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	05/16/2025

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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to complete an accurate Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff) assessment for 1 (R #14) of 1 (R #14) resident reviewed for assessments. This deficient practice could likely result in the residents' preferences and care needs not being met. The findings are: A. Record review of R #14's face sheet revealed an admission date of 07/25/24 with the following diagnoses: - Chronic respiratory failure with hypoxia (low levels of oxygen in the blood), - Chronic obstructive pulmonary disease (COPD; lung disease), - Parkinson's disease (a progressive disorder that affects the nervous system and the parts of the body controlled by the nerves), - Paroxysmal atrial fibrillation (a type of irregular heartbeat.) B. Record review of R #14's MDS, dated [DATE], indicated R #14's primary language was English. C. Record review of R #14's MDS, dated [DATE] indicated R #14's primary language was English. D. Record review of R #14's MDS, dated [DATE], indicated R #14's primary language was English. E. On 05/15/25 at 12:13 pm, during an interview, Nurse #10 stated when R #14 spoke, she spoke in Navajo. Nurse #10 stated R #14 understood some English. She stated the facility had staff that spoke Navajo so they will find a staff member to translate as needed. F. On 05/15/25 at 12:19 pm, during an interview, Certified Nursing Assistant (CNA) #9 stated R #14 spoke primarily Navajo. CNA #9 stated she will find a staff member who speaks Navajo to translate when R #14 spoke to her in Navajo. CNA #9 stated R #14 answered yes or no questions in English. She stated R #14's primary language was Navajo, and the resident understood Navajo better than English. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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	05/16/2025

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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	G. On 05/15/25 at 11:30 am, during an interview, the Social Services Director (SSD) and the Social Services Assistant (SSA), the SSA stated she spoke Navajo fluently, and R #14 spoke primarily Navajo. The SSA stated she completed R #14's Brief Interview of Mental Status (BIMS; a screening for cognitive impairment) on 01/23/25 in English, and the resident scored 8 out of 15, which indicated moderate cognitive impairment (scores 8 to 12 indicate moderate cognitive impairment). The SSA stated she completed R #14's BIMS on 04/24/25 in Navajo, and the resident scored 12 out of 15. The SSD stated she believed the discrepancy in the resident's BIMS score likely had to do with which language staff conducted the interview. She stated R #14's MDS should reflect R #14's primary language which was Navajo.

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	05/16/2025

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 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. Based on record review and interview, the facility failed to revise the care plan for 1 (R #105) of 1 (R #105) resident reviewed for care plans. If the facility is not updating the care plan to reflect the resident's current care areas and treatment, then the facility may not be providing the appropriate care and treatment to meet the residents' needs. The findings are: A. Record review of R #105's face sheet indicated an admission date of 04/02/25 with the following diagnoses: - Type II diabetes (DM2, a condition which results from insufficient production of insulin, causing high blood sugar), - Dementia (affects memory, thinking and social abilities), - Hypertension (high blood pressure). B. Record review of R #105's physician orders, dated 05/08/25, indicated an order for oxygen at 2 liters/minute continuously per nasal cannula. Keep oxygen saturation above 90 percent (%). C. Record review of R #105's care plan revealed the care plan did not address the resident's use of oxygen. D. On 05/16/25 at 10:15 am during an interview, the Director of Nursing (DON) stated that if a resident received oxygen, then it should be addressed in the resident's care plan.

