

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 04/27/2026
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>Based on interviews and record reviews, the facility failed to properly complete consent forms for 4 (R #'s 1, 2, 5, and 6) of 6 (R #'s 1, 2, 3, 4, 5, and 6) residents, when: Psychotropic medication (medication used to treat mental health conditions) consent forms were not signed by residents or resident representatives. This deficient practice is likely to result in residents and/or their representatives not being consulted and informed of the risks and benefits of medications and treatments being provided to them. The findings are: R #1:A. Record review of R #1's face sheet revealed an admission date of 09/16/24, a discharge date of 02/24/26, and included the following diagnoses: Senile degeneration of brain (a range of neurological disorders characterized by a progressive decline in cognitive function, affecting memory, reasoning, and the ability to perform everyday activities and can severely impair the quality of a person's life), Severe vascular dementia with behavioral disturbance (caused by reduced or blocked blood flow to the brain leading to cognitive decline and impaired daily functioning), Sequelae of cerebral infarction (the long-term physical, cognitive, emotional, and sensory impairments that persist after a stroke), Adult failure to thrive (a syndrome that describes a decline characterized by weight loss, decreased appetite, poor nutrition, inactivity and often accompanied by dehydration, depressive symptoms, and impaired immune function, among others), Generalized muscle weakness (weakness throughout the body). B. Record review of R #1's physicians' orders revealed the following: Dated 02/01/26, Lorazepam (anti-anxiety medication) Oral Tablet 1 mg (milligram). Give 1 mg by mouth every 6 hours as needed for agitation. Dated 01/30/26, Lorazepam Tablet 0.5 mg. Give 1 tablet by mouth every 6 hours as needed for anxiety for 14 days, per hospice care provider. The medication was discontinued on 02/13/26. Dated 02/18/26, Seroquel (antipsychotic) oral tablet 25 mg. Give 1 tablet by mouth one time a day for anxiety. Dated 02/03/26, Seroquel oral tablet 25 mg. Give 1 tablet by mouth two times a day for anxiety. Dated 02/17/26, Seroquel oral tablet 50 mg. Give 1 tablet by mouth at bedtime for anxiety, per hospice order. Dated 02/23/26, Seroquel oral tablet 50 mg. Give 1 tablet by mouth two times a day for anxiety, per hospice order. C. Record review of R #1's Electronic Health Record (EHR), dated 04/27/26, revealed a Psychotherapeutic Medication Administration Disclosure/Consent form was not completed prior to R #1's Lorazepam and Seroquel use. R #2:D. Record review of R #2's face sheet revealed an admission date of 02/24/26, a discharge date of 03/14/26, and included the following diagnoses: Dementia (a group of conditions characterized by impairment of at least two brain functions, such as memory loss and judgment) with behavior disturbance, Anxiety (feelings of fear or apprehension) disorder, Moderate cognitive communication deficit (a condition where a person's ability to communicate effectively is impaired due to underlying cognitive dysfunction rather than a primary language or speech problem), Mild cognitive impairment (when you have problems remembering things, concentrating, making decisions and solving problems). E. Record review of R #2's physicians' orders revealed the following: Dated 03/03/26, Clonazepam (sedative) Oral Tablet 0.5 mg. Give 0.5 mg by mouth every 12 hours as needed for Anxiety/ Agitation. Dated 02/28/26, Clonazepam Oral Tablet 0.5 mg. Give 1 tablet by mouth every 12 hours as needed for anxiety, give 6 hours between routine doses. Dated 02/28/26, Clonazepam Oral Tablet 0.5 mg. Give 1 tablet by mouth two times a day for Anxiety. Dated 03/05/26, Clonazepam Tablet 0.125 mg. Give 1 tablet by mouth (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: 325033	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/27/2026
