

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER New Mexico State Veterans Home		STREET ADDRESS, CITY, STATE, ZIP CODE 992 South Broadway Truth OR Consequence, NM 87901	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47510</p> <p>Based on record review and interview, the facility failed to create an accurate baseline care plan (a document with the minimum healthcare information necessary to properly care for a resident immediately upon their admission to the facility) within 48 hours of admission for 1 (R #8) of 3 (R #8, R #9, and R #10) residents reviewed for resident neglect. This deficient practice could likely result in residents not receiving the appropriate care and may place residents at risk of an adverse event (an undesirable experience, preventable or non-preventable, that caused harm to a resident because of medical care or lack of medical care) or worsening of current condition after admission. The findings are:</p> <p>A. Record review of R #8's face sheet, no date, revealed R #8 was admitted into the facility on [DATE].</p> <p>B. Record review of R #8's physician's orders revealed the following:</p> <ol style="list-style-type: none"> 1. Dated 09/06/24, a bland diet, no food by mouth, fluid restrictions, and Jevity 1.2 (calorically dense, fiber-fortified therapeutic nutrition that provides complete, balanced nutrition for long- or short-term tube feeding) at 65 ml per hour with peg tube providing nutrition. 2. Dated 09/07/24, flush 30 ml of water before and after medication administration. <p>C. Record review of R #8's baseline care plan, dated 09/07/24, revealed staff did not develop a baseline care plan that included interventions for R #8's peg tube, to include the water flush and Jevity feeding.</p> <p>D. On 09/11/24 at 12:20 PM, during an interview, the DON confirmed R #8's baseline care plan did not include interventions for R #8's peg tube or the flush before and after medication.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49313</p> <p>Based on observation, record review, and interview, the facility failed to maintain proper infection prevention measures when they failed to initiate transmission-based precautions (used to prevent the spread of infectious agents from individuals who are suspected to be infected, such as gloves, facemasks, and gowns) for residents diagnosed with 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).</p> <p>Failure to adhere to an infection control program is likely to cause the spread of infections and illness to all 12 residents on the D Unit (residents were identified by the resident matrix provided by Administration on 09/09/24). The findings are:</p> <p>A. On 9/9/24 at 10:55 AM, during an interview with Guide #16, the following was revealed:</p> <ol style="list-style-type: none"> 1. There were residents who had COVID-19 in the D Unit. 2. All staff must wear surgical masks in the building and N95 masks (a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles) while in the D Unit. <p>B. On 09/09/24 at 11:00 AM, an observation of the D Unit the following was observed:</p> <ol style="list-style-type: none"> 1. Staff wore N95 masks and no other personal protective equipment (PPE; clothing, gloves, face shields, goggles, facemasks, gowns and/or respirators or other equipment designed to protect the wearer from injury or the spread of infection or illness). 2. There were not transmission based precautions signs on any of the residents' doors. 3. There was not PPE located outside of any of the residents' rooms. 4. PPE was located in a secured staff area away from resident care areas. 5. Residents who sat in the common areas did not wear masks. <p>C. On 09/09/24 at 11:05 AM, during an interview with CNA #16, the following was revealed:</p> <ol style="list-style-type: none"> 1. R #16 and R #18 (CNA identified the incorrect resident. Was R #16 and R #17) had active diagnoses of COVID-19. 2. R #17, R #18, R #19, R #20, R #21, and R #22 sat at the tables in the common dining area. 3. He confirmed none of the residents wore facemasks. 4. He confirmed transmission precaution signs or PPE were not located near the rooms of the residents who were diagnosed with COVID-19. <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>a. When SARS-CoV-2 Community Transmission levels are high, healthcare facilities could choose not to require universal source control. However, even if source control is not universally required, it remains recommended for individuals in healthcare settings who:</p> <ul style="list-style-type: none"> i. Have suspected or confirmed SARS-CoV-2 infection or other respiratory infection (e.g., those with runny nose, cough, sneeze); or ii. Had close contact (patient and visitors) or a higher-risk exposure (HCP) with someone with SARS-CoV-2 infection, for 10 days after their exposure; or iii. Reside or work on a unit or area of the facility experiencing a SARS-CoV-2 outbreak; universal use of source control could be discontinued as a mitigation measure once no new cases have been identified for 14 days; or d. Have otherwise had source control recommended by public health authorities. <p>2. Positive/Symptomatic residents</p> <p>a. In the case of a positive rapid or polymerase chain reaction (PCR, a molecular test that analyzes your upper respiratory specimen, looking for genetic material of SARS-CoV-2, the virus that causes COVID-19), the resident should be quarantined per CDC guidelines. Staff can choose to isolate residents in one of the following ways:</p> <ul style="list-style-type: none"> i. On a dedicated unit. ii. Cohorted with other residents who also had a positive COVID test. iii. In a private room, preferably with a dedicated bathroom. Door must be closed if possible. <p>3. Duration of Transmission-Based Precautions for Patients with SARS-CoV-2 Infection</p> <p>a. Patients with mild to moderate illness who are not moderately to severely immunocompromised:</p> <ul style="list-style-type: none"> i. At least 10 days have passed since symptoms first appeared and ii. At least 24 hours have passed since last fever without the use of fever-reducing medications and iii. Symptoms (eg., cough, shortness of breath) have improved. <p>K. Record review of CDC Infection Control Guidance for SARS-CoV-2, dated 06/24/24, revealed the following:</p> <p>1. Key Points: This guidance applies to all U.S. settings where healthcare is delivered, including nursing homes and home health. The recommendations in this guidance continue to apply after the expiration of the federal COVID-19 Public Health Emergency.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Recommended infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed SARS-CoV-2 infection</p> <p>a. Patient Placement:</p> <p>i. Place a patient with suspected or confirmed SARS-CoV-2 infection in a single-person room. The door should be kept closed (if safe to do so). Ideally, the patient should have a dedicated bathroom.</p> <p>- If cohorting, only patients with the same respiratory pathogen should be housed in the same room. Multidrug-resistant organism (MDRO; a germ that is resistant to many antibiotics) colonization status and/or presence of other communicable disease should also be taken into consideration during the cohorting process.</p> <p>ii. Facilities could consider designating entire units within the facility, with dedicated HCP (health care provider), to care for patients with SARS-CoV-2 infection when the number of patients with SARS-CoV-2 infection is high. Dedicated means that HCP are assigned to care only for these patients during their shifts. Dedicated units and/or HCP might not be feasible due to staffing crises or a small number of patients with SARS-CoV-2 infection.</p> <p>iii. Limit transport and movement of the patient outside of the room to medically essential purposes.</p> <p>iv. Communicate information about patients with suspected or confirmed SARS-CoV-2 infection to appropriate personnel before transferring them to other departments in the facility (e.g., radiology) and to other healthcare facilities.</p> <p>b. Personal Protective Equipment</p> <p>i. HCP who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH Approved particulate respirator with N95 filters or higher, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face).</p> <p>c. Visitation</p> <p>i. For the safety of the visitor, in general, patients should be encouraged to limit in-person visitation while they are infectious. However, facilities should adhere to local, territorial, tribal, state, and federal regulations related to visitation.</p> <p>- Counsel patients and their visitor(s) about the risks of an in-person visit.</p> <p>- Encourage use of alternative mechanisms for patient and visitor interactions such as video-call applications on cell phones or tablets, when appropriate.</p> <p>ii. Facilities should provide instruction, before visitors enter the patient's room, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy.</p> <p>(continued on next page)</p>		

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