

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/23/2024
NAME OF PROVIDER OR SUPPLIER  Silver City Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3514 Fowler Ave Silver City, NM 88061	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>47510</p> <p>Based on record review and interview, the facility failed to ensure medical records were complete and accurate for 1 (R #14) of 3 (R #12, R #14, and R #15) residents reviewed for abuse. This deficient practice has the potential to negatively impact the care staff provide to meet residents' needs due to missing or inaccurate records and resident information. The findings are:</p> <p>A. On 07/23/24 at 12:10 PM, during an interview, CNA #11 stated that R #14 had not had anything to eat for lunch or breakfast. CNA #11 said that R #14 had not eaten breakfast or lunch for a week. CNA #11 said that she had documented that R #14 was not eating.</p> <p>B. Record review of the CNA's documentation for ADL's (Activities of Daily Living) (meal task) dated 07/23/24 for R #14, revealed the following:</p> <ol style="list-style-type: none"> <li>1. On 07/16/24 at 8:44 AM, staff did not document the amount of the meal intake.</li> <li>2. On 07/16/24 at 1:07 PM, staff did not document the amount of the meal intake.</li> <li>3. On 07/16/24 at 5:52 PM, staff did not document the amount of the meal intake.</li> <li>4. On 07/17/24 at 8:44 AM, staff did not document the amount of the meal intake.</li> <li>5. On 07/17/24 at 2:06 PM, staff did not document the amount of the meal intake</li> <li>6. On 07/17/24 at 6:04 PM, staff did not document the amount of the meal intake.</li> <li>7. On 07/18/24 at 8:59 AM, staff did not document the amount of the meal intake.</li> <li>8. On 07/22/24 at 8:40 AM, staff did not document the amount of the meal intake.</li> <li>9. On 07/22/24 at 2:13 PM, staff did not document the amount of the meal intake.</li> <li>10. On 07/22/24 at 5:59 PM, staff did not document the amount of the meal intake.</li> <li>11. On 07/23/24 at 8:02 AM, staff did not document the amount of the meal intake.</li> </ol> <p>(continued on next page)</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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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>12. On 07/23/24 at 12:11 PM, staff did not document the amount of the meal intake.</p> <p>C. Record review of R #14's medical record revealed the record did not contain any documentation that R #14 was not eating.</p> <p>D. On 07/23/24 at 2:56 PM, during an interview, the DON confirmed that CNA #11 did not document that R #14 was not eating. She said that it should be documented that R #14 was not eating.</p>		