STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325077	A. Building B. Wing	05/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Clovis Healthcare and Rehabilitation Center	1201 North Norris 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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. Based on observation and interviews, the facility failed to safeguard residents' Private Health Information (PHI) for 1 (R #3) of 3 (R #1, R #2, and R #3) residents reviewed for privacy and confidentiality of records when staff left clinical information on the medication cart where unauthorized people had ability to access it. If the resident's clinical information is not sufficiently safeguarded, resident's PHI is likely to be viewed by unauthorized residents, visitors, and staff. The findings are:A. On 05/15/26 at 9:43 am, during a random observation of the facility, a prescription label for one of R #3's medications was left face up on the medication cart.B. On 05/15/26 at 10:46 am, during an interview with the Director of Nursing (DON) she stated prescription labels should be destroyed after the medication is gone because of the PHI they contain. The DON stated prescription labels should never be left in view of unauthorized people.

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 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Post nurse staffing information every day. Based on observation and interview, the facility failed to post nurse staffing data on a daily basis at the beginning of the shift that included the following:1. Facility name.2. The current date.3. The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:-Registered nurses.-Licensed practical nurses.-Certified nurse aides.-Resident census. This deficient practice has the potential to affect all 59 residents as identified by the census provided by the Director of Nursing on 05/15/26 and could likely result in residents and visitors not having the staffing information readily available. The findings are:A. On 05/15/26 at 9:35 am, an observation and interview revealed the following:1. The nurse staffing data form was dated 05/14/26.2. The Director of Nursing (DON) stated the nurse staffing data form should be posted daily and stated it was not.

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	325077	A. Building B. Wing	05/15/2026

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, record review, and interview, the facility failed to maintain an ongoing infection prevention and control program (a program that is used to prevent, recognize, and control the onset and spread of infections) for 2 (R #1 and R #2) of 3 (R #1, R #2, and R #3) residents reviewed by not ensuring Enhanced Barrier Precaution (EBP; an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employ targeted gown and glove use during high contact resident care activities) signs are posted outside of rooms with Personal Protective equipment (PPE; protective clothing, face masks, goggles, or other garments or equipment designed to protect the wearer's body from injury or infection) readily available. If the facility fails to maintain an effective infection control program, then infections could spread to residents throughout the facility, resulting in illnesses. The findings are:A. On 05/15/26 at 9:35 am, a random observation of the facility revealed no signage regarding enhanced barrier precautions EBP or PPE was seen outside of rooms for R #1 and R #2.B. Record review of R #1's medical orders revealed an order for R #1 to utilize an indwelling catheter (a thin, sterile tube inserted into the bladder to drain urine) due to a diagnosis of neurogenic bladder (the bladder does not empty properly due to a neurological condition).C. Record review of R #2's medical orders revealed an order for R #2 to utilize an indwelling catheter for a diagnosis of urinary retention (a condition that occurs when a person is unable to empty their bladder, either partially or completely).D. On 05/15/26 at 10:46 am, during an interview with the Director of Nursing (DON), she stated R #1 and R #2 should be on EBP due to their use of indwelling catheters. The DON stated she expected all residents that utilize indwelling catheters to be on EBP and stated R #1 and R #2 are not.