STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325108	A. Building B. Wing	12/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casa Del Sol Center	2905 East Missouri Avenue Las Cruces, NM 88011

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41755 Based on record review and interview, the facility failed to inform residents when changes in coverage were made to items and services covered by Medicare and/or by Medicaid for 1 (R #2) of 3 (R #2, R #8, and R #56) residents reviewed for beneficiary notices when they failed to provide R #2 with Form CMS-10055-Skilled Nursing Facility (SNF) Advanced Beneficiary Notice (ABN) of Non-Coverage [form used to inform the beneficiary (resident) about potential non-coverage and the option to continue services with the beneficiary accepting financial liability for those services.] This deficient practice can likely result in confusion for the resident or their representative as to what services they receive or do not have financial coverage for under Medicare and/or Medicaid. The findings are: A. Record review of R #2's Electronic Medical Record revealed: 1. R #2 was admitted to the facility on [DATE] to continue skilled therapy services (Physical Therapy). 2. R #2 was discharged from Physical Therapy on 11/30/23 but would not be discharged from the facility. 3. R #2 was provided with Form CMS 10123-NOMNC (Notice of Medicare Non-Coverage; form given by the facility to all Medicare beneficiaries at least two days before the end of a Medicare covered stay) but not provided with Form CMS-10055 SNF ABN which reviewed the specific dollar amount for skilled services that R #2 would be liable to pay. B. On 12/18/23 at 3:43 PM, during an interview, the Business Office Manager (BOM) stated she did not provide R #2 with Form CMS-10055.

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

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 49313 Based on observation and interview, the facility failed to provide a comfortable and homelike environment for 1 (R #48) of 3 (R #3, R #37, and R #48) residents sampled for environment, when they failed to repaint the walls after repairs. This deficient practice could likely cause residents to feel like they are not living in a comfortable home-like environment and like they are not valued. The findings are: A. On 12/13/23 at 3:29 PM, an observation of R #48's room revealed 4 large white patches on two walls that did not match the paint on the rest of the wall. B. On 12/14/23 at 1:31 PM, during an interview, the Maintenance Director confirmed the wall near the side of bed and the wall next to the headboard of R #48's bed had been patched and not repainted.

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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. 41755 Based on record review and interview, the facility failed to ensure residents and their representatives received a written notice of transfer as soon as practicable for 1 (R #51) of 1 (R #51) residents reviewed for hospitalization . This deficient practice could likely result in the resident and/or their representative not knowing the reason or location the resident was transferred or discharged . The findings are: A. Record review of R #51's medical record revealed the following: 1) The facility transferred R #51 to the hospital on 11/08/23. 2) The record did not contain a written transfer notice. B. On 12/18/23 at 3:14 PM, during an interview, the Administrator confirmed the facility did not provide R #51 with a written notice of transfer.

