STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325091	A. Building B. Wing	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Silver City Care Center	3514 Fowler Ave Silver City, NM 88061

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assure that each resident's assessment is updated at least once every 3 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 07246 Based on interview, record review, and review of the Resident Assessment Instrument (RAI) Manual, the facility failed to ensure one (R #28) of 33 residents reviewed for Minimum Data Set (MDS) had a quarterly assessment successfully transmitted and accepted within the allotted time frame. Findings include: Review of the October 2023 RAI Manual, page 2-35, showed: The Quarterly assessment is a . non-comprehensive assessment for a resident that must be completed at least every 92 days following the previous .assessment of any type. It is used to track a resident's status between comprehensive assessments to ensure critical indicators of gradual change in a resident's status are monitored. As such, not all MDS items appear on the Quarterly assessment. The ARD .must be not more than 92 days after the ARD of the most recent .assessment of any type. Review of R28's Admission Record, from the electronic medical record (EMR) under the Profile tab, showed a facility admitted [DATE]. Review of R28's annual MDS, with an Assessment Reference Date (ARD) of 01/21/24, showed medical diagnoses that included hypertension and diabetes type II. Review of R #28's EMR MDS tab indicated the 01/21/24 annual assessment with a status of Accepted. A quarterly MDS with an ARD of 04/22/24 had a status of Accepted. Further review of R #28's EMR MDS tab indicated the quarterly MDS assessment with a potential ARD of 07/23/24 was not completed. During an interview on 09/17/24 at 12:30 PM, MDS Coordinator (MDSC) reviewed R #28's EMR MDS tab status for the 07/23/24 assessment and stated the MDS Assessments are on an Automatic schedule on the Point Click Care System. The MDS Coordinator further stated the MDS assessment for R#28 had not been completed and confirmed, the MDS quarterly assessment was past 120 days, and the quarterly assessment should have completed on 07/23/24.

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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 07246 Based on interview, record review, and review of the Resident Assessment Instrument (RAI) Manual, the facility failed to ensure one (R #28) of 33 sampled residents reviewed for Minimum Data Set (MDS) assessment had a quarterly assessment successfully transmitted and accepted within the allotted time frame. Findings include: Review of the October 2023 RAI Manual, page 2-35, showed: The Quarterly assessment is an . non-comprehensive assessment for a resident that must be completed at least every 92 days following the previous .assessment of any type. It is used to track a resident's status between comprehensive assessments to ensure critical indicators of gradual change in a resident's status are monitored. As such, not all MDS items appear on the Quarterly assessment. The ARD .must be not more than 92 days after the ARD of the most recent .assessment of any type. Review of R28's Admission Record, from the electronic medical record (EMR) under the Profile tab, showed a facility admitted [DATE]. Review of R28's annual MDS, with an Assessment Reference Date (ARD) of 01/21/24, showed medical diagnoses that included hypertension and diabetes type II. Review of R28's EMR MDS tab indicated the 01/21/24 annual assessment with a status of Accepted. A quarterly MDS with an ARD of 04/22/24 had a status of Accepted. Further review of the EMR MDS tab indicated the quarterly MDS assessment with a potential ARD of 07/23/24 was not completed. During an interview on 09/17/24 at 12:30 PM, MDS Coordinator (MDSC) reviewed R28's EMR MDS tab status for the 07/23/24 assessment and stated the MDS Assessments are on an Automatic schedule on the Point Click Care System. The MDS Coordinator further stated the MDS assessment for R28 was not completed and confirmed the MDS quarterly assessment was 120 days past due, and the quarterly assessment should have completed on 07/23/24.

