STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325129	A. Building B. Wing	11/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Springs Health Care	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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. 50207 Based on record reviews and interview, the facility failed to ensure staff assessed residents who utilized bed rails for 5 (R #21, R #25, R #27, R #31, and R #39) residents review for risk of entrapment (an event in which a resident is caught, trapped, or entangled in the space in or about the bed rail) for bedrails. If the facility fails to assess the resident's risk for entrapment, then residents are likely to experience injury by becoming trapped between the mattress and the bedrail. The findings are: A. Record reviews for the five residents who utilized bed rails revealed staff reviewed the risks and benefits of bed rails but did not complete bedrail assessments for the residents. B. Record reviews for the five residents who utilized bed rails revealed staff did not attempt to use appropriate alternatives to bed rails or determine if the alternatives met the residents needs by not completing bed rail assessments for the residents. B. On 11/20/24 at 12:16 pm, during an interview with the Director of Nursing (DON), she stated staff did not complete bedrail assessments. The DON stated consent forms for the use of bedrails were completed, but she did not realize staff had to complete a separate bedrail assessment.

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 11/20/2024
NAME OF PROVIDER OR SUPPLIER Desert Springs Health Care		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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. 49827 Based on observation and interview, the facility failed to post nurse staffing data on a daily basis that included the following: a. Facility name. b. The current date. c. The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: i. Registered nurses. ii. Licensed practical nurses. iii. Certified nurse aides. iv. Resident census. This deficient practice could likely result in resident not knowing the staf working. The findings are: A. On 11/16/2024 at 1:15 pm, during an observation there was no nurse staff posting for the day at the main nurses station. Observation of the nurses station in the 100 hall, staff posting available at nurses station was dated 09/26/2024. B. On 11/16/2024 at 1:19 pm, during an interview, LVN (licensed vocational nurse) # 1 she attempted to find the posting display frame located at the nurses station and it was empty. She stated staff did not post the nurse staffing information for that day at the main hall nurses station in the display as they should be doing. B. On 11/16/2024 at 1:22 pm, during an interview, RN (registered nurse)#1 stated the nurse staffing information in the 100 hall was outdated with a date of 09/26/2024. 50207