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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325103	A. Building B. Wing	03/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Farmington	1101 West Murray Drive 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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to notify the resident representative of a medication change for 1 (R #2) of 1 (R #2) residents reviewed, when:R #2's Parkinson's (a disorder of the central nervous system that affects movement, often including tremors, difficulty with walking, movement and coordination) medication management was altered and the facility failed to notify R #2's representative of the medication change per R #2's care plan. Failure to notify the resident representative of a medication change is likely to result in delayed awareness of the change and may contribute to delayed or inadequate treatment. The findings are: A. Record review of R #2's face sheet revealed R #2 was admitted into the facility on [DATE] with the following diagnosis:Parkinson's disease. B. Record review of R #2's comprehensive care plan, dated 02/28/24, revealed an instruction at the top of care plan directing staff to notify R #2's son regarding medication changes and behaviors. C. Record review of R #2's physician orders dated 12/09/25, revealed an order for carbidopa-levodopa (Parkinson's disease medication) 25 to 100 milligrams (mg), give two tablets by mouth, four times daily for Parkinson's disease. D. Record review of R #2's nursing progress notes revealed the following: Dated 11/10/2025: Staff placed R #2's carbidopa-levodopa on hold (not administered) for 7 days to assess for improvement in R #2's behaviors.Dated 11/11/2025: R #2 developed weakness and upper extremity (arm) shaking after the medication was held. The progress note documented the physician ordered the medication be administered at 0.5 mg, four times daily due to the worsening symptoms.Dated 11/25/2025: Meeting with R #2, R #2's son, Administrator, and Director of Nursing. R #2's son expressed concerns about not being made aware of a recent medication change (carbidopa-levodopa) and the side effects after the medication was discontinued. E. On 03/02/26 at 2:25 pm, during an interview, R #2 stated he was unaware the facility stopped giving him the medication carbidopa-levodopa until his hands began to shake aggressively and that bothered him. F. On 03/02/2026 at 3:45 pm, during an interview, R #2's son who identified himself as R #2's Power of Attorney (POA; legal authorization for a designated person to make decisions about another person's property, finances, or medical care) stated the facility stopped R #2's Parkinson's medication, which R #2 had been taking four times daily. R #2's son stated he contacted the facility after learning the medication had been stopped and asked the staff why the medication was discontinued. He stated staff informed him they stopped the medication to determine if discontinuing it would improve R #2's behaviors. R #2's son confirmed the facility knew to notify him prior to any medication changes, and he was not contacted by the facility and made aware of R #2's carbidopa-levodopa being stopped. G. On 03/03/2026 at 3:50 pm, during an interview, the Administrator (ADM) stated if R #2's care plan directs staff to notify R #2's son regarding medication changes or behaviors, the staff should follow the care plan and notify R #2's son prior to any changes. The ADM confirmed R #2's son was not notified prior to R #2's Parkinson's medication management change and should have been per R #2's care plan.

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