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	05/16/2025

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. Based on record review and interview, the facility failed to provide care that met professional standards for 1 (R #105) of 1 (R #105) resident when the facility failed to obtain and administer carvedilol (used to treat high blood pressure and certain heart conditions) as ordered by the physician. This deficient practice could likely result in a resident having an adverse reaction due to not receiving medications as ordered. The findings are: A. Record review of R #105's face sheet indicated an admission date of 04/02/25 with the following diagnoses: - Type II diabetes (DM2, a condition which results from insufficient production of insulin, causing high blood sugar), - Dementia (affects memory, thinking and social abilities), - Hypertension (high blood pressure). B. Record review of R #105's physician orders, dated 04/02/24, revealed an order for carvedilol tablet 3.125 milligram (mg). Give one tablet by mouth two times a day for hypertension. C. Record review of R #105's Medication Administration Record (MAR) revealed staff did not administer carvedilol 3.125 mg tablet to R #105 at 5:00 pm on 05/10/25, 05/13/25, 05/14/25, 05/15/25, and 05/18/25. D. Record review of R #105's nursing progress notes, dated 05/13/25, 05/14/25 and 05/15/25, indicated staff did not administer the carvedilol to R #105, because the medication was not available. E. On 05/16/25 at 9:00 am, during an interview, Certified Medication Technician (CMT) #3 stated the pharmacy did not send R #105's carvedilol medication. She stated the carvedilol was ordered on 05/08/25. She stated she checked on the status of the medication almost everyday. She stated she did not have access to the emergency kit (eKit; holds medications to use during an emergency), so she asked the nurse on duty to get the medication from the eKit for her. She stated the nurse called the pharmacy to get an access code to the eKit to get her the carvedilol for R #105. She stated the nurse called the pharmacy every morning to get access to the eKit for the carvedilol. She stated staff would also have to accessed the eKit at night to give the evening dose of carvedilol, but it did not appear that was happening. F. On 05/16/25 at 9:08 am, during an interview, Nurse #12 stated she went to the eKit to pull the carvedilol for R #105. She stated all nurses had access to the eKit, and they could also call the DON for access to it. G. On 05/16/25 at 9:35 am, during an interview, the Medical Director stated R #105 received carvedilol for hypertension. The MD stated if R #104 did not receive carvedilol as ordered, then she could develop high blood pressure. He stated R #105 should receive her medication as ordered. (continued on next page)

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	05/16/2025

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	H. On 05/16/25 at 10:14 am, during an interview, the Director of Nursing (DON) stated all nurses did not have access to the eKit. She stated if the nurses did not log in after a period of time, then they lost access to the eKit. The DON stated if a nurse lost access, then the nurse should have asked another nurse to pull the medication. The DON stated any nurse could pull the medication out of the eKit.

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	05/16/2025

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on record review and interview, the facility failed to provide activities of daily living (ADL; activities related to personal care such as bathing, showering, dressing, walking, toileting, and eating) assistance for 1 (R #57) of 3 (R #16, #41 and #57) residents when staff failed to ensure R #57 received showers timely. This deficient practice could likely result in residents being at a higher risk for infection and to feel unimportant, embarrassed, and undignified. The findings are: A. Record review of R #57's Face Sheet, dated 05/15/25, revealed an initial admission date of 08/13/21. B. Record review of R #57's Care Plan, last reviewed on 05/15/25, revealed the resident required the assistance of one staff for activities of daily living (ADL; activities related to personal care such as bathing, showering, dressing, walking, toileting, and eating). C. Record review of R #57's shower tracking revealed the resident's scheduled shower days were Wednesday and Saturday evening. Further review revealed R #57 did not receive a shower from 05/07/25 through 05/14/25. D. Record review of R #57's medical record, dated May 2025, revealed staff did not document why R #57 did not receive a shower from 05/07/25 through 05/14/25. E. Record review of R #57's progress notes, dated 05/14/25, revealed the Director of Nursing (DON) returned a phone call to R #57's daughter regarding the daughter's concerns R #57 did not receive a shower in five days. F. On 05/16/25 at 9:36 am during an interview, the DON stated R #57's shower tracking indicated the resident did not have a shower for seven days. The DON the resident's record did not contain documentation as to why R #57 did not receive a shower for seven days. She stated the resident's record should contain a follow-up with notes regarding the reason why R #57 did not receive her shower.

