded as: dashed (unanswered). D. Record review of R # 8's MDS, dated [DATE], Section C (Cognitive Patterns) revealed the following: Should brief interview for mental status Brief Interview for Mental Status (BIMS; screening for cognitive impairment) be conducted? (Section C 0100) was coded: unanswered, Brief Interview for Mental Status (Section C0200) was coded as: unanswered, Should the Staff Assessment for Mental Status be Conducted? (Section C0600) was dashed (unanswered), Brief Interview for Mental Status (Section C0300) was unanswered, Brief Interview for Mental Status (Section C0400) was unanswered, Brief Interview for Mental Status (Section C0500) was unanswered, resulting in the absence of a BIMS score, Should the Staff Assessment for Mental Status be Conducted? (Section C0600) was dashed (unanswered). E. Record review of R # 8's MDS, dated [DATE], Section C (Cognitive Patterns) revealed the following: Should brief interview for mental status Brief Interview for Mental Status (BIMS; screening for cognitive impairment) be conducted? (Section C 0100) was coded as: yes, Brief Interview for Mental Status (Section C0200)</p> <p>(continued on next page)</p>

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate foot care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure physician-ordered diabetic foot care was provided for 1 (R #8) of 1 (R #8) resident reviewed for foot care. This deficient practice is likely to result in foot related complications, including infection, injury, or worsening foot conditions. The findings are: A. Record review of R #8's face sheet revealed R #8 was admitted into the facility on [DATE] with the following diagnoses: Type 2 diabetes mellitus with diabetic autonomic neuropathy (a condition in which high blood sugar from diabetes causes damage to the nerves that control automatic body functions, such as heart rate, digestion, blood pressure, and bladder control), Paraplegia (paralysis of the lower half of the body, typically affecting both legs, usually caused by injury or disease of the spinal cord), Cognitive communication deficit (trouble understanding, remembering, or expressing ideas because of problems with thinking skills, often due to brain injury or illness), Reduced mobility (having difficulty moving or limited ability to move independently, often due to illness, injury, or aging), Unsteadiness on feet (difficulty maintaining balance while standing or walking, which increases the risk of falls). B. Record review of R # 8's Care Plan dated 08/05/25 revealed diabetic foot care was not included in the care plan. C. Record review of R #8's Physician Orders, dated 09/11/25 revealed the following: Diabetic Foot Care/Check Daily Observation of feet, toes, ankles, and soles (undersurface of a person's foot). Noting any alteration in skin integrity, color, temperature, and cleanliness. Inspect shoes for proper fit and excessive wear, check Pedal Pulses (rhythmic throbbing sensation felt in the arteries of the foot) every night shift. D. Record review of R #8's Treatment Administration Record (TAR) dated 09/11/25 through 01/14/26 revealed diabetic foot care was not completed by the facility nursing staff for the following dates: 09/11/25 through 09/30/25, 10/01/25 through 10/31/25, 11/01/25 through 11/01/25, 12/01/25 through 12/01/25. Record review of R #8's Podiatry Consultation dated 01/14/26 revealed the following: Diagnosis of Type 2 Diabetes Mellitus with hyperglycemia (high blood sugar), Diagnosis of Onychogryphosis (a thickening and deformity of the toenails, often called ram's horn nails), Nail dystrophy (abnormal nail growth or appearance), Pain in right and left toes, Localized edema (swelling) in a specific area, Range of motion in foot and ankle joints is slightly diminished but without pain, Consent was given for debridement (removal) of the thickened, painful toenails (#1 refers to the big toes), Nails #1 and #2 through 5 on both feet were trimmed and cleaned using nail nippers and an electric grinder to reduce pain and improve hygiene, Recommended daily foot checks to monitor for infection or other problems, Suggested wearing supportive shoes while walking, Recommended moisturizing lotions every 2 to 3 months, but cautioned against putting lotion between the toes to avoid maceration (softening and breakdown of the skin), Painful thickened nails with fungal or other infections, treated with nail trimming and care, Ongoing diabetic foot care is important due to the resident's underlying diabetes. F. On 01/22/26 at 2:55 PM, during an interview with the Director of Nursing (DON), she stated it was her expectation that physician orders, including diabetic foot care, were followed for R #8. She stated if residents who are diabetic did not receive the recommended footcare, it could lead to diabetic complications. The DON confirmed R #8's foot care was not followed per physician orders and should have.</p>		