

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325092 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/27/2024 |
| NAME OF PROVIDER OR SUPPLIER New Mexico State Veterans Home | | STREET ADDRESS, CITY, STATE, ZIP CODE 992 South Broadway Truth OR Consequence, NM 87901 | |

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 0572</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Give residents a notice of rights, rules, services and charges.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41755</p> <p>Based on record interview, observation, and record review, the facility failed to ensure residents were aware of changes to their rights for 2 (R #69 and R #256) of 3 (R #48, R #69 and R #256) resident reviewed for smoking. If the facility does not inform residents of their rights, then residents are likely to be unaware of their rights offered at the facility. The findings are:</p> <p>A. Record review of the facility's Smoking Policy, dated 01/22/24 revealed:</p> <ol style="list-style-type: none"> Smoking is not a resident right, it is a privilege extended to residents. The privilege can be revoked for unsafe practices, non-adherence to the policies or the facility becoming a non-smoking facility. Upon admission staff will acclimate residents to smoking areas and hand them the smoking schedule. Upon admission and duration of stay, residents will give all smoking items to the nurse and at no time will a resident have their cigarettes/cigars or lighter on their person. <p>R #69</p> <p>B. Record review of R #69's admission record revealed an admitted [DATE].</p> <p>C. Record review of R #69's annual Minimum Data Set assessment (MDS; a standardized, comprehensive assessment of an adult's functional, medical, psychosocial, and cognitive status), dated 10/06/24, revealed a Brief Interview for Mental Status (BIMS; screening tool used to identify a resident's current cognitive function) evaluation score of 15, cognitively intact.</p> <p>D. Record review of the facility's smokers list (provided by the executive secretary) revealed:</p> <ol style="list-style-type: none"> R #69 may travel to other smoke locations as they please <p>(continued on next page)</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 |
|---|-------|-----------|

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325092 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/27/2024 |
| NAME OF PROVIDER OR SUPPLIER New Mexico State Veterans Home | | STREET ADDRESS, CITY, STATE, ZIP CODE 992 South Broadway Truth OR Consequence, NM 87901 | |
| 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 0572</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>E. On 11/20/24 at 9:48 AM, during an interview, R #69 stated he was no longer allowed to keep his cigarettes and a lighter, and they are locked up. R #69 stated that facility staff took his smoking items (unknown date) and locked them up. R #69 stated he did not have a copy of the smoking schedule and was not offered to smoke in other areas or at other times. R #69 stated I feel like I am being treated like a child. I'm responsible. I should be able to keep my own cigarettes and smoke on my own like I used to. I have never had any problems with that. I have been smoking since I was about [AGE] years old (smoker for [AGE] years) and now I have to wait hours to smoke.</p> <p>F. Record review of R #69's medical record revealed a signed copy of the smoking policy dated 10/18/24.</p> <p>G. Record review of CAMPUS SMOKING TIMES AND LOCATIONS (provided by executive secretary) revealed smoking times for R #69's housing unit as follows:</p> <ol style="list-style-type: none"> 1. 9:00 AM to 9:15 AM 2. 12:45 PM to 1:00 PM 3. 3:45 PM to 4:00 PM 4. 7:30 PM to 7:45 PM <p>H. Observation of R #69's housing unit revealed a smoking schedule was not posted and R #69 was not aware of smoking times at other areas of the facility.</p> <p>R #256</p> <p>I. Record review of R #256's admission record, no date, revealed an admitted [DATE].</p> <p>J. Record review of R #256's admission MDS assessment, dated 11/17/24, revealed a BIMS score of 10, moderate cognitive impairment.</p> <p>K. Record review of the facility's smokers list (provided by the executive secretary) revealed:</p> <ol style="list-style-type: none"> 1. R #256 may travel to other smoke locations as they please <p>L. On 11/21/24 at 11:28 AM, during an interview, R #256 stated he was not allowed to smoke unless the Smoke Aide came to take him to smoke. R #256 stated he does go out to smoke during the assigned smoking times for his housing unit. R #256 stated he lived at the facility three years ago and did not know why the smoking rules changed. R #256 stated he did not have a copy of the smoking schedule and staff have not offered for him to smoke in other areas or at other times.</p> <p>M. Record review of R #256's medical record revealed the record did not contain a signed copy of the smoking policy.</p> <p>N. Record review of CAMPUS SMOKING TIMES AND LOCATIONS (provided by executive secretary) revealed smoking times for R #69's housing unit as follows:</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325092 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/27/2024 |