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F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. 41755 Based on record review and interview, the facility failed to ensure residents or their representatives received a written notice of the bed hold policy which indicated the duration the bed would be held for 1 (R #51) of 1 (R #51) residents reviewed for hospitalization . This deficient practice could likely result in the resident and/or their representative being unaware of the bed hold policy upon return from the hospital. The findings are: A. Record review of R #51's medical record revealed the following: 1) The facility transferred R #51 to the hospital on 11/08/23. 2) The record did not contain a written notice of bed hold policy. B. On 12/18/23 at 3:14 PM, during an interview, the Administrator confirmed R #51 was not given a written notice of the bed hold policy at the time of transfer.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49313 Based on record review and interview, the facility failed to ensure the Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff) accurately reflected the resident's status at the time of the assessment for 1 (R #46) of 3 (R #1, R #46, and R #55) residents sampled for MDS accuracy. This deficient practice could likely result in residents not receiving the care and treatment they need. The findings are: A. Record review of R #46's progress notes revealed a medical provider note, dated 09/01/23, which documented R #46 had a diagnosis of depression. B. Record review of R #46's physician orders revealed an active order, dated 11/11/23, for sertraline HCL (medication used to treat depression). Give one tablet by mouth once a day for depression. C. Record review of R #46's care plan, initiated 02/17/22, revealed the following: 1. Administer medication for major depression. 2. [Name of local behavioral health service provider] consult related to major depression (mental condition characterized by a persistently depressed mood and long-term loss of pleasure or interest in life). D. Record review of R #46's quarterly MDS, dated [DATE], Section I, Active Diagnoses, revealed the box I5800 Depression (other than bipolar) was not selected. E. On 12/14/23 at 2:38 PM during an interview with the MDS Coordinator, he confirmed the following: 1. R #46 had an active order for sertraline HCL for depression. 2. R #46's quarterly MDS assessment, dated 11/27/23, did not include a diagnosis of depression. 3. R #46's quarterly assessment should have included a diagnosis of depression.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41755 Based on record review and interview, the facility failed to develop and implement a comprehensive person-centered care plan for 2 (R #1 and R #38) of 5 (R #1, R #4, R #8, R #38 and R #46) residents reviewed for comprehensive care plans. Failure to develop a comprehensive person-centered care plan could likely result in staff's failure to understand the needs, preferences, and treatments for residents to achieve their highest level of well-being. The findings are: R #1 A. On 12/11/23 at 3:39 PM, during an interview with R #1, she reported she had two falls in the bathroom. R #1 stated the staff told her she needed to press call bell when she wanted to go to the bathroom. B. Record review of R #1's Admission Record, undated, revealed an admitted [DATE]. B. Record review of R #1's progress notes revealed, the resident fell on [DATE], 09/28/23, and 10/12/23. C. Record review of R #1's Quarterly Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff), dated 11/13/23, revealed the resident had two or more falls without injury since the previous assessment. D. Record review of physiatry (branch of medicine that aims to treat physical pain or limited movement nonsurgically) progress notes for R #1, dated 09/27/23, 10/04/23, 10/11/23, 10/16/23, 10/25/23, 11/01/23, 11/16/23, 11/19/23, and 11/29/23, revealed R #1 was a fall risk. E. Record review of R #1's Care Plan, initiated 08/13/23, revealed the document did not contain a care plan for falls. F. On 12/14/23 at 2:34 PM, during an interview, the DON confirmed the following: 1. R #1 fell on [DATE], 09/28/23, and 10/12/23. 2. R #1 did not have a care plan in place for risk for falls. 3. Residents who are at risk for falls should have a care plan in place to reduce the risk of falls. R #38 G. On 12/11/23 at 3:08 PM, during an interview with R #38, she reported she bruised easily. H. Record review of R #38's Admission Record, undated, revealed an admitted [DATE]. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	I. Record review of R #38's Physician's Orders revealed an order, dated 02/14/23, Eliquis tablet (an anticoagulant; medication used to prevent blood from clotting), two times a day for deep vein thrombosis prevention (DVT; condition in which blood clots form in veins located deep inside the body, usually in the thigh or lower legs). J. Record review of R #38's Quarterly MDS Assessment, dated 11/24/23, revealed in Section N - High Risk Medications, the resident took an anticoagulant. K. Record review of R #38's Care Plan, initiated 02/14/23, revealed the document did not contain a care plan for the high-risk medication Eliquis. L. On 12/18/23 at 12:30 PM, during an interview, the DON confirmed the following: 1. R #38 did not have a care plan in place for Eliquis. 2. Residents taking anticoagulants should have a care plan in place due to risk for bleeding. 49313

