

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325076	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2025
NAME OF PROVIDER OR SUPPLIER St. Anthony Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>(continued on next page)</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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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure each resident's drug regimen was free from unnecessary drugs by ensuring adequate indication of use for medications based off of the residents' diagnosis for 3 (R #1, R #2, and R #3) of 3 (R #1, R #2, and R #3) residents reviewed for unnecessary medications. This deficient practice could likely lead to adverse drug effects and poor patient outcomes. The findings are: R #1A. Record review of R #1's face sheet revealed R #1 was admitted into the facility on [DATE] with the following diagnoses:1. Anxiety Disorder (mental health condition characterized by excessive and persistent worry and anxiety that is difficult to control),2. Cognitive Communication Deficit (difficulties in communication arising from impairments in cognitive functions like attention, memory, and executive functions, rather than problems with speech or language itself),3. Dementia (a condition where memory loss, confusion, difficulty with decision-making is present, but the specific underlying cause cannot be identified), Unspecified Severity (there is not enough information to classify its level of impact), without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance, and Anxiety. B. Record review of R #1's physician's orders revealed the following:1. An order for Ativan (anti-anxiety medication) tablet 0.5 milligrams (mg). Give 1 tablet by mouth every 8 hours as needed for agitated behavior. Start date 08/05/25.2. An order for Trazadone (antidepressant medication) tablet 50 milligrams (mg). Give 1 tablet by mouth at bedtime for insomnia. Start date 09/1/25.3. An order for hydroxyzine tablet (antihistamine medication), 75 milligrams (mg). Give one tablet by mouth at bedtime for agitation. Start date: 08/05/25. C. Record review of R #1's electronic health record (EHR) revealed no diagnosis listed for agitation and insomnia. R #2D. Record review of R #2's face sheet revealed R #2 was admitted into the facility on [DATE] with the following diagnoses:1. Dementia in Other Diseases Classified Elsewhere (that occurs as a secondary symptom or complication of other underlying medical conditions), Unspecified Severity (there is not enough information to classify its level of impact), Without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance, and Anxiety,2. Insomnia (disorder characterized by difficulty falling or staying asleep, resulting in poor sleep quality and daytime fatigue),3. Major depressive disorder (persistent low mood, loss of interest, and other symptoms that significantly interfere with daily functioning). E. Record review of R #2's physician orders revealed an order for 1. Lorazepam (anxiety medication) tablet 0.5 milligrams (mg). Give 1 tablet by mouth every 12 hours as needed for agitation/anxiety. Start date 10/25/25.F. Record review of R #2's electronic health record (EHR) revealed no diagnosis listed for anxiety. R #3G. Record review of R #3's face sheet revealed R #3 was admitted into the facility on [DATE] with the following diagnoses1. Unspecified Dementia (a condition where memory loss, confusion, difficulty with decision-making is present, but the specific underlying cause cannot be identified), unspecified severity (there is not enough information to classify its level of impact), with anxiety (excessive worry, fear, and nervousness that can interfere with daily life),2. Delirium (mental confusion that causes a sudden change in a person's cognitive function, awareness, and behavior),3. Anxiety disorder (excessive worry, fear, and nervousness that can interfere with daily life),4. Major depressive disorder (persistent feelings of sadness, loss of interest, and low energy that significantly interfere with daily life),5. Cognitive communication deficit (difficulties in communication arising from impairments in cognitive functions like attention, memory, and executive functions, rather than problems with speech or language itself). H. Record review of R #3 physician orders revealed an order for Trazadone (antidepressant medication) tablet 50 milligrams (mg). Give 1 tablet by mouth at bedtime for insomnia. Start date 11/1/25.I. Record review of R #3's electronic health record (EHR) revealed no diagnosis listed for insomnia.J. On 11/05/25 at 3:32pm, during an interview with the Director of Nursing (DON), she confirmed the following: 1. R #1 is currently being administered Ativan, Trazadone and Hydroxyzine for the indicated use, 2. R #2 is currently taking Lorazepam for the indicated use,3. R #3 is currently taking Trazadone for the indicated use.</p>		