

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325030	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/08/2025
NAME OF PROVIDER OR SUPPLIER Santa Fe Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 635 Harkle Road Santa Fe, NM 87505	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47031</p> <p>Based on observation, record review and interview, the facility failed to develop and implement an accurate, person-centered comprehensive care plan for 1 (R #1) of 1 (R #1) resident reviewed for care plans.</p> <p>This deficient practice could likely result in staff being unaware of the current and actual needs of the residents.</p> <p>The findings are:</p> <p>A. On 04/08/25 at 1:00 pm during observation of R #1 in his room and interview, R #1 had a cooler that was stored on the floor in the corner of his room. R #1 stated the cooler was where he kept his beer. He stated he was allowed to have on beer each day and that he would ask for or take a beer from the cooler daily.</p> <p>B. Record review of R #1's Admission Record revealed R #1 was admitted to the facility on [DATE].</p> <p>C. Record review of R #1's medical orders dated on 03/13/2025, revealed R #1 may keep beer in an ice chest in his room. He is to have one beer with dinner every night per doctor's orders.</p> <p>D. Record review of R #1's care plan revised on 04/07/2025, revealed the following: I can drink one beer a day if I choose and my beer will be kept in the restorative fridge where it will be locked up.</p> <p>E. On 04/08/2025 at 2:06 pm, during an interview with Director of Nursing (DON), she confirmed that R #1 was allowed to have a beer daily per the provider's order. She further confirmed that the care plan stated the beer was to be kept in the facility fridge where it could be locked away.</p> <p>F. On 04/08/25 at 2:30 pm during interview with the Administrator (ADM), he confirmed that R #1 had a cooler in his room that contained beer that he was allowed to have. He stated the staff would keep ice in the cooler and R #1's family would bring beer to him as he needed. ADM further stated the care plan indicated he was to have beer kept in a locked refrigerator.</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
---	-------	-----------