

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325129	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2026
NAME OF PROVIDER OR SUPPLIER Desert Springs Health Care LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1701 N Turner Street Hobbs, NM 88240	
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 - Actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to prevent an accident for 1 (R #81) of 3 (R #4, R #37, and R #81) residents reviewed for falls when staff failed to provide the required assistance during personal care resulting in R #81 falling from her bed. This deficient practice resulted in R #81 sustaining a fractured (broke) femur (thigh bone) and a fractured finger. The findings are:A. Record review of R #81's admission Record revealed she was admitted to the facility on [DATE] with the following diagnoses:1. Chronic, systolic (congestive) heart failure (impaired heart function),2. Major depressive disorder (a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life),3. Morbid (severe) obesity (severely overweight),4. Type 2 diabetes mellitus (DM2, a condition that results from insufficient production of insulin, causing high blood sugar),5. Muscle weakness generalized (reduction in the power exerted by muscles).B. Record review of R #81's care plan revised on 06/03/25 revealed R #81 needs two-person assistance (assistance by two staff members) for the following activities of daily living (ADL; activities related to personal care such as bathing, showering, dressing, walking, toileting, and eating):1. Bathing and showering,2. Bed mobility,3. Dressing,4. Toilet use,5. Transfers, using a Hoyer lift (a device designed to help staff move a resident from one place to another within a room or from one position to another).C. Record review of R #81's progress notes dated 12/27/25 revealed R #81 was in her room with her husband and requested a bed bath. R #81 fell from her bed while getting a bed bath, had a laceration (a wound produced by tearing) on her left pinky finger and complained of pain to her left arm, leg, and hip. R #81 was sent via ambulance to a local hospital for evaluation where she was diagnosed with a displaced oblique fracture (where the bone breaks at an angle) along the distal aspect of the femur (the lower end of the bone) and a displaced fracture (a break where the bone fragments have moved and are not aligned) of the middle phalanx of the fifth finger (pinky finger).D. On 01/29/26 at 1:18 pm, during an interview with Certified Nurse Aide (CNA) #2, he stated that on 12/27/25 he was called to R #81's room where she was lying in her bed demanding a bed bath. CNA #2 stated he greeted R #81 and R #81's husband and then assisted R #81 with a bed bath. During this bed bath, CNA #2 stated he was on one side of the bed, completing the bed bath when R #81 rolled to the opposite side of the bed and he was unable to stop her from rolling out of the bed and she fell to the floor. CNA #2 stated that he assisted R #81 without a second staff because he was unaware that R #81 required two-person assistance.E. On 01/29/26 at 1:37 pm, during an interview with the Director of Nursing (DON), she stated she expects residents who require two-person assistance to receive assistance from two staff members, following the care plan. The DON stated CNA #2 should have been told that R #81 requires two-person assistance when he received report from the nurse at the beginning of his shift.F. Record review of R #81's hospital documentation dated 01/05/26 revealed the following:1. R #81 was admitted to the hospital for femoral fracture and left fifth</p> <p>(continued on next page)</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
-----------------------------------------------------------------------	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325129	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2026
NAME OF PROVIDER OR SUPPLIER Desert Springs Health Care LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1701 N Turner Street Hobbs, NM 88240	
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 - Actual harm Residents Affected - Few	digit fracture.2. R #81 underwent surgery to repair the fractures on 12/29/25.G. On 01/29/26 at 2:30 pm, during an interview with the Administrator (ADM), she confirmed that R #81 was transferred to a rehabilitation facility (a facility designed to help people recover and regain abilities after an injury or surgery) after being discharged from the hospital and has not returned to the facility yet.		