

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325133	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/07/2025
NAME OF PROVIDER OR SUPPLIER  Welbrook Senior Living, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  201 Nelson Avenue Farmington, NM 87401	

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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>51919</p> <p>Based on observation, record review, and interview, the facility failed to ensure the medication error rate did not exceed 5 percent (%) for 1 (R #15) of 1 (R #15) residents reviewed during medication administration, when staff administered two out of 28 medications late, which resulted in a medication error rate of 7.14%. If medications are administered late, then residents are likely to experience less than optimal results from their medication regimen. The findings are:</p> <p>A. Record review of R #15's Physician Orders, dated 03/05/25, revealed the following:</p> <ul style="list-style-type: none"> <li>- Capsaicin external cream 0.075 % (medicated pain reliever cream.) Apply a small amount to painful areas topically at 7:30 am.</li> <li>- Erythromycin base oral tablet (antibiotic), 250 milligrams (mg.) Give one tablet by mouth for gastroparesis (when stomach is slow to empty of food) at 7:30 am.</li> </ul> <p>B. On 03/05/25 at 8:50 am during observation of a medication pass, Certified Medication Aid (CMA) #1 administered the following morning medications to R #15:</p> <ul style="list-style-type: none"> <li>- Capsaicin external cream 0.075 %.</li> <li>- Erythromycin base oral tablet, 250 mg.</li> </ul> <p>C. On 03/05/25 at 8:53 am, during an interview, CMA #1 stated she administered the morning medications for the East Hall late, because her manager asked her to cover for a Certified Nursing Assistant (CNA) who called out in [NAME] Hall.</p> <p>D. On 03/05/25 at 11:06 am, during an interview, the Director of Nursing Services (DNS) stated she expected CMA #1 to administer R #15's morning medications within a two-hour period, one hour before to one hour after the time stated on the resident's orders.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51919</p> <p>Based on observations, interviews and record review, the facility failed to ensure Nurses and Certified Medication Aids (CMAs) dated opened insulin (a medication prescribed to help the body turn food into energy and manages blood sugar levels) vials and discarded them within 28 days of opening date for 1 (R #20) of 1 (R #20) resident reviewed. This deficient practice is likely to result in R #20 receiving medications that are less effective or expired in the facility. The findings are:</p> <p>A. On [DATE] at 10:04 am, during observation of the East Hall medication cart, a Humulin R insulin (a short-acting insulin), 100 units/milliliter (ml) multiple-dose vial was opened and dated [DATE]. The insulin vial belonged to R #20.</p> <p>B. Record review of the manufacturer's instructions for Humulin R insulin multiple dose vial, dated 2023, revealed staff were instructed to throw away all opened vials after 28 days of use, even if there was insulin left in the vial.</p> <p>C. Record review of R #20's Physician Orders, dated [DATE], revealed R #20 had an active order to receive Humulin R insulin.</p> <p>D. On [DATE] at 10:04 am, during an interview, CMA #1 stated she should have discarded the opened Humulin R insulin vial within 28 days of the opening date.</p> <p>E. On [DATE] at 10:20 am, during an interview, the Director of Nursing Services (DNS) stated staff must date the opened Humulin R insulin vial and discard it within 28 days of the opening date.</p>		