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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** 07246 Based on interview and record review, the facility failed to ensure an accurate Level 1 Pre-Admission Screening and Resident Review (PASARR) was completed after a new diagnosis for one of one sampled resident (R21) reviewed for PASARR. Findings include: Review of R21's Admission Record, from the electronic medical record (EMR) under the Profile tab, indicated a facility admitted [DATE], re-admitted [DATE] for R21, and included diagnoses of anxiety, bipolar disorder, and major depressive disorder. Review of R21's PASARR Level 1 Screening Form, dated 02/06/24, revealed R21's diagnosis of anxiety was included on the screening. There were no recommendations related to the diagnosis. Review of R21's Diagnosis Record, from the electronic medical record (EMR) under the Diagnosis tab, indicated R21 had a diagnosis of bipolar disorder, unspecified dated 02/06/24, major depressive disorder recurrent moderate, dated 02/6/24, and anxiety disorder dated 02/06/24. On 09/18/24 at 11:55 AM during an interview , the Admissions Coordinator stated she was unaware the resident's diagnosis had changed and the bipolar diagnosis major depressive disorder had been added as a diagnosis. The Admissions Coordinator further stated the Director of Nurses (DON) will alert her during their morning meeting if a residents diagnosis changes and if a PASSRR needs to be completed. On 09/18/24 at 1:15 PM during an interview with the Admission's Coordinator and telephone conversation with the New Mexico PASSRR personnel, the Admissions Coordinator was informed that a PASSR Level 1 re-screening should have been completed with the addition of the bipolar and major depressive disorder. The Admissions Coordinator confirmed the facility should of completed a PASSR level 1 after the residents diagnosis of bipolar disorder and major depressive disorder had been added as a diagnosis.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46592 Based on record review, interview, and policy review, the facility failed to revise the care plan (CP) of one resident out of six residents (R8) reviewed for accidents/falls out of a total sample of 29 residents. This failure to revise the care plan of R8 by implementing interventions to prevent future falls has the potential to lead to serious adverse consequences. Findings include: Review of R8's Census tab located in the electronic medical record (EMR) revealed R8 was originally admitted on [DATE]. Review of R8's Medical Diagnoses tab located in the EMR revealed R8 had diagnoses including dementia, weakness, and unsteadiness on feet. Review of R8's quarterly Minimum Data Set (MDS) with an assessment reference date (ARD) of 92/24/24 and located in the EMR revealed R8 had a Brief Interview for Mental Status (BIMS) score of nine out of 15 indicating a moderate cognitive decline and no falls since admission in Section J. Review of the quarterly MDS with an ARD of 05/26/24 revealed R8 had a BIMS score of six out of 15 indicating a severe cognitive decline and one fall since admission in Section J. Review of R8's note located under the Progress Note tab in the EMR revealed R8 was found on the floor by his bed on 05/05/24. Review of R8's Fall incident report, dated 05/05/24 and supplied by the Administrator, revealed R8 was found on the floor by his bed on 05/05/24. The immediate action taken by the facility was to care for the resident and await transport to the hospital for evaluation. The predisposing environmental, physiological, and situation factors were considered and indicated in the investigation. Aside from the immediate actions taken and predisposing factors investigated, no preventative interventions are indicated in the investigation or on the form. Review of the facility's Complaint Narrative Investigation Report (5 day), completed 05/05/24 and supplied by the Administrator, revealed the facility placed a mattress at R8's bedside, initiated frequent checks on R8 by the staff, and neuro checks were initiated after his fall. There was no indication of interventions to implement, or other preventative measures indicated on the form. Review of R8's Progress Note, located under the Prog Note tab located in the EMR, revealed R8 was involved in an unwitnessed fall from his wheelchair in the dining room on 05/16/24. The note stated a confused resident both assisted R8 back to his wheelchair and alerted the staff to the fall. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R8's incident report, dated 05/16/24 and provided by the Administrator, revealed R8 was involved in an unwitnessed fall from his wheelchair. The immediate action taken by the facility was to assess R8 and initiate neuro checks. The predisposing physiological and situation factors were considered and indicated in the investigation. Aside from the immediate actions taken and predisposing factors investigated, no preventative interventions are indicated in the investigation or on the form. Review of R8's Fall incident report, dated 05/16/24 and provided by the Administrator revealed R8 was observed walking through a doorway and falling to his knee. Immediate actions taken including assessing R8 and notifying the responsible parties. The predisposing physiological, including previous falls, and situation factors were considered and indicated in the investigation. Aside from the immediate actions taken and predisposing factors investigated, no preventative interventions are indicated in the investigation or on the form. Review of R8's progress note located under the Prog Note tab located in the EMR revealed R8 was walking through a resident's door and fell to his knee on 07/12/24. Review of R8's Initial Incident Report, dated 07/13/24 and provided by the Administrator, revealed R8 later complained of knee pain and was sent to the hospital for evaluation. There were no preventative interventions