

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  03/17/2026
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>Based on record review and interview, the facility failed to ensure residents were provided with a choice about aspects of his/her life that are significant to the residents for 1 (R #1) of 5 (R #1, R #2, R #3, R #4, and R #5) residents reviewed by not having the choice to shower when they wanted. This deficient practice could likely result in residents feeling a loss of humanity (the quality of being human) by and a loss of dignity (the importance and value that a person has, that makes other people respect them or makes them respect themselves). The findings are: A. Record Review R #1's Face Sheet revealed R #1 was admitted to facility on 12/26/25 with the following diagnoses:1. Type 2 diabetes (DM2, a condition results from insufficient production of insulin, causing high blood sugar),2. Personal history of COVID-19 (an acute respiratory disease in humans characterized mainly by fever and cough and capable of progressing to severe symptoms and in some cases death, especially in older people and those with underlying health conditions),3. Hypertension (HTN; high blood pressure),4. Peripheral vascular disease (PVD; poor circulation),5. Chronic Pressure Ulcers (is a localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in conjunction with shear and/or friction) of left and right heel.B. Record review of R #1's Electronic Health Record (EHR) revealed R #1 tested positive for COVID-19 on 01/10/26 and was placed on transmission-based precautions (TBP; used to prevent the spread of infectious agents from individuals who are suspected to be infected. Includes contact precautions, droplet precautions, and airborne precautions. Examples are wearing gloves, face masks, and gowns or using disposable equipment).C. Record review of R #1's progress notes revealed:1. R #1 received a shower on 01/14/26.2. R #1 made a complaint to staff about not being able to shower on 01/16/26 due to being in isolation (the practice of separating residents who are infected or suspected of being infected with a contagious disease or infection) for COVID.3. R #1 made another request for a shower on 01/17/26 (Saturday) and was told by staff that her shower day is on Tuesdays.4. On 01/19/26, R #1 was upset about not being able to shower and stated that she stated she felt dirty and needed to take a shower.5. R #1 received a partial bed bath on the morning of 01/19/26 at 6:10 am and a complete bed bath that afternoon.6. R #1 received a shower on 01/20/26. D. Record review of R #1's Baseline Care Plan dated 07/01/25 indicates R #1's preference for hygiene is to have a shower, not bed baths.E. On 03/17/26 at 12:30 pm, during an interview with the Director of Nursing (DON), residents are informed at the time of isolation being put in place that during the time of isolation bed baths will be given instead of showers. The DON stated it is policy to allow residents to shower when they ask even if the residents are in isolation. The DON confirmed that it does not meet her expectation to allow a resident to go five days without showering especially when the resident is requesting a shower. F. On 03/17/26 at 12:50 pm, during an interview with the Certified Nurse's Aide Supervisor (CNAS), he stated that he does not recall being notified of the situation where R #1 was upset because she wasn't allowed to shower while she was in isolation. The CNAS stated that if R #1 requested a shower, then she should have been showered.</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