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	05/16/2025

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observations, record reviews and interviews, the facility failed to ensure the facility was free of the potential for accidents and hazards for residents in B unit, when staff failed to ensure the following: 1. The Emergency Cart (E-cart, a mobile unit that contains essential supplies, and equipment needed to respond to life-threatening emergencies in hospitals and other medical facilities) was locked to prevent access to scissors and other medical supplies. 2. Shower room was locked to prevent access to shaving razors and hazardous cleaning materials. These deficient practices are likely to affect all the 37 residents in B Unit listed on the resident census list provided by the Administrator on 05/12/25 and are likely to lead to residents experiencing avoidable accidents. The findings are: A. Record review of the facility's E-cart Policy, dated 07/22/24, revealed Emergency Carts should be in a central and convenient location and used only during emergencies. The policy did not address locking the E-cart to prevent unauthorized access. B. On 05/12/25 at 2:30 pm, observation of B Unit revealed the following: - Shower room in the B Unit was unlocked and unattended. Staff stored shaving razors and a Cloralen (bleach cleaner) bottle in an unsecured vanity inside the shower room. Further observation revealed several residents walked by the shower room and were not accompanied by staff. - An E-cart in the B unit Day Room was unlocked and contained one pair of scissors, several intravenous (IV) catheters, and oxygen tubing. All items were accessible to residents. Further observation revealed five residents sat unattended by staff in the day room where the E-cart was stored. C. Record review of Cloralen's Manufacturer recommendations, dated 6/19/2024, revealed the following precautions for safe handling: - Ensure good ventilation of the workstation. - Wear personal protective equipment. - Do not eat, drink or smoke when using this product. - Always wash hands after handling the product. D. On 05/14/25 at 8:09 am, during an interview, Nurse #1 stated she did not know if the E-Cart should be locked. E. On 05/14/25 at 8:28 am, during an interview, Certified Nursing Assistant (CNA) #4, CNA #5, and CNA #6 stated they should have locked the shower room while not in use. (continued on next page)

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	05/16/2025

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	F. On 05/14/25 at 10:17 am, during an interview, the Director of Nursing (DON) stated staff should always lock the E- Cart, except for restocking it or in case of emergency. She stated the IV catheters and oxygen tubes can pose risks to residents in B Unit if left accessible to them. The DON also stated staff should lock the shower room in B Unit when not in use.

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	05/16/2025

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 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. Based on observation, interview, and record review, the facility failed to ensure a resident wore her oxygen, and the oxygen ran continuously for 1 (R #105) of 1 (R #105) resident reviewed for oxygen. If the facility is not following orders for oxygen use then the resident may be low on oxygen, which had the potential to cause health concerns such as headache, difficulty breathing or rapid heart rate. The findings are: A. Record review of R #105's face sheet indicated an admission date of 04/02/25 with the following diagnoses: - Type II diabetes (DM2, a condition which results from insufficient production of insulin, causing high blood sugar), - Dementia (affects memory, thinking and social abilities), - Hypertension (high blood pressure). B. Record review of R #105's physician orders, dated 05/08/25, indicated an order for oxygen at 2 liters (L)/minute continuously per nasal cannula (a small, flexible tube that delivers oxygen to the nose through soft prongs). Keep oxygen saturation (the amount of oxygen in blood) above 90 percent (%). C. Record review of R #105's oxygen saturations, dated 05/09/25, revealed the following: - On 05/09/25 at 12:14 am and 12:17 am, 87% on room air. - On 05/09/25 at 6:39 am, 90% on 2 L of oxygen. D. On 05/14/25 at 10:14 am, during an observation, R #105 wore her nasal cannula, but the oxygen concentrator (a medical device that provides supplemental oxygen by concentrating oxygen from ambient air) was not on. E. On 05/14/25 at 3:00 pm, during an observation, R #105 participated in activities in the dining area without her oxygen. F. On 05/15/25 at 3:09 pm, during an interview, Nurse #11 stated residents should wear their oxygen nasal cannula at all times if the resident had an order for continuous oxygen . G. On 05/16/25 at 10:00 am, during an interview, the Medical Director stated if a resident had an order for continuous oxygen, then they should wear the oxygen at all times. He stated he can change the resident's order if a resident did not need supplemental oxygen or did not use the supplemental oxygen as ordered.

