

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325078	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/12/2025
NAME OF PROVIDER OR SUPPLIER  Retirement Ranches Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE  2221 Dillon 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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation and interview, the facility failed to ensure the treatment cart on the 200 hall was locked while unattended. This deficient practice had the potential to affect all 34 people residing in the [NAME] side (facility pods one, two, and three) of the facility by allowing unauthorized people access to their medical supplies and personal health information. The findings are:</p> <p>A. On 06/12/25 at 10:15 am, a random observation of the facility revealed the treatment cart located near the nurse's station in the 200 hall was unlocked, and facility employees were not in the area.</p> <p>B. On 06/12/25 at 10:17 am, during an interview with Registered Nurse (RN) #1, she confirmed the treatment cart was unlocked. RN #1 stated the treatment cart should be locked and secured while not in use.</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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