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 41755 Based on record review and interview, the facility failed to revise the care plan for 1 (R #8) of 5 (R #1, R #4, R #8, R #38, and R #46) residents reviewed for care plan revisions. This deficient practice could likely result in staff being unaware of changes in care being provided, and residents not receiving the care related to changes in their health status or healthcare decisions. The findings are: A. Record review of R #8's Physician's orders revealed and order, dated 10/13/23. Apply hearing aid in the morning and remove at bedtime. B. Record review of R #8's Care Plan, initiated 06/24/22, revealed: 1. Focus: Resident/Patient has impaired communication as evidenced by impaired hearing. 2. Interventions: a. Speak in a normal tone voice clearly and slowly. b. Reduce external noise when communicating with patient (i.e. Turn off TV or radio). c. Speak facing the patient. C. On 12/18/23 at 2:54 PM, during an interview,the Unit Manager confirmed R #8 did have hearing aids, and staff did not revise the care plan to include assisting the resident with applying and removing her hearing aids as ordered.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49313 Based on observation, record review, and interview, the facility failed to ensure 2 (R #4 and 18) of 2 (R #4 and 18) residents reviewed received the care necessary to promote the prevention of pressure ulcer/injury development. If the facility is not implementing preventative measures, then residents are likely at risk of the development of pressure injuries. The findings are: R #4 A. Record review of R #4's face sheet, undated, revealed an admitted [DATE]. B. Record review of R #4's Braden Scale for Predicting Pressure Sore Risk (a tool developed to foster early identification of patients at risk for forming pressure sores), dated 10/26/23, revealed R #4 had a score of 14 which indicated R #4 had a moderate risk for the development of pressure ulcers. C. Record review of R #4's physician's orders revealed an order, dated 05/08/23, for a pressure-redistribution mattress (specialized mattress used for residents with decreased bed mobility that redistributes pressure evenly across the body instead to decrease the pressure to one area). D. On 12/11/23 at 3:02 PM, during an observation of R #4's room, the following was revealed: 1. The pressure-redistribution mattress was too short for the bed. 2. A rectangular pad was placed between the end of the mattress and the foot board to fill the gap (identified by central supply manager as a mattress extender). 3. The heels of R #4's feet rested on the pad and not air mattress. E. On 12/11/23 at 3:02 PM, during an interview, R #4 stated the mattress and pad had been like that since he was admitted . F. On 12/14/23 at 1:43 PM, during an interview with Central Supply Manager, he confirmed the following: 1. R #4's mattress was too short for his bed. 2. There was a mattress extender between the mattress and the footboard of the bed. 3. R #4's feet rested on the mattress extender. G. On 12/14/23 at 2:12 PM, during an interview, the Administrator confirmed R #4 had a physician's order for a pressure-redistribution mattress. R #18 (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	H. Record review of R #18's face sheet, undated, revealed an admitted [DATE]. I. Record review of R #18's Braden Scale for Predicting Pressure Sore Risk, dated 10/24/23, revealed R #18 had a score of 18 which indicated R #18 had a mild risk for the development of pressure ulcers. J. Record review or R #18's physician's order, dated 11/11/22, revealed an order for a pressure-redistribution mattress to the bed. K. On 12/11/23 at 2:56 PM, during an observation of R #18's room, the following was revealed: 1. R #18's pressure-redistribution mattress was too short for the bed. 2. There was a mattress extender between the mattress and the footboard of the bed. L. On 12/12/23 at 12:05 PM, during an interview, R #18 stated the mattress and mattress extender had been like that since he was admitted . M. On 12/14/23 at 1:38 PM, during an interview with Central Supply Manager, he confirmed the following: 1. R #18's mattress was too short for his bed. 2. There was a mattress extender between the mattress and the footboard of the bed. N. On 12/14/23 at 2:12 PM, during an interview, the Administrator confirmed the following: 1. R #18 had a physician's order for a pressure-redistribution mattress. 2. Mattress extenders did not provide pressure redistribution. 3. A longer mattress should be provided when the mattress did not fit a resident's bed.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41755 Based on record review and interview, the facility failed to start restorative services (nursing interventions that promote the resident's ability to adapt and adjust to living as independently and safely as possible and focuses on achieving and maintaining optimal physical, mental, and psychosocial functioning) for 2 (R #8 and R #38) of 6 (R #4, R #5, R #8, R #21, R #38, and R #47) residents reviewed for activities of daily living (ADL's; daily self-care activities such as eating, dressing and using the toilet). This deficient practice could likely result in residents not receiving services as needed or ordered to improve or maintain their physical functional ability. The findings are: R #8 A. Record review of R #8's Quarterly Minimum Data Set (MDS; comprehensive assessment), dated 06/18/23, Section G: Functional Status revealed: 1. Question G0110.A - Bed Mobility; The resident was independent and required no staff assistance. 2. Question G0110.B - Transfer; The resident required supervision to move between surfaces such as from bed to chair or into a standing position. 3. Question G0110.G - Dressing; The resident required limited assistance from one staff. 4. Question G0110.H - Eating; The resident required set-up help but was independent in eating. 