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>every 12 hours as needed for anxiety. Dated 02/27/26, Haldol Decanoate Intramuscular Solution (antipsychotic medication). Inject 2 mg intramuscularly (IM; administered in the muscle) every 6 hours as needed for agitation/combativeness. Dated 03/09/26, Haloperidol (antipsychotic medication) Tablet 0.5 mg. Give 1 tablet by mouth for agitation. The medication was discontinued on 3/9/26. Dated 02/25/26, Hydroxyzine (antihistamine) HCl Oral Tablet 25 mg. Give 1 tablet by mouth every 6 hours as needed for anxiety/agitation. Dated 03/12/26, Hydroxyzine HCl Tablet 25 mg. Give 1 tablet by mouth every 6 hours as needed for anxiety. Dated 02/28/26, Ramelteon (sedative) Oral Tablet 8 mg. Give 1 tablet by mouth at bedtime for insomnia (inability to sleep). Dated 03/09/26, Ramelteon Oral Tablet 8 mg. Give 1 tablet by mouth every 19 hours as needed for insomnia. Dated 03/23/26, Risperidone (antipsychotic) tablet 0.25 mg. Give 1 tablet by mouth every 8 hours as needed for agitation for 14 days. The medication was discontinued on 3/23/26. F. Record review of R #2's EHR, dated 04/27/26, revealed a Psychotherapeutic Medication Administration Disclosure/Consent form was not completed prior to the use of Clonazepam, Haldol, Hydroxyzine, Ramelteon, or Risperidone. R #5:G. Record review of R #5's face sheet revealed an admission date of 01/5/23 and included the following diagnoses: Parkinsonism (an umbrella term that refers to conditions with similar, movement-related effects),Dementia with behavioral disturbance,Cognitive communication deficit,Major Depressive Disorder (MDD; a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life).Hallucinations (false perceptions, where you sense an object, person, or event even though it is not real). H. Record review of R #5's physicians' orders revealed the following:Dated 12/31/25, Caplyta Oral Capsule 10.5 mg. Give 1 capsule by mouth at bedtime for adjunctive treatment of MDD. The medication was discontinued on 04/23/26.Dated 12/31/25, Mirtazapine Tablet 15 mg. Give 1 tablet by mouth at bedtime for MDD. The medication was discontinued on 04/23/26.Dated 04/23/26, Mirtazapine (antidepressant) tablet 15 mg. Give 1 tablet by mouth at bedtime for Major Depressive Disorder. Dated 04/23/26, Caplyta (antipsychotic) Oral Capsule 10.5 mg. Give 1 capsule by mouth at bedtime for adjunctive treatment of MDD. I. Record review of R #5's EHR, dated 04/27/26, revealed a Psychotherapeutic Medication Administration Disclosure/Consent form was not completed prior to the use of Mirtazapine or Caplyta. R #6:J. Record review of R #6's face sheet revealed an admission date of 2/14/26 and included the following diagnoses:Depression,Panic disorder (type of anxiety disorder that causes repeated, unexpected episodes of intense fear and anxiety accompanied by physical symptoms that are similar to the body's normal response to danger). K. Record review of R #6's physicians' orders revealed the following: Dated 03/20/26, Clonazepam oral tablet 0.5 mg. Give 1 tablet by mouth two times a day for anxiety. Dated 04/13/26, Olanzapine (antipsychotic) oral tablet 10 mg. Give 1 tablet by mouth at bedtime for psychosis (a mental state in which a person loses touch with reality, experiencing symptoms such as hallucinations, delusions, and disorganized thinking). L. Record review of R #6's EHR, dated 04/27/26, revealed a Psychotherapeutic Medication Administration Disclosure/Consent form was not completed prior to the use of Clonazepam or Olanzapine. M. On 04/27/26 at 2:33 pm, during an interview, the Director of Nursing (DON) stated R #'s 1, 2, 5, and 6 should have completed and signed consent forms for the use of any psychotropic medications. She stated her expectation is that all residents or resident representatives receive information on all treatments and medications prior to using them, so they are aware of the risks and the benefits.</p>		

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 04/27/2026
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>Based on observation and interviews, the facility failed to safeguard clinical record information by leaving Private Health Information (PHI) regarding residents of the 100-nursing unit, where unauthorized people had ability to access it. If the resident's clinical information is not sufficiently safe guarded, resident's PHI is likely to be viewed by unauthorized residents, visitors, and staff. The findings are: A. On 4/24/26 at 8:42 am, during an observation of the 100 unit, a cart was stationed in the unit between rooms #138 and #140 with a computer that contained 15 residents PHI including, their names and room numbers for anyone walking by to see. B. On 4/24/26 at 8:52 am, during an interview, the Director of Nursing (DON) stated the computer between rooms #138 and #140 should not be left unattended with resident PHI present, because unauthorized individuals could easily access the information. C. On 4/24/26 at 10:13 am, during an interview, the Administrator (ADM) stated the computer between rooms #138 and #140 should not have been left unattended with resident PHI present. She stated it is her expectation that nursing staff understand the importance of safeguarding resident records.</p>

