STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325117	A. Building B. Wing	09/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunset Villa Healthcare	1515 South Sunset Avenue Roswell, NM 88203

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 - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. (continued on next page)

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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(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 - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 baths or showers for 3 (R #1, R #2, and R #3) of 3 (R #1, R #2, and R #3) residents reviewed for ADL care. This deficient practice is likely to affect the dignity and health of the residents. The findings are: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 baths or showers for 3 (R #1, R #2, and R #3) of 3 (R #1, R #2, and R #3) residents reviewed for ADL care. This deficient practice is likely to affect the dignity and health of the residents. The findings are:R #1A. Record review of R #1's admission Record revealed R #1 was admitted to the facility on [DATE] with the following diagnoses: 1. Fracture of pelvis (a basin-shaped complex of bones that connects the trunk of a person's body to the legs), 2. Fracture of left pubis (the lower, left part of the hip bone). B. Record review of R #1's admission Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff) dated 08/16/25, revealed the following: 1. A Brief Interview for Mental Status (BIMS; a screening for cognitive impairment) score of 14, cognitively intact.2. R #1 requires substantial to maximal assistance to shower or bathe. C. On 09/02/25 at 9:51 am during an interview with R #1, she stated she has not had a shower or a bath since she was admitted to the facility. R #1 stated she remembers being offered a bath one time, but she had just finished therapy and was tired, so she refused (date unknown). D. Record review of the facility's shower schedule, no date, revealed R #1 is scheduled for a shower on Mondays, Wednesdays, and Fridays. E. Record review of R #1's survey documentation report for the month of August 2025 revealed the following: 1. R #1 refused to be showered on 08/20/24 and on 08/22/25. 2. R #1 was showered with one-person physical assistance on 08/27/25. 3. The survey documentation report did not contain any documentation to show R #1 was offered or assisted with a bath or shower for six days from 08/14/25 (admission) to 08/20/24. 4. The survey documentation report did not contain any documentation to show R #1 was offered or assisted with a bath or shower for five days from 08/22/25 to 08/27/25. F. Record review of R #1's shower sheet dated 08/14/25 revealed R #1 refused to be showered. G. On 09/02/25 at 11:15 am during a follow-up interview with R #1, she stated she does not remember being assisted with a shower since being admitted to the facility. R #1 stated that if they did assist her with one shower, that is still not enough because she likes to shower every day but understood that three times a week while at the facility would be sufficient. H. On 09/02/25 at 11:02 am during an interview with the Administrator (ADM), she confirmed according to the facility's documentation, R #1 has only received one shower since being admitted to the facility. The ADM stated that she expects the shower schedule to be followed. R #2 I. Record review of R #2's admission Record revealed R #2 was admitted to the facility on [DATE] with the following diagnoses: 1. Acute and chronic combined systolic and diastolic heart failure (a condition where the heart's ability to pump blood is compromised),2. Muscle wasting and atrophy (loss of muscle mass and strength) of left ankle, right thigh, left thigh, right lower leg, left lower leg, right ankle, and right foot, 3. Need for assistance with personal care.J. Record review of R #2's quarterly Minimum Data Set, dated [DATE], revealed the following: 1. BIMS score of 15, cognitively intact.2. R #2 requires substantial to maximal assistance to shower or bathe. K. On 09/02/25 at 10:04 am during an interview with R #2, she stated there are times where she doesn't get showered as scheduled. L. Record review of the facility's shower schedule, no date, revealed R #2 is scheduled for a shower on Tuesdays, Thursdays, and Saturdays. M. Record review of R #2's survey documentation report for the month of August 2025 revealed the following: 1. R #2 was showered 08/02/25, 08/05/25, 08/12/25, 08/17/25, 08/19/25, 08/28/25, and 08/30/25. 2. R #2 refused to be showered on 08/14/25 and 08/21/25. 3. The survey documentation report did not contain any documentation to show R #2 was assisted with a bath or shower for seven days from 08/05/25 to 08/12/25. 4. The survey documentation report did not contain any documentation to show R #2 was assisted with a bath or shower for seven days from 08/21/25 to 08/28/25. R #3N. Record review of R #3's admission Record revealed R #3 was admitted to the facility on [DATE] with the following diagnoses: 1. Unspecified dementia2. Adult failure to thrive3. Need for assistance with personal careO. Record review of R #3's quarterly Minimum Data Set, dated [DATE], revealed the following: 1. BIM score of 07, severe impairment.2. R #3 requires partial to moderate assistance to shower or bathe. P. Record review of the facility's shower schedule, no date, revealed R #3 is scheduled for a shower on