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	05/16/2025

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observations, interviews, and record review, the facility failed to ensure Nurses and Certified Medication Aides (CMAs) dated opened insulin (a medication prescribed to help the body turn food into energy and manages blood sugar levels) pens and discarded them within 28 days of opening date for 3 (R #44, R #45, and an unidentified R) of 3 (R #44, R #45, and an unidentified R) residents reviewed. This deficient practice is likely to result in all 3 residents receiving medications that are less effective or expired in the facility. The findings are: A. Record review of the facility's Medication Storage Policy, dated 2025, revealed if a multidose vial of an injectable medication has been opened or accessed, then the vial should be dated and discarded within 28 days, unless the manufacturer specifies a different date. B. On 05/14/25 at 1:09 pm, observation of the 100 Hall medication cart revealed the following: - Insulin Lispro (a short-acting insulin),100 units/milliliter (ml) multiple-dose pen was opened, not dated, and was labeled with R #45's last name only. The insulin pen belonged to R #45. - Insulin Lispro,100 units/ml multiple-dose pen was opened and dated 03/27/25. The insulin pen belonged to R #44. - Insulin Lispro,100 units/ml multiple-dose pen was opened and not dated or labeled. The owner of the pen could not be verified, because the pen did not have a resident's name on it. C. Record review of the manufacturer's instructions for Insulin Lispro multiple dose vial, dated 2023, revealed staff were instructed to throw away all opened vials after 28 days of use, even if there was insulin left in the pen. D. Record review of R #45's Physician Orders, dated 02/04/24, revealed R #45 had an order to receive Insulin Lispro. E. Record review of R #44's Physician Orders, dated 04/15/25, revealed R #44 had an order to receive Insulin Lispro. F. On 05/14/25 at 1:09 pm, during an interview, Nurse #1 stated she should have discarded the opened insulin pens within 28 days of the opening date. She stated she did not know one pen did not have an owner. G. On 05/15/25 at 10:24 am, during an interview, the Director of Nursing (DON) stated staff must date the opened insulin pens and discard them within 28 days of the opening date. She stated staff should also label insulin pens with the resident's name when they open the pen for the first time. H. On 05/15/25 at 1:20 pm, during an interview, the facility's Consultant Pharmacist (CP) #1 stated she expected Nurses and CMAs to date the opened insulin pens and discard them within 28 days of the opening date. She stated staff should label insulin pens with the resident's name when they first use them.

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	05/16/2025

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 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. Based on observation, record reviews, and interview, the facility failed to store food under sanitary conditions when staff failed to ensure: 1. Food items were labeled, dated, and protected in the kitchen dry storage and refrigerator. 2. The kitchen was clean and free of stains, spatters, and food debris. 3. Single use items were covered and protected. 4. Staff wore hairnets and beard guards while working in the kitchen. 5. The ice machine drained through an air gap. These deficient practices are likely to affect all 110 residents listed on the resident census list provided by the Administrator on 05/12/25. These failures are likely to lead to foodborne illnesses in residents if food is not stored properly and if staff do not adhere to safe food handling practices. The findings are: Food Storage A. Record review of the facility's Food safety Policy, dated 05/01/24, revealed the following: - Pre-packaged food should be placed in a leak-proof, pest-proof, non-absorbent, sanitary container with a tight-fitting lid. The container should be labeled with the name of the contents and date (when the item was transferred to the new container). 'Use by Date' should be noted on the label or product when applicable. - Food should be labeled with the date received if not already indicated on the item. - Leftovers should be dated properly and discarded after 72 hours unless otherwise indicated. - Food should be stored and maintained in a clean, safe, and sanitary manner following Federal, State, and local guidelines to minimize contamination and bacterial growth. B. On 05/13/25 at 9:19 am, observations of the dry storage in the kitchen revealed the following: - One container of granulated garlic opened and undated, - Prepared fruit cups undated, - Several pizza slices undated, - One bag of bread opened, unsealed, and undated, - One bag of taco seasoning opened and undated, (continued on next page)

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	05/16/2025

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	- One bag of steak seasoning opened and undated, - One box of baking soda open to air and undated, - One bag of breaded rectangles open to air and undated, - One bag of pasta open to air and undated, - One bag of pasta opened and undated, - Two bags of corn chips opened and undated, - One bag of Macaroni noodles undated, - One bag of Frosted Flakes opened and undated, - One box of [NAME] Krispies opened and undated, - One box of Froot Loops opened and undated, - One bag of cheesecake mix opened and undated, - One bag of whole grain bread opened and undated. C. On 05/13/25 at 9:19 am, observations of the refrigerator in the kitchen revealed the following: - Two, 2 liter root beer bottles opened and undated, - One strawberry jam container opened and undated, - One whipped topping container opened and undated, - One bottle of Med Pass (a nutritional supplement drink) opened and undated, - One bag of brown bread opened and undated, - Three pies open to air and undated, - Thirteen cereal cups unlabeled, - One sweet and sour sauce opened and undated. D. On 05/13/25 at 10:25 am, during an interview, the Dietary Manager (DM) stated all food items should be labeled, dated, and stored protected from air and other contaminations. Cleanliness (continued on next page)

