STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325070	A. Building B. Wing	12/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Red Rocks Care Center	3720 Church Rock Road Gallup, NM 87301

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on record review and interviews, the facility failed to submit the required five-day follow-up investigation results to the State Agency (SA) for 1 (R #77) of 1 (R #77) resident reviewed for incidents. If the facility is not submitting the summary of the facility's investigation to the State Agency, then the State Agency is unable to appropriately triage (review) the allegation for further investigation. The finding are: A. Refer to F0610 for related findings.B. Record review of the facility's policy titled Abuse Prohibition, revised on 11/14/25, revealed, the Administrator or designee is responsible for reporting findings of all completed investigations within five working days to the State Agency using the state online reporting system. The policy states the facility will report findings of all completed investigations within five working days to the State Agency using the state on-line reporting system or state-approved forms and further requires that subsequent reports be provided as often as necessary to inform the State Agency significant changes in the status of affected individuals or material facts originally reported. C. On 12/05/25 at 9:00 a.m., during an interview with the Director of Nursing (DON), she stated she had submitted the follow-up and confirmed the date of submission as 12/02/25 at 4:09 p.m. She stated the 5-day follow up was late. D. On 12/05/25 at 9:51 a.m., during an interview with the Administrator (ADM), he stated it was his expectation that all five-day follow-up reports be submitted to the State Agency within five days.

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to complete a thorough investigation for injuries of unknown origin and report the investigation findings within five working days for 1 (R #77) of 1 (R #77) resident reviewed for incidents. If the facility is not completing an accurate and thorough investigation and submitting the summary of the facility's investigation to the State Agency, then the State Agency (SA) is unable to appropriately triage (review) the allegation for further investigation.The findings are: A. Record review of the facility's Abuse Prohibition policy revised 11/14/25, revealed the facility prohibits neglect and requires immediate reporting, investigation, documentation, and follow-up of alleged injuries including injuries of unknown source. The policy defines neglect as failing to provide care or services necessary to prevent harm and directs the center to: Initiate an investigation within twenty-four hours when the facility receives information about an injury or suspected neglect,Document interviews and findings in the facility tracking system,Notify the physician and resident representative, Submit findings of completed investigations within five days to the State Agency. B. Record review of R #77's face sheet revealed he was admitted into the facility on [DATE]. C. Record review of R #77's nursing progress note dated 11/19/25 at 5:49 pm, revealed R #77 was discharged to the hospital (on 11/19/25) due to him experiencing uncontrolled pain. D. Record review of R #77's nursing progress note dated 11/20/25 revealed the facility received notification from the hospital that R #77 sustained a fracture to the right scapula (a broken shoulder blade), returned to the facility with his right arm placed in a sling (a supportive medical device used to immobilize and protect the injured extremity), and required orthopedic follow-up (evaluation and ongoing management by a bone and joint specialist to assess healing, treatment needs, and potential complications). E. Record review of the facility's state-reportable records revealed no evidence the facility initiated an investigation for R #77 within twenty-four hours of notification of the fracture diagnosis, submitted a report to the State, or completed a five-day follow-up that identified diagnosis, treatment needs, and monitoring requirements. F. On 12/05/25 at 9:00 a.m., during an interview with the Director of Nursing (DON), she stated she was not aware of R #77 returning from the hospital with a broken scapula. She stated she did not know how he fractured his scapula and stated the injury should have been investigated thoroughly and reported to the State Agency as an injury of unknown origin. G. On 12/05/25 at 9:51 a.m., during an interview with the Administrator (ADM), he stated he was not aware of the fracture diagnosis when R #77 returned to the facility. He stated injuries of unknown origin must be reported within twenty-four hours and must include a completed thorough investigation with a five-day follow-up. The ADM confirmed R #77's fracture should have been included with the original skin-related injury reported to the State.