| NAME OF PROVIDER OR SUPPLIER New Mexico State Veterans Home | | STREET ADDRESS, CITY, STATE, ZIP CODE 992 South Broadway Truth OR Consequence, NM 87901 | |

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 0572</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>1. 8:30 AM to 8:45 AM</p> <p>2. 12:15 PM to 12:30 PM</p> <p>3. 1:15 PM to 1:30 PM</p> <p>4. 7:00 PM to 7:15 PM</p> <p>O. Observation of R #256's housing unit revealed a smoking schedule was not posted and R #256 was not aware of smoking times at other areas of the facility.</p> <p>P. On 12/02/24 at 12:36 PM, during an interview with CNA #1, he stated he did not assist residents to go smoke and was not sure of smoking times. He stated he believed they start to smoke at 10:00 AM. CNA #1 was unable to locate a smoking schedule in the home.</p> <p>Q. On 12/02/24 at 3:07 PM, during an interview with the DON, he stated the smoking policy changed in January 2024. He stated the residents received the policy and signed it. The DON stated residents are not allowed to smoke without a Smoke Aide present.</p> |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325092 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/27/2024 |
| NAME OF PROVIDER OR SUPPLIER New Mexico State Veterans Home | | STREET ADDRESS, CITY, STATE, ZIP CODE 992 South Broadway Truth OR Consequence, NM 87901 | |
| 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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41755</p> <p>Based on observation, record review and interview, the facility failed to ensure care plan requirements were met for 11 (R #4, R #6, R #18, R #48, R #49, R #51, R #57, R #62, R #78, R #87 and R #256) of 14 (R #4, R #6, R #18, R #48, R #49, R #51, R #57, R #62, R #69, R #73, R #76, R #78, R #87 and R #256) residents reviewed for care plans when they failed to:</p> <ol style="list-style-type: none"> 1. Have the required Interdisciplinary Team (IDT, team members from different disciplines working collaboratively, with a common purpose, to set goals, make decisions and share resources and responsibilities) members participate in the care plan meeting for R #4, R #6, R #18, R #51, R #57, R #78, and R #87. 2. Ensure the care plan meeting was held within seven days of completion of the admission Minimum Data Set Assessment (MDS; a standardized, comprehensive assessment of an adult's functional, medical, psychosocial, and cognitive status) for R #256. 3. Revise the care plan with the most current resident information for R #48, R #49, R #51, and R #62. <p>These deficient practices could likely result in the care plan not being updated with the most current resident conditions and appropriate interventions, staff being unaware of changes in care provided, and residents not receiving the care related to changes in their health status or healthcare decisions. The findings are:</p> <p>IDT Team</p> <p>R #4</p> <p>A. Record review of R #4's care plan meeting note, dated 11/14/24, revealed the staff present for the meeting were RN/MDS Coordinator, Social Services, and Activities.</p> <p>R #6</p> <p>B. Record review of R #6's care plan meeting note, dated 11/07/24, revealed the staff present for the meeting were RN/MDS Coordinator, Certified Dietary Manager/Certified Food Protection Professional (CDM/CFPP)/Dietary, and Social Services.</p> <p>R #18</p> <p>C. Record review of R #18's care plan meeting note, dated 09/19/24, revealed the staff present for the meeting were RN/MDS Coordinator, social services staff, activities staff, dietary staff, and guide (lead CNA for R #18's home).</p> <p>R #51</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325092 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/27/2024 |
| NAME OF PROVIDER OR SUPPLIER New Mexico State Veterans Home | | STREET ADDRESS, CITY, STATE, ZIP CODE 992 South Broadway Truth OR Consequence, NM 87901 | |
