

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2025
NAME OF PROVIDER OR SUPPLIER Artesia Healthcare & Rehabilitation Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1402 West Gilchrist Ave Artesia, NM 88210	

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)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to report an incident of abuse to the State Survey Agency for 1 (R #1) of 1 (R #1) resident reviewed for abuse. If the facility fails to report incidents of possible abuse to the State Agency, then the State Agency is unable to ensure residents have a safe environment. The findings are:</p> <p>A. Record review of R #1's quarterly Minimum Data Set (MDS) assessment dated [DATE] section C revealed a Brief Interview for Mental Status (BIMS) score of zero (significant impairment).</p> <p>B. Record review of a grievance report dated 05/25/25 revealed staff reported an allegation of possible sexual assault on R #1 from R #2.</p> <p>C. Record review of the New Mexico Health Care Authority (HCA) complaints intake revealed HCA had not received a report from the facility regarding the allegation of possible resident sexual abuse for the grievance report dated 05/25/25.</p> <p>D. On 06/03/25 at 9:25 am during an interview, Housekeeper (HK) #1 confirmed she was told by another staff that R #2 was seen kissing R #1. HK stated she was concerned because R #1 is vulnerable and cannot defend or speak for herself. HK reported her concerns to the Social Worker (SW).</p> <p>E. On 06/03/25 at 10:03 am during an interview, the Social Worker (SW) confirmed she received a grievance from staff on 05/25/25. The SW confirmed R #1 cannot communicate verbally and does not have the ability to defend herself if needed. SW stated R #2 denied the allegation and R #1 looked at SW. The SW stated she did report the allegation to the Administrator.</p> <p>F. On 06/03/25 at 10:08 am during an interview with the Administrator (ADM), he confirmed he is the Abuse Coordinator. ADM stated he did not believe that sexual abuse had occurred and did not believe that the allegation needed to be reported to the State Agency.</p>

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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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on record review and interview, the facility failed to complete a thorough investigation for allegations of abuse for 1 (R #1) of 1(R #1) resident reviewed for abuse. If the facility is not completing an accurate and thorough investigation for an allegation of abuse and submitting the summary of the facility's investigation to the State Agency, then the State Agency is unable to appropriately triage (review) the allegation for further investigation. The findings are:</p> <p>A. Record review of a grievance report dated 05/25/25 revealed:</p> <ol style="list-style-type: none"> 1. Staff reported an allegation of possible sexual assault on R #1 from R #2. 2. R #2 denied the allegation and R #1 looked at the SW. 3. The administrator was informed of the allegation. 4. Follow/up Action taken stated Final outcome, no sign of abuse was detected. <p>B. On 06/03/25 at 10:03 am during an interview, the Social Worker (SW) confirmed she received a grievance from staff on 05/25/25. The SW confirmed R #1 cannot communicate verbally and does not have the ability to defend herself if needed. SW stated R #2 denied the allegation and R #1 looked at SW. The SW stated she did report the allegation to the Administrator.</p> <p>C. On 06/03/25 at 10:08 am during interview with the Administrator (ADM), he confirmed a thorough investigation of the allegation was not done and should have been.</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>Based on record review and interview, the facility administrator failed to report and thoroughly investigate an allegation of sexual assault. This deficient practice could affect all 46 residents residing in the facility according to the daily census provided by the Administrator (ADM) on 06/03/25. If the facility is not thoroughly reporting and investigating allegations of sexual assault, then residents are at a higher risk of being abused, neglected, or mistreated. The findings are:</p> <p>A. Record review of a grievance report dated 05/25/25 revealed staff reported an allegation of possible sexual assault on R #1 from R #2 to the Social Worker (SW).</p> <p>B. On 06/03/25 at 10:03 am during an interview, the SW confirmed she received a grievance from staff on 05/25/25 reporting an allegation of sexual assault on R #1. The SW stated she did report the allegation to the Administrator (ADM) on 05/25/25.</p> <p>C. Record review of the New Mexico Health Care Authority (HCA) complaints intake revealed HCA had not received a report from the facility regarding the allegation of possible resident sexual assault.</p> <p>D. On 06/03/25 at 10:08 am, during an interview with the ADM, he stated that he did not report the allegation of sexual assault because we can't have too many dings against us. The ADM confirmed he was aware of the allegation and chose not to report it to the State Agency.</p>