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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 325114 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/04/2020 |
| NAME OF PROVIDER OF SUPPLIER HEARTLAND CONTINUING CARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP 1604 WEST 18TH STREET PORTALES, NM 88130 | |
| 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 0610 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview the facility failed to submit a 5-day follow-up investigation, after reporting a death on [DATE] to the state survey agency, for 1 (R #4) of 1 (R #4) incident reports reviewed. This failure could likely lead to residents continuing to have adverse events if the facility is not thoroughly investigating to determine the cause. The findings are: A. Record review of a State Agency Health Facility Incident Report dated [DATE] for R #4 revealed, Laying, in bed, unresponsive. This nurse assessed the resident, no respirations noted, no heartbeat, no blood pressure and no palpable and auscultate heart tones. Pronounced at 1:40. B. On [DATE] at 3:50 pm, during an interview, the Director of Nursing (DON) stated that before the last survey we (facility staff) thought we had to report every death, and I didn't do 5 day follow ups because the resident died and I put everything on the main report. The DON further stated that R #4's death was expected and (the Resident) was on Hospice. | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.