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	05/16/2025

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	E. Record review of the kitchen cleaning schedule, dated 05/12/25 through 05/18/25 revealed staff were to do the following areas daily: - Clean stove, - Clean beverage station, - Clean hand sink and check the paper towels, - Sweep and mop, - Send mops and aprons to housekeeping to wash them. F. On 05/13/25 at 9:19 am, observations of the kitchen revealed the following: - The kitchen wall contained stains and spatters by food. - Microwave had food particles on top. - The stove had black debris around the burners, and the oven had white splashes on the front and side. - The kitchen baseboard, located near the cooking equipment, had black buildup. - A lower shelf on the food preparation table held pans and had white splatter and crumbs. - A sugar container had a lid which did not fit the container and brownish debris inside the container on the sugar. G. On 05/13/25 at 10:25 am, during an interview, the facility's DM stated kitchen floors, walls, surfaces and appliances should be cleaned according to the cleaning schedule. Single Use Items H. Record review of the facility's Food Safety Policy, dated 05/01/24, revealed the policy did not address the storage of single use items. I. On 05/13/25 at 9:19 am, observations of the kitchen revealed the following: - A stack of cloth napkins sat by the hand washing sink and exposed to water splashes. - A stack of Styrofoam plates and a stack of plates were exposed and not protected. J. On 05/13/25 at 10:25 am, during an interview, the facility's DM stated single use items should be protected and stored away from the sink. Hairnet and Beardguards (continued on next page)

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	05/16/2025

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	K. Record review of the facility's Food Safety Policy, dated 05/01/24, revealed the following: - Physical contaminants are foreign objects that may inadvertently enter the food. Examples include, but are not limited to, staples, fingernails, jewelry, hair, glass, metal shavings from can openers, and pieces or fragments of bones from fish or chicken for example. - The policy did not address the use of hairnets or beardguards. L. On 05/13/25 at 9:19 am, observations of the kitchen revealed the following: - [NAME] #1 did not wear a hairnet in a manner to cover all her hair. [NAME] #1's hair hung out of the hairnet two inches around her face. - A dietary staff had facial hair which measured greater than 1/4 inch. Further observation revealed the staff washed dishes but did not wear a beard guard. M. On 05/13/25 at 10:25 am, during an interview, the DM stated staff should wear hairnets and beard guards in a manner to cover all their hair when working in the kitchen. Ice Machine N. Record review of the facility's Food Safety Policy, dated 05/01/24, revealed ice machines must be of a type that eliminates contamination during ice manufacture, storage, and dispensing. The policy did not address the placement of the ice machine drain pipe or the hand washing sink drain pipe. O. On 05/13/25 at 9:19 am, observation of the kitchen revealed the ice machine did not drain through an air gap. The drain pipe from the ice machine drained below the surface of the floor. Further observation revealed the hand washing sink drained on top of the ice machine drain pipe, which caused a black substance around the end of the ice machine drain pipe. P. On 05/13/25 at 10:25 am, during an interview, the facility's DM stated she was not aware the ice machine did not drain through an air gap. She did not know the drain pipe from the ice machine drained below the surface of the floor. The DM was not aware the hand washing sink drained on top of the ice machine drain pipe. She stated the drain pipes should have been built in a way that prevents ice contamination due to dirty water coming into contact with the drain pipe and bacteria growing up into the ice machine.

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	05/16/2025

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 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a plan that describes the process for conducting QAPI and QAA activities. Based on observation and interview, the facility failed to identify quality deficiencies through their Quality Assurance and Performance Improvement Plan (QAPI; a structured framework used in healthcare to enhance the quality of care provided to patients) when staff were unaware the exit doors in the Memory Unit did not function as they were supposed to when the fire alarm was activated. This deficient practice is likely to affect all 118 residents, per census list provided by the Administrator (ADM) on 05/12/25. This deficient practice could likely result in staff and residents not able to safely evacuate the facility in case of emergency. The findings are: A. On 05/15/25 at 1:56 pm during an observation, staff activated the fire alarm, and all three exit doors on the Memory Unit failed to unlock when the fire alarm was activated. B. On 05/16/25 at 10:29 am during an interview, the Administrator stated he was not aware the exit doors in the Memory Unit did not function correctly. He stated he became aware of this issue on 05/15/25 when staff tested the fire alarm. He stated his expectation was for facility staff to recognize the failure before the fire alarm test on 05/15/25.