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 04/27/2026
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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure a comprehensive Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff) assessment was completed for 2 (R #1 and R #2) of 4 (R #1, #2, #5 and #6) residents, when: The facility did not change R #1 and R #2's discharge MDS status from return anticipated (returning to the facility) to return not anticipated (not returning to the facility). This deficient practice is likely to result in residents' needs not being met. The findings are: R #1:A. Record review of R #1's face sheet revealed an admission date of 09/16/24 and a discharge date of 02/24/26. B. Record review of R #1's discharge MDS, dated [DATE], revealed R #1 was discharged to the hospital with an anticipated return to the facility. C. Record review of R #1's Electronic Health Record (EHR), dated 04/27/26, revealed R #1 did not return to the facility and a final discharge MDS was not completed nor submitted as required. R #2:D. Record review of R #2's face sheet revealed an admission date of 02/24/26 and a discharge date of 03/14/26. E. Record review of R #2's discharge MDS, dated [DATE], revealed R #2 was discharged to the hospital with an anticipated return to the facility. F. Record review of R #2's EHR, dated 04/27/26, revealed R #2 did not return to the facility and a final discharge MDS was not completed nor submitted as required. G. On 04/27/26 at 2:33 pm, during an interview, the Director of Nursing (DON) stated her expectation was for the MDS assessments to accurately reflect the resident's current status in the facility, because an inaccurate status could affect billing for the resident and cause the facility census to be inaccurate. The DON stated the discharge MDS assessments for R #1 and R #2 were inaccurate and should have reflected a discharge-return not anticipated status.</p>

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 04/27/2026
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interviews, the facility failed to ensure the environment was free of accident hazards for residents residing on the 100-unit, when: An unattended computer cart with a cup of coffee, a chair, and a backpack was stationed in the doorway of room [ROOM NUMBER], blocking the entrance and without facility staff nearby. An unattended computer cart with a chair was blocking the hallway and handrails between rooms #138 and #140, without facility staff nearby. This deficient practice is likely to result in residents getting injured in avoidable accidents and putting residents at risk of serious injury and harm. The findings are: A. On 04/24/26 at 8:36 am, during an observation of the 100 unit, a computer cart with a cup of coffee and a chair with a backpack were stationed in the doorway of room [ROOM NUMBER], blocking the door entrance and without facility staff nearby. B. On 04/24/26 at 8:42 am, during an observation of the 100-unit, an unattended computer cart and chair with staff belongings was stationed in the hallway between resident rooms #138 and #140, blocking access to the unit handrails and without facility staff nearby. C. On 04/24/26 at 10:13 am, during an interview, the Administrator (ADM) stated it was not acceptable for staff to leave computer carts unattended in front of resident's doorways. She stated the facility staff should not leave drinks, purses, bags or other personal items in the hallways. She stated it is her expectation that staff put all personal belongings away in spaces provided for staff. The ADM stated this could potentially be a hazard if a resident picked up an item or tripped on the carts and chairs blocking the handrails and room access.</p>		