STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325076	A. Building B. Wing	01/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Anthony Healthcare and Rehab Center	1400 West 21st Street Clovis, NM 88101

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 0697 Level of Harm - Actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49827 Based on record review and interview, the facility failed to provide pain relief for 8 hours since admission to the facility for 1 (R #1) of 3 (R #1, R #5, and R #8) residents reviewed for pain. This deficient practice likely resulted in R #1 experiencing significant pain which led to her calling 911 for relief and discharging from the facility against medical advice. The findings are: A. Record review of R #1's Admission Record revealed the resident was admitted on [DATE] following hip surgery on 10/22/24. B. Record review of R #1's physician's order, dated 10/25/2024 at 4:15 pm, revealed the following orders: - Gabapentin (nerve pain medication and anticonvulsant), 400 milligram (mg), oral tablet three times a day for neuropathic pain, as needed (PRN), - Norco (hydrocodone-acetaminophen; opioid pain medication), 7.5-325 mg, every six hours for pain, - Ibuprofen (anti-inflammatory and pain medication), 800 mg, every eight hours PRN. - The record did not contain an order for Tylenol (acetaminophen; pain medication) 500 mg. C. Record review of R #1's progress note, dated 10/26/24 at 7:45 am (progress note indicated the time of occurrence was at 9:00 pm on 10/25/24, but note was written the next morning as per timestamp) and written by LPN #1, revealed the nurse walked into R #1's room on 10/25/24 at 9:00 pm to conduct a new resident assessment and to ask if R #1 needed anything. Resident told the nurse she needed gabapentin and hydrocodone (Norco). The nurse told R #1 that she could administer two Tylenol 500 mg to the resident while they waited for the pharmacy delivery, which was normally by 10:00 pm to 10:30 pm. D. Record review of R #1's nursing progress note, dated 10/25/24 at 6:35 pm, revealed the resident complained of pain at a level eight (pain scale 0-10, 10 was the worst pain.) The non-medication interventions did not provide relief and PRN pain medication was provided. E. Record review of R #1's Medication Administration Record (MAR), dated 10/25/24, revealed staff did not administer any medications to R #1 during her stay. Further review of the MAR revealed it did not contain an order for Tylenol, 500 mg. (continued on next page)

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
	325076	A. Building B. Wing	01/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Anthony Healthcare and Rehab Center	1400 West 21st Street Clovis, NM 88101

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 0697 Level of Harm - Actual harm Residents Affected - Few	F. On 01/02/25 at 5:42 PM, during an interview with R #1's Power of Attorney (POA; legal authorization for a designated person to make decisions about another person's property, finances, or medical care), she stated her sister arrived at the facility on 10/25/25 around 1:00 pm. She stated her sister called her around 8:30 pm or 9:00 pm, and her sister was screaming that she had not gotten anything for pain . since she got there. The POA stated she called 911 so they could take her back to the emergency room (ER) to be assessed and to given pain medications. The POA stated R #1 discharged at approximately 9:30 pm. G. Record review of R #1's Discharge Against Medical Advice (AMA) form (used when a resident wants to leave the facility against medical advice), dated 10/25/24 at 9:30 pm and signed by LPN #1, revealed R #1 refused to sign the form and left the facility AMA. The form indicated resident called EMS (Emergency Medical Services) to pick her up, because facility could not provide her with pain medication. Resident extremely upset and she could not stay. Res [resident] using profanity while on the phone with her sister. H. On 01/02/2025 at 5:15 PM, during an interview with the Director of Nursing (DON), she stated narcotic pain medications should be available through the facility's Nexus (a medication dispensing machine containing a variety of medications for residents) and an E-Kit (emergency medication lock box that contains various controlled medications) found in the medication room. She stated residents should not have to wait for pain medication to arrive from the pharmacy if the resident experienced pain. I. On 01/02/2025 at 5:11 PM, during an interview, the Assistant Director of Nursing (ADON) stated pain medications were available for new residents before their medications arrived from the pharmacy by accessing the Nexus.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325076	A. Building B. Wing	01/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Anthony Healthcare and Rehab Center	1400 West 21st Street Clovis, NM 88101

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 0804 Level of Harm - Potential for minimal harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 49827 Based on interview, observation and record review the facility failed to ensure staff served meals that were attractive and palatable (pleasant to taste) for 4 (R #2, #5, #6, and #7) of 6 (R #2, #4, #5, #6, #7 and #8) residents reviewed for meal quality. This deficient practice could likely reduce residents' ability to eat and enjoy meals, decrease their quality of life, and they could lose weight. The findings are: A. On 01/02/25 at 11:50 am, during an interview with R #6, she stated she did not like the food. She stated it did not have any flavor and was lukewarm. B. On 01/02/25 at 11:54 am, during an interview with R #7, she stated she did not eat a lot of the time, because the food was unrecognizable and cold. C. On 01/02/25 at 12:09 pm, during an observation of the kitchen, [NAME] #1 obtained food temperatures for the food on the steam table. Chicken tenders measured 174.8 degrees ( ) Fahrenheit (F). and the mixed vegetables measured 158 F. [NAME] #1 had difficulty penetrating the chicken to assess the temperature, and the chicken appeared overcooked and dry. The vegetables were very soft when the probe was inserted into the broccoli, and it fell apart after insertion. D. On 01/02/25 at 6:30 pm, during an interview with R #2, she stated she skipped a lot of meals due to the way the food looked She stated the food tasted bad. It is not like the food you make at home. She stated she told staff she did not like the food, and she asked them for a peanut butter and jelly sandwich from the alternate menu. E. On 01/02/25 at 6:45 pm, during an interview with R #5, she stated she did not eat the facility's food. She stated the food was sometimes unrecognizable. She stated the food tasted horrible and doesn't smell well. F. Record review of Grievance/concern form, dated 10/18/24, revealed the following: - A resident complained regarding tuna fish sandwich. The resident said it was soggy, and the dinner was overcooked pasta with tomatoes. - Resolution - Staff to monitor pasta and sandwiches as needed. Staff educated and resident informed of alternate options. G. Record review of Grievance/concern form, dated 11/10/24, revealed the following: - A resident complained regarding finding hair in her food. - Resolution - All staff, including nursing and administration, to wear hair nets while in kitchen. H. Record review of Grievance/concern form, dated 11/05/24, revealed the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325076	A. Building B. Wing	01/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Anthony Healthcare and Rehab Center	1400 West 21st Street Clovis, NM 88101

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 0804 Level of Harm - Potential for minimal harm Residents Affected - Some	- A resident complained regarding the blueberry cobbler was not cooked all the way, and the crust was raw on 12/04/24. Resident stated it caused them to be sick to my stomach. - Resolution - Not indicated on this grievance form. I. On 01/02/25 at 6:23 pm during an interview with R #2's family member, she stated the facility's food was horrible. She stated a couple of days ago R #2 received a bowl of cold oatmeal for breakfast. She stated R #2 always complained to her about the facility's food. J. On 01/02/25 at 7:30 pm during an interview with Anonymous Staff, she stated the facility's food has always been pretty bad, and there were on-going food complaints by the residents.