

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 325077	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2018
NAME OF PROVIDER OF SUPPLIER CLOVIS HEALTHCARE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 1201 NORTH NORRIS STREET CLOVIS, NM 88101	
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 0600 Level of harm - Actual harm Residents Affected - Few	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** ></p> <p>Based on record review and interview the facility failed to ensure a resident was free from neglect by not providing ongoing assessment for a change in condition, for 1 (R#1) of 6 (R #1, #2, #3, #4, #5 and #6) residents reviewed for neglect. This failure to provide on-going assessment potentially caused R #1's closed, non-operatively repairable left femur (bone of the thigh) fracture (broken bone) becoming an open (coming through the skin) fracture and subsequently requiring the left leg to be amputated (removed surgically) above the knee. The findings are:</p> <p>[NAME] Record review of facility face sheet revealed R #1 was admitted to on 04/18/18. Admission [DIAGNOSES REDACTED]. R #1 was discharged from the facility on 05/24/18.</p> <p>B. Record review of Progress Notes dated 04/19/18 at 3:04 am revealed, Skilled Services: Skilled Nursing; . Nursing Observation: Skilled nursing and observation: Skilled nursing: Immobilizer management, Pain management, Assistance with ADL's (activities of daily living) and bed mobility. Observations: Resident alert, oriented (times 3) x 3 with intermittent confusion noted, she is able to make needs known. Immobilizer in place to left leg from ankle to upper thigh. Toes are warm, cap (capillary) refill is brisk, sensation intact. Resident complains of pain often to bilateral legs .R #1 requires two-person Hoyer (a mechanical device for lifting and moving patients) lift for transfers. Denies further needs or concerns at this time, will continue to monitor. Action/nursing interventions: Monitored immobilizer to left leg .</p> <p>C. Record review of Progress Note dated 05/16/18 at 1:15 pm revealed Resident has increased discomfort noted and bony prominence more apparent at the knee PRN (as necessary) Tylenol and [MEDICATION NAME] (medications for pain) given per order at resident request. Staff to ensure flexion restricted at all times immobilizer in place at all times. Will continue to monitor.</p> <p>D. Record review of Progress Notes date 05/22/18 at 3:47 pm revealed, Note: R #1 had large bowel movement this afternoon soiling her immobilizer- immobilizer sent to be cleaned - replaced with another immobilizer- this nurse was called to residents' room to assess, noted small open area to right knee that appears as if fractured un-repaired bone pierced skin, area noted to be draining copious (large in quantity) amount of purulent (containing pus) drainage, (name of facility medical director) notified with new order received for treatment to area. This nurse called (name of orthopedic surgeon) office and left message for (office) nurse to return call - awaiting return call at this time.</p> <p>E. Record review of Surgical Physician Documentation from (name of out of state hospital) dated 05/25/18 revealed .INDICATIONS: The patient is an [AGE] year-old female, demented (suffering from dementia), non-ambulatory, that had previously had a left distal third, cv(part of the femur below the knee) more of a supracondylar oblique femoral shaft fracture (Supracondylar femoral fracture (also called a distal fracture) is when the thigh bone, or femur, is broken at the knee), which was originally treated non-operatively in a knee immobilizer. Due to her lack of mobilization and ability to verbalize her discomfort, the distal spike converted the fracture to open which was opened yesterday. After a long discussion with the patient's family who was trying to determine whether non-operative in hospice care versus operative above the knee amputation, it was elected to proceed with amputation .</p> <p>F. Record review of Progress Notes dated 05/16/18 to 05/22/18 there is no evidence that the bony prominence more apparent at the knee was monitored or assessed during these six (6) days.</p> <p>[NAME] On 08/29/18 at 2:40 pm during a phone interview the Director of Nursing (DON), Administrator (ADM) and Assistant Director of Nursing (ADON), the ADON stated On the prominent boney part (progress note 05/16/18),it was only prominent if you moved it for cleaning it. DON stated During the period 05/16/18 thru 05/22/18 several different nurses during several shifts provided care, no changes were noticed and no progress notes were made. The DON further stated that the facility had given us all documentation, nursing and physician progress notes [REDACTED].</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.