| 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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>D. Record review of R #51's care plan meeting note, dated 09/05/24, revealed the staff present for the meeting were RN/MDS Coordinator, social services staff, activities staff, and dietary staff.</p> <p>R #57</p> <p>E. Record review of R #57's care plan meeting note, dated 09/12/24, revealed the staff present for the meeting were RN/MDS Coordinator, CDM/CFPP/Dietary, and social services.</p> <p>R #78</p> <p>F. Record review of R #78's care plan meeting note, dated 10/17/24, revealed the staff present for the meeting were RN/MDS Coordinator, CDM/CFPP/Dietary, and Social Services.</p> <p>R #87</p> <p>G. Record review of R #87's care plan meeting note, dated 10/24/24, revealed the staff present for the meeting were RN/MDS coordinator, dietary staff, activities, and social services staff.</p> <p>H. On 11/20/24 at 3:15 pm, during an interview, the MDS Coordinator said she invited Dietary, Social Services (SS), and Activities to the care plan meetings. The MDS Coordinator said the IDT team consisted of dietary, SS, MDS for nursing, and activities. The MDS Coordinator said she called the DON or ADON if needed. The MDS Coordinator said she got the most current resident information from the progress notes and sometimes talked to the guides if they had questions [each home had a person designated at the home to oversee and coordinate care at the house.] The MDS Coordinator said if she had questions, then she will ask the nurses or staff. The MDS Coordinator said the physician or medical director was not invited to the meetings.</p> <p>Care Plan timing</p> <p>R #256</p> <p>I. Review of R #256's medical record revealed the following:</p> <ol style="list-style-type: none"> 1. R #256 was readmitted to the facility on [DATE]. 2. R #256's admission MDS was completed on 11/20/24. <p>J. Record review of R #256's progress notes revealed the facility did not have a care plan meeting for the resident as of 12/02/24.</p> <p>Care Plan Revisions</p> <p>R #48</p> <p>K. On 11/19/24 at 10:52 AM, an observation and interview with R #48 revealed the following:</p> <ol style="list-style-type: none"> 1. R #48's legs were swollen. <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325092 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/27/2024 |
| NAME OF PROVIDER OR SUPPLIER New Mexico State Veterans Home | | STREET ADDRESS, CITY, STATE, ZIP CODE 992 South Broadway Truth OR Consequence, NM 87901 | |
| 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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>2. R #48 did not wear any compression stockings.</p> <p>3. R #48 said he had order for medication for the swelling in his legs.</p> <p>L. Record review of R #48's physician's orders revealed the following:</p> <ol style="list-style-type: none"> 1. An order dated 06/03/24 to 06/06/24, for furosemide [medication used to treat fluid retention (edema) and swelling caused by congestive heart failure, liver disease, kidney disease, and other medical conditions.] 40 mg once a day for edema to both legs. 2. An order dated 06/06/24, for furosemide, 20 mg once a day for edema to both legs. 3. An order dated 07/22/24 to 08/22/24, for furosemide, 40 mg once a day for 30 days for acute kidney failure. 4. An order dated 08/23/24 to 08/28/24, for furosemide, 40 mg once a day for five days for edema related to acute kidney failure. 5. An order dated 09/23/24 to 09/26/24, for furosemide, 40 mg twice a day for edema in both legs. 6. An order dated 09/26/24, for furosemide, 40 mg once a day for edema in both legs. 7. An order dated 10/15/24 to 10/17/24, for furosemide, 40 mg twice a day for three days for edema in both legs. 8. An order dated 11/06/24, for compression stockings (tighter than average socks. They gently squeeze your legs to help your blood flow back toward your heart) one time a day. 9. An order dated 11/08/24 to 11/18/24, for metolazone (medication used to treat fluid retention and swelling that is caused by congestive heart failure, kidney disease, or other medical conditions,) 5 mg in the morning for 10 days for edema. <p>M. Record review of R #48's care plan, revised 09/26/24, revealed the following:</p> <ol style="list-style-type: none"> 1. R #48's care plan did not include he had edema. 2. R #48's care plan did not include the interventions in place to alleviate his edema. <p>N. On 12/02/24 at 12:23 PM, an interview with LPN #17 revealed the following:</p> <ol style="list-style-type: none"> 1. R #48 had edema in both legs. 2. R #48's edema worsens when he sats in his wheelchair. Staff encourage him to elevate his feet. 3. R #48 had an order for compression stockings to alleviate edema. 4. R #48 had an order for furosemide for the edema in his legs. <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325092 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/27/2024 |
