

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2024
NAME OF PROVIDER OR SUPPLIER Aztec Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 500 Care Lane Aztec, NM 87410	
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47899</p> <p>Based on record review and interview, the facility failed to create an accurate Baseline Care Plan (minimum healthcare information necessary to properly care for a resident immediately upon their admission to the facility) within 48 hours of admission for 1 (R #1) of 3 (R #1, R #2, and R #3) residents reviewed for baseline care plans. This deficient practice could likely result in a decline in the resident's condition due to staff not being aware of the care residents need and residents not being able to attain or maintain their highest practical level of wellbeing. The findings are:</p> <p>A. Record review of R #1's face sheet revealed he was admitted into the facility on [DATE].</p> <p>B. Record review of R #1's Care Plan, dated 1/31/24, revealed staff did not develop a Baseline Care Plan which included catheter care within 48 hours of admission.</p> <p>C. On 03/05/24 at 2:37 pm, during an interview with the Assistant Director of Nursing (ADON), she confirmed there was not a baseline care plan for catheter care within 48 hours of the resident's admission. The ADON stated staff missed it, and she added catheter care to the resident's care plan on 3/4/24.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2024
NAME OF PROVIDER OR SUPPLIER Aztec Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 500 Care Lane Aztec, NM 87410	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>47899</p> <p>Based on observation, interview and record review, the facility failed to provide proper infection control practices when staff failed to ensure collection bags are kept off the floor for 2 (R #1 and R #2) of 3 (R #1, R #2, and R #3) residents. If the facility is not using proper infection control practices the residents are likely to acquire infections. The findings are:</p> <p>A. Record review of the facility policy, Catheter-Care of, revised 06/20, revealed staff instructed to take care to ensure the collection bag does not touch the floor at any time.</p> <p>B. Record review of labs of R #1's cultures obtained of his urine revealed pseudomonas putida (an uncommon cause of skin and soft tissue infections. It is often associated with trauma or immunocompromised state) and enterococcus faecalis (species can cause a variety of infections, including urinary tract infections) organisms grew in his urine.</p> <p>C. Record review of R #1's physician orders revealed R #1 an order, dated 03/02/24, for ciprofloxacin HCl (antibiotic that treats infections) oral tablet, 500 milligrams (MG), twice daily for seven days to treat a urinary infection.</p> <p>D. On 03/04/24 at 1:55 pm, observation revealed R #1's collection bag lay on the floor.</p> <p>E. On 03/04/24 at 2:25 pm, observation revealed R #2's collection bag lay on the floor.</p> <p>F. On 03/04/24 at 4:00 pm, during an interview, the Assistant Director of Nursing (ADON) confirmed collection bags should not lie on the floor. The ADON stated collection bags should hang at gravity level, hooked onto the chair or bed to keep collection bags off the floor.</p>		