indicated in the investigation or on the form. Review of R8's Care Plan located in the EMR revealed R8 had Focus(es) related to falls initiated on 08/09/22 with interventions including observing for changes in mental status and for Social Services to provide support as needed. The Focus was updated to include the falls on 05/05/24 and 07/12/24 with no corresponding interventions listed. In an interview on 09/19/24 at 8:15 AM the Director of Nursing (DON) verified R8 had not had a care plan update related to fall interventions since August 2022. The DON stated after R8's fall on 05/05/24 the staff began using a fall mat while R8 was in bed. The DON was not sure why the care plan had not been updated after each fall but verified that it had not been updated. She stated the process is to update care plans with new interventions when needed. An observation and interview on 09/19/24 at 10:15 AM revealed R8 sitting with other residents in the day-area. R8 was wearing his knee brace on his left knee and showed no signs or symptoms of distress or discomfort. Certified Nursing Assistant (CNA) 1 stated R8 walks when he wants to, but the staff try to get him to use a wheelchair for safety and the staff use a fall mat by R8's bed while he is in it. There was no observation that the floor mat was in place. Review of the facility's Falls Management policy, revised 03/15/24 and provided by the Administrator revealed, Interventions to reduce risk and minimize injury will be implemented as appropriate. The policy continued the staff would .adjust and document individualized intervention strategies as patient condition changes. Review of the facility's Accidents/Incidents policy, revised 03/01/24 and provided by the Administrator, revealed the licensed nurse will Implement appropriate interventions based on conclusions of an incident or accident. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility's Care Plan Clinical System Process, version 06/2024 and provided by the DON revealed, Ongoing evaluations and revisions will be documented as they occur utilizing the care plan progress note and or the Care plan Evaluation note.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 18750 Based on observation, interview, record review, and facility policy review, the facility failed to ensure the oxygen (O2) concentrators had dust free filters on the inlet where the air came into the machine for two of three residents (R29 and R43) of 25 sample residents. This deficient practice had the potential to allow an increased chance of infection and unnecessary respiratory treatment. Findings include: Review of the facility policy titled Respiratory Equipment/Supply Cleaning/Disinfecting revised 07/15/21 revealed, . In addition to surface cleaning and disinfecting, perform the following.Oxygen Concentrators: Rinse and dry the external filter weekly and PRN [as needed] when visibly dusty. 1. Review of R29's undated Admission Record, located in the electronic medical record (EMR) under the Profile tab, revealed an admitted [DATE], a readmitted [DATE], and indicated a diagnosis of heart failure. Review of R29's Physician Orders, dated 04/10/24 and located in R29's EMR under the Orders tab, indicated Oxygen at 2 L/min [at 2 liters per minute] via nasal cannula continuously. Review of R29's Care Plan, revised on 04/24/24 and located in R29's EMR under the Care Plan tab, indicated [R29] is at risk for respiratory complications related to CHF [congestive heart failure]. O2 as ordered via nasal cannula. During an observation on 09/16/24 at 11:11 AM, R29's oxygen concentrator was located in R29's room and was observed to have a black oxygen filter on the back of the concentrator. It was observed to be full of a buildup of heavy debris and was observed to be very dirty. During an observation on 09/18/24 at 9:23 AM, R29's oxygen concentrator filter was again observed to have a very thick buildup of debris on the filter. During observations and interview on 09/19/24 at 10:30 AM, the Unit Manager (UM) and the Director of Nursing (DON) were shown the filter on R29's concentrator. Both agreed it should not look like that. They were asked who would be responsible for cleaning the filters. The DON stated it was a duty of the certified nursing aides and it should be done when they change out the tubing. The UM stated I think it is on the TAR for the nurses to do it. The DON stated, Yes, it is the duty of the nurse, and it should be done weekly. 2. Review of R43's undated Admission Record located in the electronic medical record (EMR) under the Profile tab, revealed an admitted [DATE] and a readmitted [DATE] and indicated diagnoses of chronic obstructive pulmonary disease (COPD) and shortness of breath. Review of R43's Physician Orders, dated 08/12/24 and located in R43's EMR under the Orders tab, indicated Oxygen at 0-2 L/min [at 2 liters per minute] via Nasal Cannula as needed for sats [a measure of the amount of oxygen in the blood] less than 88% on RA [room air]. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R43's Care Plan, revised on 06/05/24 and located in R43's EMR under the Care Plan tab, indicated [R43] is at risk for respiratory complications related to COPD and heart failure. O2 as ordered via nasal cannula. During an observation on 09/16/24 at 10:39 AM, R43's oxygen concentrator was located in R43's room and was observed to have a black oxygen filter on both sides of the concentrator. It was observed to be full of a buildup of heavy debris and was observed to be very dirty. During an observation on 09/18/24 at 11:13 AM, R43's oxygen concentrator located in R43's room and was observed to have a black oxygen filter on both sides of the concentrator. It was observed to be full of a buildup of heavy debris and was observed to be very dirty. During an interview on 09/19/24 at 3:00 PM, the DON was asked if she felt the filters on R43's concentrator was appropriate. The DON stated, No, they needed to be cleaned.