| NAME OF PROVIDER OR SUPPLIER New Mexico State Veterans Home | | STREET ADDRESS, CITY, STATE, ZIP CODE 992 South Broadway Truth OR Consequence, NM 87901 | |
| 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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>5. R #48 refused to elevate his legs or to wear his compression stockings.</p> <p>O. On 12/02/24 at 3:40 PM, during an interview with the DON, he confirmed the following:</p> <ol style="list-style-type: none"> 1. R #48's care plan did not include he had edema or any interventions in place to treat his edema. 2. R #48's care plan should have included R #48 had edema and the interventions in place to treat his edema. <p>R #49</p> <p>P. On 11/19/24 at 1:43 PM, an interview with R #49's resident representative revealed the following:</p> <ol style="list-style-type: none"> 1. R #49 fell two times on 09/29/24. 2. After the second fall on 09/29/24, R #49 was sent to the hospital. 3. R #49 fell on ce about two weeks (she did not remember the date.) <p>Q. Record review of R #49's progress note, dated 09/27/24 [date did not match the date R #49's resident representative stated], revealed R #49 fell , and staff did not note any injuries.</p> <p>R. Record review of R #49's progress note, dated 09/28/24, [date did not match the date that R #49's resident representative stated] revealed the following:</p> <ol style="list-style-type: none"> 1. R #49 had an unwitnessed fall and sat on the floor mat at the foot of his bed. 2. His bed was in the lowest position. 3. R #49 stated that he hit his head and had pain. 4. R #49 was sent to the hospital for evaluation. <p>S. Record review of R #49's progress note, dated 10/02/24, revealed staff found R #49 sitting on the floor in front of his wheelchair, and he did not have any injuries.</p> <p>T. Record review of R #49's progress note, dated 11/06/24, revealed the following:</p> <ol style="list-style-type: none"> 1. R #49 fell when he tried to get himself out of bed. 2. R #49 did not have any injuries. 3. R #49's floor mat was in place. 4. R #49's bed was in low position. <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325092 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/27/2024 |
| NAME OF PROVIDER OR SUPPLIER New Mexico State Veterans Home | | STREET ADDRESS, CITY, STATE, ZIP CODE 992 South Broadway Truth OR Consequence, NM 87901 | |
| 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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>U. Record review of R #49's physician order, dated 10/28/24, revealed an order for R #49's bed to be in the lowest position and a fall mat to be in place when R #49 was in bed.</p> <p>V. Record review of R #49's care plan, dated 10/01/24, revealed the following:</p> <ol style="list-style-type: none"> 1. R #49 was at risk for falls. 2. Staff were to evaluate R #49's fall risk. 3. R #49 was to have a fall mat in place by his bed. 4. Staff were to initiate fall risk precautions [Did not specify what the fall risk precautions were.] 5. R #49's care plan was not revised to include that R #49 had actual falls. 6. R #49's care plan was not revised to include the order for R #49's bed to be in the lowest position when in bed. <p>W. On 12/02/24 at 10:08 AM, an interview with CNA #16 revealed the following:</p> <ol style="list-style-type: none"> 1. R #49 was at risk for falls. 2. R #49 had a fall mat next to his bed. 3. R #49 had bed rails for support. 4. R #49's bed to be in the lowest position. 5. Staff checked on R #49 frequently to ensure he did not fall. 6. Staff tried to keep R #49 up in his chair and busy so he would not fall. <p>X. On 12/02/24 at 10:12 AM, an interview with LPN #16 revealed the following:</p> <ol style="list-style-type: none"> 1. R #49's was a fall risk. 2. Staff kept R #49 in the common area when he was in his wheelchair. 3. R #49 was restless and required staff to check on him every 30-45 minutes. 4. R #49's bed was supposed to be in the lowest position. 5. R #49 had a fall mat next to his bed. 6. R #49's care plan did not include R #49's actual falls on 09/27/24, 09/28/24, 10/02/24, and 11/06/24. <p>(continued on next page)</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325092 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/27/2024 |
