

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325066	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/18/2025
NAME OF PROVIDER OR SUPPLIER  Bloomfield Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  803 Hacienda Lane Bloomfield, NM 87413	

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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>Based on interviews and record review, the facility failed to ensure a resident's Level 1 Preadmission Screening and Resident Review (PASRR; a federal requirement to help ensure individuals with a mental disorder or intellectual disabilities are not inappropriately placed in nursing homes for long term care) were reviewed for accuracy and completion for 1 (R #1, R #2 and R #3) of 3 (R #1, R #2 and R #3). If the facility fails to review PASRR screenings for accuracy and completion, then residents with serious mental illness or intellectual disability may receive inappropriate placement and care. The findings are: A. Record review of R #1's admission Record, dated 05/12/15, revealed an admission date of 05/12/15 with the following diagnoses:- Dementia. (a group of conditions characterized by impairment of at least two brain functions, such as memory loss and judgment)- Depression (a mood disorder that causes a persistent feeling of sadness and loss of interest). B. Record review of R #1's New Mexico PASRR Level 1 Identification Screen, dated 05/08/15 and completed by the previous facility, revealed staff documented the resident did not have a diagnosis or suspected mental illness. Further review revealed the New Mexico PASRR Level 1 Identification Screen listed depression as a mental illness example. C. Record review of R #1's Minimum Data Set (MDS; a federally mandated assessment completed by facility staff), dated 02/04/25, revealed the following: -The resident had a diagnosis of depression (a mood disorder that causes a persistent feeling of sadness and loss of interest).-The resident received an antidepressant (medication to relieve the symptoms of depression). D. On 09/29/25, at 1:27 PM, during an interview, the Marketing Director stated the sending facility completed the resident's Level 1 PASARR, if the resident came from another facility. The Marketing Director stated it was the responsibility of the Marketing Director and the Social Services Department (SSD) to check the accuracy of the residents' PASARR for correct diagnoses. The Marketing Director stated if the diagnoses did not match the PASARR I Screening, then they sent it back to the sending facility for correction. The Marketing Director stated R #1's PASARR did not have the resident's diagnosis of depression, which made the PASARR incorrect. She stated it was her expectation all resident PASARRs were screened before the admission of the resident. The Marketing Director stated she was new to her position, and she did not review R #1's Level 1 PASARR. E. On 09/29/25, at 1:35 PM, during an interview, the Director of Social Services stated it was the responsibility of the Social Services Department and the Director of Marketing to check the accuracy of the residents' Level 1 PASARR. The Social Services Director stated if a resident had a condition listed on the New Mexico PASARR Level 1 Identification Screen, then SSD would submit the PASARR II to the State Agency for review. The SSD stated if the residents were not properly screened, then they may not receive the care or services needed. The SSD stated it was her expectation all PASARR were accurate and had the correct resident information. The Social Services Director stated she was new to her position, and she did not review R #1's Level 1 PASARR.</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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