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. 46592 Based on daily nursing staff report review and interview, the facility failed to indicate the daily census in the space provided on the daily posted form. This failure had the potential for resident family, friends, or other visitors not to know the ratio of nursing staff to residents causing uncertainty of ability and availability of the staff for residents' needs. Findings include: Review of the facility's GenSTAR Daily Nurse Staffing Form(s), for 08/01/24 through 09/17/24 and provided by the Administrator, presented a space, but the facility census information was not filled in. An observation on 09/17/24 at 10:20 AM revealed the daily staff posting to be in a conspicuous area. However, while the form contained a space for the daily resident census to be filled in, the form lacked having the daily census indicated. An observation on 09/18/24 at 10:45 AM revealed the daily staff posting still lacked having the facility census space filled in with the resident census. During an interview on 09/19/24 at 12:30 PM, the Administrator verified that the GenSTAR Daily Nurse Staffing Form(s) posted daily in the front of the facility should have had the census indicated in the space provided so visitors would know the ratio of staff to residents.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 18750 Based on observation, interview, and facility policy review, the facility failed to ensure food items were dated when initially opened, failed to ensure staff wore beard covers or hair nets while in the kitchen, and failed to ensure staff performed handwashing between glove use. These failures had the potential to affect 56 residents who consumed food prepared by the facility's kitchen. Findings include: Review of the facility's policy titled, Food Handling revised 06/15/18 revealed, .Once a product has been prepared or portioned, a new use by date is established. Review of the policy titled, Staff Attire revised 10/20/23 revealed, Policy: All employees wear approved attire for the performance of their duties. Procedures, 1. All staff will have their hair off the shoulders, confined in a hair net or cap, and facial hair properly restrained . Review of the facility policy titled, Hand Washing revised 10/01/19 revealed, Critical Elements.8. Uses clean, dry paper towel or air dryer to dry surfaces of fingers and hands. 9. Uses clean, dry paper towel to turn off faucet, without contaminating hands. Review of the undated facility policy titled, Glove Usage revealed, Purpose: To educate all new hires and current employees on the safety and procedure of proper glove usage. Proper Glove Usage, Gloves are not meant to be used as a replacement for handwashing. They are only effective if proper handwashing is completed.When to change or remove your gloves. Before taking ONE Step away from your work area. When changing tasks, Prior to leaving kitchen. Remember to always wash your hands in between glove changes. During the initial tour of the kitchen on 09/16/24 at 9:20 AM, a gallon jug of milk was in the refrigerator and had been open with no open date on the jug. During an interview, the District Dietary Manager (DS)4 was asked if an open date should be on the milk jug when it was opened and placed back in the refrigerator. DS4 stated, Yes. Further observations during the initial tour on 09/16/24 at 9:25 AM, revealed Dietary Staff (DS)3 was observed to be making burritos. DS3 had facial hair with no cover. DS3 was asked if he should be wearing a cover over his beard. DS3 left the work area with gloves on and went over to get a beard cover. DS4 was asked if DS3 should have been wearing a beard cover. DS4 stated, Yes. During an observation on 09/19/24 at 7:25 AM, the following observations were observed: (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	DS1 was observed to be wearing gloves at the steam table setting up plates. DS1 left the steam table and went to get a pan off the rack and a can of cooking spray. She placed the items on the stove. DS1 returned to the steam table and set up additional plates and then began to place scrambled eggs on the plates touching the eggs to keep them on the plates. DS1 placed her gloved fingers in the scoop to pull out the scrambled eggs. DS1 served five plates this way. She picked up five slices of raisin toast with the same gloved hands and sliced the toast in half and placed them on the same five plates. DS1 failed to change gloves as well as perform hand hygiene during the tasks. During an observation on 09/19/24 at 7:30 AM, the Dietary Manager (DM) was observed to wash his hands up to his elbows. The DM rinsed off the soap and turned the faucet off