

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 03/12/2020
NAME OF PROVIDER OF SUPPLIER ARTESIA HEALTHCARE & REHAB CENTER LLC		STREET ADDRESS, CITY, STATE, ZIP 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)		
F 0573 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Let each resident or the resident's legal representative access or purchase copies of all the resident's records. Based on record review and interview the facility failed to provide 1 (R #3) of 1 (R #3) residents reviewed for the ability to receive their medical records. By not providing the resident with his/her medical record, the facility is not supporting resident's right to access their record, and this could likely prevent R #3 from knowing about his medical care and obtaining necessary services. The findings are: A. Record review of R #3's medical record revealed, a note dated 01/14/19 as follows: I am requesting medical records for (name of resident) who was a patient at your facility from 11-15-18 to 11-22-18. I am the medical power of attorney (POA) for (name of resident), as a copy is included, as is my ID (identification). Please fax to . Thanks for you time. B. Record review of the medical record for R #3 revealed, no documentation to verify his medical record was faxed, mailed or delivered to the POA. C. On 03/11/20 at 1:23 pm, during a phone interview, R #3's Family Member #2, stated I am not sure where the complaint would go at this time because she passed away in February of this year. As far as I know the medical record was never received. D. On 03/11/20 at 1:30 pm, during an interview, the Director of Nursing (DON), stated that the only thing found in the medical record was the paper work requesting the medical record. The DON conceded that the facility had no documentation to confirm the POA received the medical record.		
F 0626 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to re-admit 1 (R #8) of 1 (R #8) residents back to the facility after being sent to the hospital for evaluation and treatment. This deficient practice is likely to result in a resident experiencing anxiety, confusion and despair over not being allowed to return to their residence. The findings are: A. Record review of facility face sheet dated 03/09/20 for R #8 revealed that she was admitted on [DATE], admitting [DIAGNOSES REDACTED]. B. Record review of facility readmission policy dated 2017 states, Residents who have been discharged to the hospital or for therapeutic leave will be given priority in readmission to the facility. C. Record review of facility daily census reports for the month of September revealed that the census dropped from 50 residents on 09/01/19 to 46 residents on 09/30/19. D. Record review of facility progress notes for R #8 revealed the following: 1. 9/19/2019 22:00 Nurses Notes Note Text: Patient called bell, attended by Nurse. Vital signs BP (blood pressure) 136/75, PR (pulse) 104, RR (respirations) 24 Temp 99.0 F O2 sat (oxygen saturation) at 89% on 3LPM/NC (liters per minute on nasal cannula) Oxygen concentrator. Patient appeared to be flushed looking, coughing for 1 week and getting worst, lung fields auscultated (listened to), diminished sounds and wheezing bilaterally (both sides). She also complaints (sic) of diaphragmatic (chest) pain 10/10 due to coughing and unable to sleep. [MEDICATION NAME] 500mg/tab (Pain medication) 1 tab PRN (as needed) given as ordered. Nurse called (name) CNP (Certified Nurse Practitioner) at this time informing of patient's above symptoms. . ordered as ff: 1. [MEDICATION NAME] nebulization (relaxes muscles in the airways) 1 neb q (every) 4 hours for 5 days, then PRN. 2. [MEDICATION NAME] (antibiotic) 100mg/tab 1 tab BID (twice daily) for 10 days. 3. [MEDICATION NAME] (used to try to help cough out phlegm from the airways) ER (extended release) 600mg/tab 1 tab q 12 hours for 10 days, then PRN. Patient started and given [MEDICATION NAME] nebulization 1 neb, [MEDICATION NAME] 100mg/tab 1 tab and [MEDICATION NAME] 600mg/tab as ordered. Instructed to call DR. (name) if patient continues to worsen for advise to go to Hospital. 2. 9/20/2019 12:41 Nurses Notes Note Text: Upon shift change resident continues to decline. Noted increased sob (shortness of breathe) and c/o (complaints of) of difficulty breathing. Face flushed Notified CNP and orders to send resident to (Hospital #1). Notified family and DON (director of nursing). Ambulance arrived at 7:15 and transferred to (Hospital #1) per stretcher. E. On 03/10/20 at 3:20 pm, during an interview the complainant (case manager at out-of-state hospital) stated, Oh, it's been a while since that issue. R #8 lived at that facility for four years before she came to us. I can't remember why she came to us. When it was time for her to return to the facility, I called and talked to the admissions coordinator, who referred me to the (prior) DON, who stated that they were not able to meet the residents' needs, based on her having low staffing levels and her having a LifeVest (automated cardiac defibrillator). We offered training to the facility; they would only need to charge the batteries for the device, essentially. The DON stated that she could return without the vest; I spoke to the resident and she agreed. On the 27th of September the (prior) DON called and stated that she was critically low / understaffed and would not be able to meet the needs of the resident. The resident really wanted to go back to (name of town), since family was there, however, due to denial, a referral was made to (alternate facility) where she was accepted and now resides. F. Record review of LifeVest website (https://lifevest.zoll.com) revealed that there was no specialized training required. That the device was an automated cardiac defibrillator, it monitors the patient's heart continuously, and if the patient goes into a life-threatening arrhythmia (abnormal rhythm), the LifeVest delivers a shock treatment to restore the patient's heart to normal rhythm. G. On 03/09/20 at 2:20 pm, during an interview with the Director of Nursing (DON), stated, R #8 was denied readmission to the facility (facility name) by the prior DON due to not being able to meet her needs, with her wearing a lifevest. She said that there was a training we needed to get, and that it wasn't going to be available anytime soon, so she decided not to readmit her. H. On 03/09/20 at 4:45 pm, during an interview with Social Services Director, she stated, During the time that R #8 was transferred and tried to readmit, the facility was low on Certified Nursing Aides (CNA's). The DON at that time (name) said that there was required specialized training that was needed and wasn't going to be available anytime soon. She said that we weren't going to be able to meet the needs of the resident, and therefore wouldn't readmit her. I. On 03/10/20 at 10:05 am, during an interview with the Administrator he stated, During the time of the readmission issue with R #8, (name) was the DON. She had stated that the facility would not be able to meet the needs of the resident. She was the clinical director and I was still new to the facility and relied on her clinical advice. R #8 was sent to (alternate facility), I believe. We were short staffed and did not know how we would meet the needs of the resident, we had been having issues with the financial state that the company had put us in, this was more of a clinical decision. I was on suspension during that time, and therefore did not make the decision to not readmit her to the facility. J. Three attempts were made to contact the prior Director of Nursing (DON) 03/10/20 at 9:24 am, 03/10/20 at 2:21 pm, and again on 03/11/20 at 9:37 am. A message was left with contact information on all occasions, and no return call was received.		
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.