| NAME OF PROVIDER OR SUPPLIER New Mexico State Veterans Home | | STREET ADDRESS, CITY, STATE, ZIP CODE 992 South Broadway Truth OR Consequence, NM 87901 | |
| 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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>7. R #49's care plan did not include the interventions to check on him frequently, keep him in the common area when in his wheelchair, and to keep his bed in the lowest position.</p> <p>Y. On 12/02/24 at 3:22 PM, during an interview with the DON, he confirmed the following:</p> <ol style="list-style-type: none"> 1. Staff did not document R #49's actual falls on his care plan. 2. Staff did not document on R #49's care plan that his bed should be in the lowest position, that he should be taken to the common area when he is restless, or the frequency that staff should check on R #49. 3. R #49's care plan should have been revised to include that he had actual falls and the interventions identified to prevent him from falling or injuring himself. <p>R #51</p> <p>Z. Record review of R #51's physician orders revealed the following:</p> <ol style="list-style-type: none"> 1. Order start date 08/21/24, order discontinue date 09/20/24: Left foot treatment, Hydrofera blue (powerful antibacterial wound dressing) with saline (sterile mixture of salt and water), betadine (topical antiseptic and germicide) painted around wound edges, betadine soaked 4 by (x) 4 (gauze measuring four inches by four inches,) dry 4x4, Kerlix (bandage roll), Ace (elastic bandage) wrapped, placed in Rooke (naturally warming boot used to treat and prevent skin breakdown) boot. 2. Order start date 09/11/24: left heel diabetic ulcer (open sore or wound on the foot of a person with diabetes), cleanse with wound cleanser, pat dry, apply collagen wound gel (wound treatment that promotes new tissue growth) to wound bed, cover with foam dressing (absorbent wound covering.) <p>AA. Record review of R #51's care plan, dated 08/21/24, revealed R #51 had a chronic ulcer to left foot; wound dressing, and left foot treatment to include Hydrofera blue with saline, betadine painted around wound edges, betadine soaked 4x4, dry 4x4, Kerlix, Ace wrapped, placed in Rooke boot.</p> <p>BB. On 12/02/24 at 4:21 PM, during an interview, the DON confirmed the wound care order for R #51 changed on September 11, 2024, and staff did not revise the care plan to reflect the current wound care order.</p> <p>R#62</p> <p>CC. Record review of R #62's admission documents, no date, revealed the following:</p> <ol style="list-style-type: none"> 1. R #62 was admitted to the facility on [DATE]. 2. R #62 had the following diagnoses: <ol style="list-style-type: none"> a. Bipolar Disorder (serious mental illness characterized by extreme mood swings, that can include extreme excitement episodes or extreme depressive feelings). b. Depression (mood disorder that causes a persistent feeling of sadness and loss of interest.) <p>(continued on next page)</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325092 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/27/2024 |
| NAME OF PROVIDER OR SUPPLIER New Mexico State Veterans Home | | STREET ADDRESS, CITY, STATE, ZIP CODE 992 South Broadway Truth OR Consequence, NM 87901 | |
| 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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>c. Dementia (term used to describe a group of symptoms affecting memory, thinking and social abilities.)</p> <p>d. Post-Traumatic Stress Disorder (PTSD, mental health condition that develops following a traumatic event characterized by intrusive thoughts about the incident, recurrent distress/anxiety, flashback, and avoidance of similar situations.)</p> <p>DD. On 11/19/24 at 10:12 AM, during an interview with R #62, he stated the following:</p> <ol style="list-style-type: none"> 1. The facility has not done anything for his mental health diagnoses or history of trauma. 2. Prior to coming to the facility, he used to receive therapy for his mental health diagnoses. 3. He would benefit from behavioral health services for his mental health diagnoses. <p>EE. Record review of R #62's physician's order, dated 08/14/24, for paroxetine, 20 mg one time a day for depression/anxiety (an emotion characterized by feelings of tension, worried thoughts, and physical changes like increased blood pressure.)