with his elbows and then retrieved a paper towel and dried his hands. He then picked up the lid of the trash can with the paper towel and threw it away as the lid touched his hand. During an observation on 09/19/24 at 7:33 AM, DS3 brought a loaf of raisin bread over to the toaster wearing gloves. DS3 reached into the loaf of bread with the same gloves as he had on when he retrieved the bread and placed several slices on the toaster. During an observation on 0919/24 at 7:37 AM, the DM completed washing his hands again using the same technique of turning the faucet off with his elbow and retrieving the paper towel to dry his hands. Open the trash can touching the lid with the paper towel and the lid coming back down on his hand. He took a pair of gloves out of the box and dropped on the floor. He picked it up and threw it away and reached in the box to retrieve another glove. The DM did not perform hand hygiene prior to retrieving and donning a new glove. During an observation on 09/19/24 at 7:40 AM, DS2 washed her hands and turned off the faucet by touching her elbow to the handles and then retrieved a paper towel to dry her hands. The trash can lid was touched as she threw the paper towel away. During an observation on 09/19/24 at 7:44 AM, DS1 using the gloved hands pulled a pen out of her back pocket and then proceeded to went to the trash and touched the lid with the gloved hand. DS1 then retrieved a pan and spatula from the clean area. DS1 set the pan and spatula on the stove and went into the refrigerator touching the handles and brought out a bowl of pancake mix. DS1 took off the gloves and threw them away by touching the lid o the trash can. She went over and got another pair of gloves. No handwashing was observed between the glove change. During an observation on 09/1924 at 7:48 AM, the following spices were set on the shelf without open dates: freeze dried chilies, ground black pepper, ground cinnamon, Italian seasoning and whole bay leaves. During an observation on 09/19/24 at 7:53 AM, DS1 was getting coffee for a staff member that came to the door. DS1 left the kitchen with gloved hands. She returned to the kitchen with the same gloves and began to remove items from the steam table. During an interview on 09/19/24 at 7:55 AM, DS1 was asked about the different times she was observed wearing the same gloves performing multiple tasks. DS1 stated, I should have changed gloves with each new task and washed hands in between. DS1 did not recall touching the trash lid with gloved hands or walking out of the kitchen with gloved hands. (continued on next page)

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 09/19/24 at 8:01 AM, DS3 was asked about the spices that were not dated. DS3 stated, They should have been dated when they were opened. I just started Monday and had not gotten that far. DS3 was also asked about changing gloves and washing hands. DS3 stated, Gloves should be changed with each new task and handwashing in between. During an interview on 09/19/24 at 8:15 AM, the DM and DS2 were asked about the proper technique for handwashing. The DM demonstrated hand washing in which he turned the faucet off with his elbows. DS2 stated that was the way she was taught. DS4 came into the kitchen and was asked what the proper technique was to turn off the faucet when washing hands, DS4 stated, Take the paper towel and dry the hands and then take another paper towel and turn off the faucet. There should also be an open trash can next to the sink that way staff do not have to open the trash can by taking off the lid and recontaminating their hands. During an observation on 09/19/24 at 11:59 AM, DS5 walked into the kitchen and picked up a hair net and walked through the kitchen without placing the hair net over her hair and carrying her personal belongs with her. During an observation on 09/19/24 at 12:03 PM, the DM was making puree with his beard cover under his chin and not cover the hair on his face. During an interview on 09/19/24 at 12:09 PM, DS5 was asked why she walked through the kitchen without a hair net and carrying her purse. DS5 stated, I wanted to go to the back and put it on while looking in the mirror. Also, there is no other way to the office to put my purse up. During an interview on 09/19/24 at 12:24 PM, DS4 and the DM were asked about the staff walking to the back without wearing the hair net and carrying personal belongings. The DM stated that was not appropriate, she should have placed the hair net on before walking to the back. She should also not have brought personal items into the kitchen. DS4 and the DM was asked about the beard cover not being worn correctly. The DM stated it should have been over the beard.