5. Question G0110.I - Toilet use; The resident required limited assistance from one staff. B. Record review of R #8's Quarterly MDS, dated [DATE], Section G: Functional Status revealed: 1. Question G0110.A - Bed Mobility; The resident required limited assistance from one staff. 2. Question G0110.B - Transfer; The resident required limited assistance from one staff. 3. Question G0110.G - Dressing; The resident required extensive assistance from one staff. 4. Question G0110.H - Eating; The resident required limited assistance and setup. 5. Question G0110.I - Toilet use; The resident required extensive assistance from one staff. C. Record review of R #8's Physical Therapy (PT) Discharge Summary, dated 03/10/23, revealed: 1. Patient progress: Patient has reached maximum potential with skilled services. 2. Discharge Recommendations: Restorative Nursing Program (RNP) R #38 (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	D. On 12/11/23 at 3:10 PM, during an interview, R #38 stated she had difficulty moving and repositioning herself in bed. E. Record review of R #38's Quarterly MDS, dated [DATE], Section GG0170 Mobility revealed: 1. Roll left and right: The ability to roll from lying on back to left and right side and return to lying on back on the bed. The resident required substantial/maximal assistance (helper did more than half the effort). 2. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed. The resident required partial/moderate assistance (helper did less than half the effort). 3. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed and with no back support. The resident required partial/moderate assistance. F. Record review of R #38's PT Discharge Summary dated 09/27/23 revealed: 1. Patient progress: Patient has reached maximum potential with skilled services. 2. Discharge Recommendations: Restorative Nursing Program (RNP) G. On 12/18/23 at 12:10 PM, during an interview, the administrator stated she would have the the Director of Rehabilitative (DOR) Services (therapy department) follow up with me regarding restorative services because they manage the residents on restorative nursing program. H. On 12/18/23 at 12:51 PM, during an interview, the DOR stated he was unaware of R #8's decline in ADLs as noted in the MDS. He confirmed R #8 did not receive therapy services since February 2023 and never received RNP services. The DOR also confirmed R #38 did not start the RNP program as recommended per her PT Discharge Summary.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe, appropriate dialysis care/services for a resident who requires such services. 49313 Based on record review and interview, the facility failed to obtain a physician's order for dialysis treatment or monitoring after dialysis treatment for the resident who received dialysis (clinical purification of blood as a substitute for the normal function of the kidney) for 1 (R #7) of 1 (R #7) residents reviewed for dialysis care. This deficient practice could likely result in residents not receiving dialysis treatment or the care and monitoring they need after dialysis treatment. The findings are: A. Record review of R #7's diagnoses revealed resident had a diagnosis of end stage renal disease (ESRD; chronic irreversible kidney failure). B. Record review of R #7's physician orders revealed the record did not contain an order for dialysis treatment or monitoring after dialysis treatment. C. Record review of R #7's progress notes revealed R #7 had a dialysis fistula (a special connection that is made by joining a vein onto an artery, usually in the arm which creates a large, robust blood vessel that can be needled regularly for use during dialysis) in the right arm. D. Record review of R #7's Care Plan, dated 11/15/23, revealed he received dialysis at a local dialysis center on Monday, Wednesday, and Friday every week. E. On 12/14/23 at 10:42 AM, during an interview, LPN #31 confirmed the following: 1. R #7 went to dialysis at 4:00 AM on Mondays, Wednesdays, and Fridays. 2. R #7 did not have an order for dialysis treatment. 3. R #7 did not have an order for care after return from dialysis treatment. F. On 12/14/23 at 2:26 PM, during an interview, the DON confirmed the following: 1. R #7 did not have an order for dialysis treatment. 2. R #7 did not have an order for assessment or care after returning from dialysis services. 3. The expectation was for there to be physician's order related to dialysis services.

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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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that a working call system is available in each resident's bathroom and bathing area. 49313 Based on observation and interview, the facility failed to ensure there was a functioning call light system that allowed residents to call for assistance for 1 (R #12) of 1 (R #12) residents reviewed for call lights. If the facility does not have a functioning call light system then residents are unlikely to get their immediate needs met by facility staff. The findings are: A. On 12/11/23 at 3:17 PM, during an interview with R #12, she stated the staff did not come when she pushed the call light. She stated the staff did not come when she pushed the call light for as long she can remember. B. On 12/11/23 at 3:19 PM, an observation of R #12's room revealed the call light did not turn on when R #12 pushed the button. C. On 12/11/23 at 3:29 PM, CNA #31 checked the call light and confirmed R #12's call light did not function. CNA #31 stated when R #12 needed something, the resident went to the nurses station or flagged down a staff member when they passed her room. D. On 12/14/23 at 11:29 AM, during an interview with the Maintenance Director, he confirmed R #12's call light was replaced on 12/13/23, because it did not function due to a hole in it.