

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325033	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/16/2024
NAME OF PROVIDER OR SUPPLIER  Rio Rancho Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4210 Sabana Grande SE Rio Rancho, NM 87124	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35632</p> <p>Based on record review and interview, the facility failed to meet professional standards of quality by not maintaining accurate weights for 1 (R #14) of 3 (R #13, 14 and #15) residents sampled for nutrition. This deficient practice could likely result in resident nutrition to not be accurately assessed, causing a potential for unidentified medical issues or weight gain or loss.</p> <p>The findings are:</p> <p>A. Record review of the face sheet for R #14 indicated the resident was admitted on [DATE] with the following diagnoses:</p> <ul style="list-style-type: none"> <li>- Altered mental status (abnormal state of alertness and awareness),</li> <li>- Parkinson's disease (is a progressive disorder that affects the nervous system in parts of the body controlling nerves),</li> <li>- Ulcerative chronic proctitis (inflammation to the rectum),</li> <li>- Vascular dementia (brain damage due to impaired blood flow to the brain),</li> <li>- Severe protein-calorie malnutrition (not enough nutrition).</li> </ul> <p>- R #14 was discharged on [DATE].</p> <p>- This is not an all inclusive list.</p> <p>B. Record review of the physician orders for R #14 revealed an order for weight once per week on Friday for four weeks, and then once per month on the 2nd day of the month. Start date 02/03/24.</p> <p>C. Record review of the weights in the medical record for R #14 indicated R #14 weighed 119.4 pounds on 02/07/24. This was the only weight in the medical record.</p> <p>D. On 08/15/24 at 2:22 pm, during an interview with the Director of Nursing (DON), he stated staff should weigh all residents admitted to the facility weekly for four weeks. He stated the Restorative Aide (RA) did the weights at the beginning of the month. The DON stated staff should have completed the weekly weights.</p> <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
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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>E. On 08/15/24 at 2:45 pm, during an interview with the RA, she stated the restorative program started in March 2024 and that was when she started doing the resident weights. She stated the Certified Nursing Assistants (CNA) did the weights prior to the restorative program starting, and she did not have any information on whether the weights were getting done at that time or not. She stated she was aware new admits should be weighed weekly for four weeks and monthly after that.</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>35632</p> <p>Based on interview and record review the facility failed to have a Registered Nurse (RN) at least 8 hours during each 24 hour period. This deficient practice is likely to affect all 114 residents on the census list provided by the Administrator on 08/13/24. This deficient practice is likely to result in residents not receiving the services they required. The findings are:</p> <p>A. Record review of the facility's staffing schedule for the months of April, May, June, and July 2024 revealed there was not a Registered Nurse (RN) scheduled to provide direct patient care on the following days:</p> <ol style="list-style-type: none"> <li>1. April 7, 13, 14, 21, 22, 27, 28.</li> <li>2. May 11, 31.</li> <li>3. June 3, 10, 24.</li> <li>4. July 1, 2 16, 30.</li> </ol> <p>B. On 08/15/24 at 1:23 pm, during an interview, the Scheduling Manager and the Administrator stated they were aware they did not always have a Registered Nurse on schedule. The Scheduling Manger stated they have been short on nurses.</p>