STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325128	A. Building B. Wing	12/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Artesia Healthcare & Rehabilitation Center, LLC	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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. Based on record review and interview, the facility failed to report the results of all investigations to the State Survey Agency within five working days of an incident for 1 (R #1) of 4 (R #1, R #2, R #3 and R #4) residents reviewed for abuse or neglect. If the facility is not submitting the summary of the facility's investigation to the State Survey Agency, then the State Survey Agency is unable to appropriately triage (review) the allegation for further investigation. The findings are:A. Record review of the facility's list of reportable incidents revealed an incident for R #1 dated 11/13/25. B. Record review of the facility's five-day report revealed the following: 1. The investigation was completed2. There was no evidence that the results of the investigation was submitted to the state Survey Agency withing 5 working days of the incident. E. On 12/11/25 at 2:02 pm, during an interview with the Administrator (ADM) she confirmed it is the facility's responsibility to submit a five day follow up report with the results of the investigation to the state survey agency. She could not confirm the results of the investigation regarding the incident with R #1 on 11/13/25 had been submitted to the State Survey Agency.

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