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	04/07/2026

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure the Preadmission Screening and Resident Review (PASARR; a federal requirement to help ensure individuals who have a mental disorder or intellectual disabilities are not inappropriately placed in nursing homes for long term care)ˆwas accurate for 1 (R #1) of (R #1) resident reviewed for PASARR accuracy. This deficient practice is likely to result in the facility not providing the services needed by residents who are identified in the screening process for additional care and services.The findings are:A. Record review of R #1's face sheet revealed R #1 was admitted into the facility on [DATE] with the following diagnoses:Major Depressive Disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest),Generalized Anxiety Disorder (feelings of fear or apprehension),Adjustment Disorder with depressed mood, identified after admission into the facility. B. Record review of R #1's PASARR Level I, dated 04/15/25, revealed the screening required the identification of mental illness diagnoses, including depression. R #1's PASARR did not include R #1's diagnosis of depression. C. On 04/07/26 at 9:30 am, during an interview, the Director of Nursing (DON) stated R #1 received the diagnosis of depression at the facility and acknowledged R #1's PASARR should have been updated following the new diagnosis. The DON stated she is responsible for completing PASARR screenings and R #1's PASARR, dated 04/15/25, was inaccurate.

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