STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325058	A. Building B. Wing	05/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grants Wellness & Rehabilitation LLC	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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **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 #1) of 1 (R #1) resident reviewed for MDS accuracy.^^^ This deficient practice is likely to result in a failure to provide adequate care and treatment of the residents' needs.^^^^^^^^ The findings are:^^A. Record review of R #1's^face sheet revealed R #1 was admitted into the facility on [DATE] with the following diagnoses: Aphasia (inability or difficulty communicating),Dysphagia (difficulty or discomfort in swallowing, as a symptom of disease),Dementia (a group of conditions characterized by impairment of at least two brain functions, such as memory loss and judgment). B. Record review of R # 1's Quarterly MDS, dated [DATE], revealed R #1 had clear speech and did not have difficulty communicating. C. Record review of R # 1's Comprehensive MDS, dated [DATE], revealed R #1 had clear speech and did not have difficulty communicating. D. Record review of R # 1's Comprehensive MDS, dated [DATE], revealed R #1 had clear speech and did not have difficulty communicating. E. On 04/29/2026 at 12:37 PM, during an interview, R #1's daughter stated her mom has been non-verbal and unable to speak since 2024. F. On 04/30/26 at 11:08 AM, during an interview, Licensed Practical Nurse #1 (LPN) stated R #1 is non-verbal and cannot speak clearly. G. On 05/08/2026 at 10:59 AM, during an interview, the MDS Coordinator stated she was responsible for completing R #1's MDS assessments. She stated it was her expectation the MDS assessments reflect the resident's current healthcare information. The MDS Coordinator stated if the MDS assessments are not completed accurately, the facility is not capturing the resident's needs. The MDS Coordinator stated R #1's MDS assessments were inaccurate and should reflect R #1's non-verbal status.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325058	A. Building B. Wing	05/01/2026

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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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interviews, the facility failed to ensure the appropriate treatment and services related to a Foley catheter (indwelling catheter; a thin, flexible tube inserted into the bladder to drain urine) for 1 (R #1) of 1 (R #1) resident, when staff failed to: Maintain free urine flow through a Foley catheter by positioning the catheter collection bag (also called a drainage bag; a device connected to the catheter tubing to collect urine) below the level of the bladder (hollow organ in the human body that collects urine) so urine can flow freely.This deficient practice is likely to increase the risk of infection and compromises the quality of catheter care. The findings are:A. Record review of the facility's catheter care policy, dated 06/2020, revealed the following: Residents receive the appropriate care and services to prevent infections to the extent possible.Position the catheter, drainage system, and bag utilizing gravity to facilitate drainage.The catheter collection bag will be kept below the level of the bladder. B. Record review of R #1'sˆface sheet revealed R #1 was admitted into the facility on [DATE] with the following diagnoses: Obstructive Uropathy (a blockage in the urinary tract that impedes the normal flow of urine, potentially causing kidney damage),Dementia (a group of conditions characterized by impairment of at least two brain functions, such as memory loss and judgment). C. Record review of R #1's physician orders, dated 01/13/2026, revealed an order for an indwelling urinary catheter. D. Record review of R #1's care plan, dated 02/02/2026, revealed the following: R #1 has an indwelling catheter related to obstructive uropathy.Position R #1's catheter collection bag and tubing below the level of the bladder. E. On 04/29/2026 at 11:01 AM, during an observation, R #1's catheter collection bag was attached to the footboard of the resident's bed, in a position higher than R #1's bladder. Urine flow was observed to be returning toward the resident instead of draining into the collection bag as required. F. On 04/30/2026 at 12:27 PM, during an observation, R #1's catheter collection bag was attached to the footboard of the resident's bed, in a position higher than R #1's bladder. Urine flow was observed to be returning toward the resident instead of draining into the collection bag as required. G. On 04/30/2026 at 12:32 PM, during an interview, Licensed Practical Nurse #1 (LPN) stated the catheter collection bag should never be positioned above the level of the resident's bladder. LPN #1 stated if the drainage bag is placed above the bladder, urine may not drain properly, which could place the resident at risk for infection. LPN #1 stated R #1's catheter collection bag was not positioned correctly and should have been for proper urine flow. H. On 04/30/2026 at 2:53 PM, during an interview, the Director of Nursing (DON) stated it is her expectation all residents with a urinary catheter collection bag have the bag positioned below the level of the bladder to ensure proper urine flow. The DON stated if the catheter drainage bag is not kept below the bladder, urine may not drain properly, which could increase the risk of infection.