STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325120	A. Building B. Wing	04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fort Bayard Medical Center	41 Fort Bayard Road Santa Clara, NM 88026

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure a resident was treated with respect and dignity for 1 (R #13) of 1 (R #13) resident reviewed for neglect when staff failed to stay with the resident until she felt comfortable. This deficient practice could likely create a feeling of frustration, anxiety, and disappointment. The findings are:A. Record review of the Facility's Initial Incident Report dated 03/11/26, revealed R #13 needed her portable oxygen tank to be refilled. CNA #8 filled R #13's oxygen tank and returned it to R #13. R #13 stated that the oxygen was not working properly. R #13 stated that CNA #8 left without ensuring that the oxygen was working properly. B. Record review of R #13's admission record, no date, revealed R #13 was admitted to the facility on [DATE]. C. Record review of R #13's nursing progress notes, dated 04/05/26, revealed R #13 passed away on 04/05/26. D. On 04/08/26 at 11:39 AM, during an interview, CNA #8 stated R #13 had pushed her call light because she was ready to go to an activity. CNA #8 stated R #13's portable oxygen tank needed to be refilled. CNA #8 refilled R #13's oxygen and returned it to the resident. CNA #8 stated R #13 reported that the oxygen was not flowing. CNA #8 stated she confirmed the oxygen was flowing. However, R #13 was still insisting the oxygen was not flowing. CNA #8 stated she left R #13 to inform the nurse that R #13 was concerned her oxygen was not flowing. CNA #8 stated that she did not return to the resident's room after she spoke with the nurse to ensure the resident was comfortable and the issue was resolved. E. On 04/08/26 at 1:42 PM, during an interview with the DON, she stated her expectation is CNA #8 should have stayed with R #13 until she was comfortable that her oxygen was flowing properly.

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