</p> <p>FF. Record review of R #62's nursing progress note, dated 09/10/24, revealed the following:</p> <ol style="list-style-type: none"> 1. R #62 stayed in bed throughout the day shift. 2. R #62 refused lunch and refused to get out of bed. 3. R #62 stated he was giving up. 4. Staff contacted R #62's Power of Attorney (POA, the authority to act for another person in specified or all legal or financial matters) to talk to R #62 since he was feeling alone. 5. R #62's POA was going to speak to family about requesting a psychiatric consultation (a meeting with a psychiatrist to evaluate a patient's mental health and provide a diagnosis and treatment recommendations) for R #62. <p>GG. Record review of R #62's social service progress note, dated 09/11/24, revealed the following:</p> <ol style="list-style-type: none"> 1. The social worker was notified R #62 was depressed and done with life. 2. R #62 was not motivated and would barely talk to the social worker. 3. R #62 stated he did not believe in God. 4. R #62 stated he wanted to die. <p>HH. Record review of R #62's care plan, multiple dates, revealed the following:</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325092 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/27/2024 |
| NAME OF PROVIDER OR SUPPLIER New Mexico State Veterans Home | | STREET ADDRESS, CITY, STATE, ZIP CODE 992 South Broadway Truth OR Consequence, NM 87901 | |
| 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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>1. On 06/25/24, staff documented in R #62's care plan R #62 served in the United States Military. The team will utilize the information obtained from Military Service Tool to identify stressors or combat related injuries that may impact the Veteran emotionally and/or physically and will determine the best approach for team members to deliver individualized care to [sic].</p> <p>2. On 08/19/24, staff documented in R #62's care plan R #62's had an order for paroxetine for depression/anxiety.</p> <p>a. Interventions included:</p> <p>i. Administer medication as ordered.</p> <p>ii. Educate R #62 about risks, benefits, and side effects of the medication.</p> <p>iii. Monitor for adverse reactions to the medication.</p> <p>3. Staff did not document to monitor R #62 for the effectiveness of paroxetine.</p> <p>4. Staff did not document R #62's diagnoses of bipolar disorder and PTSD.</p> <p>5. Staff did not document to monitor behaviors related to R #62's mental health diagnoses.</p> <p>6. Staff did not document any non-pharmacological interventions to implement when R #62 shows symptoms of depression, bipolar disorder, or PTSD.</p> <p>II. On 12/02/24 at 11:49 AM, during an interview with LPN #16, the following was revealed:</p> <p>1. R #62 seems depressed occasionally.</p> <p>2. Staff try to get R #62 out of his room to keep him busy with activities.</p> <p>3. R #62 seems most depressed when he is in pain and will refuse to get out of bed.</p> <p>4. Staff provide R #62 pain medication.</p> <p>5. When R #62 refuses to get out of bed, staff notify the provider.</p> <p>6. Staff also notify the Chaplain or social worker to speak to R #62 when he is depressed.</p> <p>9. She confirmed that R #62's care plan did not include R #62 had diagnoses of bipolar disorder or PTSD.</p> <p>10. She confirmed the only interventions in R #62's care plan for his diagnosis of depression were to provide medication and monitor for side effects of the medication.</p> <p>11. She confirmed staff did not revise R #62's care plan to include the intervention to have the Chaplain or social worker speak to R #62 when he showed signs of depression.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325092 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/27/2024 |
| NAME OF PROVIDER OR SUPPLIER New Mexico State Veterans Home | | STREET ADDRESS, CITY, STATE, ZIP CODE 992 South Broadway Truth OR Consequence, NM 87901 | |
| 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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>JJ. On 12/02/24 at 1:15 PM, during an interview with the DON, he confirmed the following:</p> <ol style="list-style-type: none"> 1. R #62's mood fluctuated frequently. 2. R #62's care plan included that he took paroxetine for depression/anxiety. 3. He confirmed staff did not revise R #62's care plan to include the intervention to have the Chaplain or social worker speak to R #62 when he showed signs of depression. 4. R #62's care plan did not include his diagnoses of bipolar disorder order, PTSD, or any interventions in place for these diagnoses. <p>47510</p> <p>49313</p> | | |