STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325085	A. Building B. Wing	03/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
San Juan Care Center	806 West Maple Street Farmington, NM 87401

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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51919 Based on record reviews and interviews, the facility failed to ensure a call light was in working order for 1 (R #1) of 1 (R #1) resident, when the staff failed to make sure the shower room call light was functional before R #1 bathed herself. If the facility is not ensuring a working call light system, then residents are unable to request immediate assistance when needed. The findings are: A. Record review of R #1's face sheet, dated 11/19/24, showed R #1 was admitted to the facility on [DATE]. B. Record review of R #1's Electronic Health Record (EHR) undated, showed the following diagnoses: - Major joint replacement (a procedure where a damaged or diseased joint is surgically removed and replaced with an artificial one.) - After care following joint replacement surgery. - Unilateral primary osteoarthritis (chronic degeneration of the joint cartilage), - Right knee infection and inflammatory reaction (the body's response to injury, illness, or something that does not belong in the body. Characterized by heat, pain, redness, swelling, and loss of function) due to internal right knee prosthesis (an artificial device which replaces a missing body part), sequela (a condition which is the consequence of a previous disease or injury). - Pain due to internal orthopedic prosthetic devices, implants (a substance or object that is put in the body), and grafts (healthy skin, bone, or other tissue taken from one part of the body and used to replace skin, bone, or tissue in another part of the body), subsequent encounter. - Type 2 diabetes mellitus (DM2, a condition results from insufficient production of insulin) with hyperglycemia (high blood sugar.) C. Record review of the R #1's Care Plan, revealed the following: - Dated 11/25/24: - Focus: Resident was a moderate risk for falls related to knee surgery. (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

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Interventions: Evaluate and treat as ordered or as needed. Review information on past falls and attempt to determine cause of falls. Record possible root causes. Alter or remove any potential causes if possible. Educate resident as to causes. - Dated 01/17/25: - Focus: Resident has activities of daily living (ADL) self-care performance deficit related to decreased mobility and comorbidities (the condition of having two or more diseases at the same time). - Interventions: Encourage the resident to use bell to call for assistance. Resident requires staff participation with bathing. Resident requires staff participation with transfers. D. Record review of the facility's Incident Report, dated 12/28/24, showed R #1 had an unwitnessed fall in the shower room. R #1 held the shower rail with her right hand, slipped, and hit her elbow against the wall. E. Record review of R #1's Progress Notes, dated 12/28/24, Nurse #1 documented the following: - R #1 had an unwitnessed fall in shower room. The resident stated she slipped while holding shower rail, hit her right elbow against shower wall, and slowly slid down to the floor. The resident complained of right elbow pain and tenderness when touched. Staff did not note any redness or bruising. Resident required set-up help only with shower, shower chair was in place, and towels were in place on the floor. Staff notified the Medical Director, Director of Nursing, and family. F. Record review of R #1's Discharge Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff), dated 01/03/25, showed staff documented the following for the resident's look back period (The time period over which staff observe a resident to capture the resident's condition or status for the MDS assessment. Unless otherwise stated, the look back period is seven days, and only those occurrences during the look back period will be captured on the MDS): - Resident required set-up or clean-up assistance (staff sets up or cleans up for the activity but the resident completes activity independently) for self-bathing and for transfer in and out of shower. - Resident was able to bathe self, to include washing, rinsing, and drying self. - Resident was able to get in and out of a tub/shower. G. Record review of the facility's Incident Follow-up Report, dated 01/10/25, showed the facility's administrator noted the call light in the shower room was not functional when R #1 fell on [DATE]. H. Record review of the facility's The Equipment Lifecycle System (TELS, a building management platform that helps maintenance staff with facility maintenance, life safety code inspection and testing, and asset management) revealed the following: (continued on next page)

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Dated 2024, the Maintenance Director inspected call lights on the following dates: 12/28/2024, 11/9/2024, 10/18/2024, 09/28/2024, 08/14/2024, 07/10/2024, 06/13/2024, 05/23/2024, 04/25/2024, 03/20/2024, 03/1/2024 and 01/23/2024. Further review showed the inspection reports did not show which call lights the Maintenance Director inspected or the outcomes of those inspections. - Dated 12/28/24, the Maintenance Director inspected six resident room call lights. Further review showed the record did not contain documentation to show the Maintenance Director inspected the 100 hallway shower room call light. I. On 03/17/25 at 10:02 am, during an interview, R #1's Representative stated staff notified her of R #1's fall. She stated she was worried about R #1's knee surgery, and staff informed her R #1's knee was not affected by the fall. She stated staff told her R #1 hit her right elbow against the wall but did not hit her knee. J. On 03/04/25 at 12:25 pm and 03/18/25 at 12:00 pm, during an interview with the Director of Nursing (DON), she stated maintenance staff check call lights every week for availability and functionality. She stated R #1 was able to shower and transfer herself. The DON stated the shower call light was not functional at the time of the incident. The DON stated R #1 told Certified Nursing Assistant (CNA) #1 she wanted private showers. The DON stated CNA #1 assisted R #1 with set-up for her shower on 12/28/24. The DON stated R #1 fell in the 100 hallway shower room on 12/28/24. She stated she did not expect CNA #1 to check 100 Hall shower room call light before leaving R #1 to bathe herself privately. She stated staff assume call lights work. K. On 03/04/25 at 12:20 pm and 03/18/25 at 12:00 pm, during an interview, the Maintenance Director stated he did random checks on the facility's call lights every week. He stated he inspected 100 Hall shower room on 12/28/24, but he did not remember the time of his inspection. L. On 03/04/25 at 12:00 pm, during an interview, the Administrator stated the shower room call light was not functional on 12/28/24 when R #1 fell . The Administrator stated he expected the Maintenance Director to perform random checks on the facility's call lights every week including the three shower rooms.