

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2026
NAME OF PROVIDER OR SUPPLIER Life Care Center of Farmington		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to provide the required transfer information to the residents' and the residents' representatives for 1 (R #3) of 3 (R #1, #2 and #3) residents, when staff failed to: Notify R #3 and/or R #3's representative in writing, and in a language and manner they understand, of the resident's transfer to the hospital. Send a written copy of R #3's transfer notice to the State Long-Term Care Ombudsman (a government advocate for residents of long-term care facilities, such as nursing homes and assisted living facilities, working to protect their rights and improve the quality of care they receive) before or after R #3's hospitalization. These deficient practices could likely result in residents and/or their representatives not knowing the reason for the transfer, the location of the transfer or discharge, or their rights to advocate for and make informed decisions regarding the residents' healthcare. The findings are: A. Record review of R #3's face sheet revealed an initial admission date of 08/26/20 and a readmission date of 02/25/26. B. Record review of R #3's nursing progress notes, dated 02/14/26, revealed the following: A Certified Nursing Aide (CNA) reported R #3 was on the floor in the bathroom. R #3 reported he was finished using the restroom when he tripped on his shoes. The resident was assessed for injuries, and redness was noted to the resident's right shoulder blade, with a documented self-inflicted scratch to the resident's right lower back. R #3 complained of pain when attempting to pick up his right arm and there is slight swelling to his right elbow. R #3 was able to move his arm earlier today during a shower. R #3's fall and injury reported to on-call physician who advised sending the resident to the emergency room to be evaluated. R #3 was sent to the hospital via Emergency Medical Services (EMS). C. Record review of R #3's facility census revealed R #3 was discharged to the hospital on [DATE] and was readmitted into the facility on [DATE]. D. Record review of R #3's electronic health record (EHR), dated 06/03/26, revealed documentation was not available indicating the facility staff completed and provided a formal written transfer notice or written bed-hold notification to R #3 or R #3's representative before or after R #3's hospitalization. R #3's EHR did not contain documentation indicating the facility staff notified the State Long-Term Care Ombudsman before or after R #3's hospital discharge. E. On 06/03/26 at 11:00 am, during an interview, the Director of Nursing (DON) stated the facility staff did not provide a written transfer notice or bed-hold notification to R #3, R #3's representative, or the State Long-Term Care Ombudsman before or after R #3's hospitalization on 02/14/26, but they should have. The DON stated it is her expectation that, even during emergency hospitalizations, the facility nursing or admissions staff must complete and issue the written transfer and bed-hold notices to the family and the Ombudsman as soon as practicable following the transfer.		

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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