

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325043	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/18/2024
NAME OF PROVIDER OR SUPPLIER  Casa Arena Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  205 Moonglow Alamogordo, NM 88310	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>41755</p> <p>49313</p> <p>Based on record review and interview, the facility failed to report allegations of abuse within two hours to the State Agency (SA) for 5 (R #1, R #2, R #16, R #17, and R #18) of 5 (R #1, R #2, R #16, R #17, and R #18) residents sampled for abuse. If the facility fails to report allegations of abuse to the SA within two hours, then residents could likely continue to be abused, suffer serious bodily injury, and/or experience psychosocial distress (unpleasant emotions associated with a highly stressful situation) or worsening of current mental health conditions. The findings are:</p> <p>R #1 and R #2</p> <p>A. Record review an incident report, dated 08/05/24, revealed the following:</p> <ol style="list-style-type: none"> <li>1. The facility submitted a resident-to-resident abuse report to the SA regarding an incident between R #1 and R #2.</li> <li>2. R #1 used a wheelchair to push R #2 onto his bed.</li> <li>3. The incident occurred on 08/03/24 at 4:30 PM.</li> <li>4. The report was submitted to the SA on 08/05/24 at 12:41 PM, not within two hours of the incident.</li> </ol> <p>R #16 and R #17</p> <p>B. Record review an incident report, dated 07/25/24, revealed the following:</p> <ol style="list-style-type: none"> <li>1. The facility submitted a resident-to-resident abuse report to the SA regarding an incident between R #16 and R #17.</li> <li>2. R #16 hit R #17 when passing her.</li> <li>3. The incident occurred on 07/25/24 at 11:30 AM.</li> </ol> <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:  325043	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/18/2024
NAME OF PROVIDER OR SUPPLIER  Casa Arena Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 205 Moonglow Alamogordo, NM 88310	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. The report was submitted to the SA on 07/25/24 at 4:36 PM, not within two hours of the incident.</p> <p>R #16 and R #18</p> <p>C. Record review an incident report, dated 08/26/24, revealed the following:</p> <ol style="list-style-type: none"> <li>1. The facility submitted a resident-to-resident abuse report to the SA regarding an incident between R #16 and R #18.</li> <li>2. R #18 grabbed R #16's breast when R #16 walked past him.</li> <li>3. The incident occurred on 08/24/24.</li> <li>4. The report was submitted to the SA on 08/26/24, not within two hours of the incident.</li> </ol> <p>D. On 10/09/24 at 2:04 PM, during an interview with the Administrator, she stated the following:</p> <ol style="list-style-type: none"> <li>1. It was expected for staff to report all allegations of abuse to the SA within two hours of staff becoming aware of the incident.</li> <li>2. The abuse incident between R #1 and R #2 occurred on 08/03/24.</li> <li>3. Staff reported the incident between R #1 and R #2 to the SA on 08/05/24.</li> <li>4. The abuse incident between R #16 and R #17 occurred at 11:30 AM on 07/25/24.</li> <li>5. Staff reported the incident between R #16 and R #17 to the SA at 4:36 PM on 07/25/24.</li> <li>6. The abuse incident between R #16 and R #18 occurred on 08/24/24.</li> <li>7. Staff reported the incident between R #16 and R #17 to the SA on 08/26/24.</li> </ol>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325043	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/18/2024
NAME OF PROVIDER OR SUPPLIER  Casa Arena Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  205 Moonglow Alamogordo, NM 88310	
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41755</p> <p>Based on record review and interview, the facility failed to create an accurate baseline care plan (minimum healthcare information necessary to properly care for a resident immediately upon their admission to the facility) within 48 hours of admission for 1 (R #3) of 2 (R #3 and #R #19) residents reviewed for baseline care plans. This deficient practice could likely result in residents not receiving the appropriate care and may place residents at risk of an adverse event (undesirable experience, preventable or non-preventable, that caused harm to a resident because of medical care or lack of medical care) or worsening of current condition after admission. The findings are:</p> <p>A. Record review of R #3's Admission Record, no date, revealed the following:</p> <ol style="list-style-type: none"> <li>1. R #3 was admitted into the facility on [DATE].</li> <li>2. R #3's had the following diagnoses: cramp (sustained and painful involuntary muscle contractions) and spasm (involuntary muscle contractions, which can be mild twitching sensations), chronic pain (persistent or intermittent pain that lasts more than three months), and intervertebral disc disorder (condition characterized by the breakdown of one or more of the discs that separate the bones of the spine, causing pain in the back or neck and frequently in the legs and arms) with radiculopathy (irritation or compression of the nerve that can cause pain, numbness, tingling sensation, loss of sensation, and weakness)</li> </ol> <p>B. Record review of R #3's baseline care plan revealed:</p> <ol style="list-style-type: none"> <li>1. All required staff did not finalized (sign) until 10/08/24.</li> <li>2. The baseline care plan stated goal for pain pain management but did not include approaches (instructions for actions or measures staff should take to provide effective and person-centered care) of how the staff should address R #3's pain. The areas were left blank on the basline care plan.</li> </ol> <p>C. On 10/18/24 at 12:46 PM, during an interview, the DON stated R #3's baseline care plan was not finalized within 48 hours of the resident's admission, and it did not include approaches for how staff should assist R #3 with pain management.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325043	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/18/2024
NAME OF PROVIDER OR SUPPLIER  Casa Arena Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  205 Moonglow Alamogordo, NM 88310	

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 - Some</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** 41755</b></p> <p>Based on record review and interview, the facility failed to provide services that meet professional standards of practice for 2 (R #1 and R #19) of 3 (R #1, R #3, and R #19) residents reviewed for medication orders when staff failed to:</p> <ol style="list-style-type: none"> <li>1. Obtain orders for R #1 when the resident returned from the emergency room .</li> <li>2. Enter medication orders for R #19 upon admission.</li> </ol> <p>This deficient practice could likely result in worsening of medical conditions. The findings are:</p> <p>R #1</p> <p>A. Record review of R #1's medical record revealed the following:</p> <ol style="list-style-type: none"> <li>1. R #1 was sent to the hospital on 10/15/24 due to physical aggression.</li> <li>2. R #1 was discharged from the hospital back to the facility on [DATE] at 11:09 AM.</li> </ol> <p>B. Record review of R #1's emergency department physician note, dated 10/16/24 at 11:13 AM, revealed:</p> <ol style="list-style-type: none"> <li>1. Diagnosis urinary tract infection (UTI; an infection in any part of the urinary system.)</li> <li>2. Medically cleared to discharge to nursing home.</li> <li>3. Cephalexin (antibiotic) 250mg every 12 hours for five days for UTI.</li> </ol> <p>C. Record review of R #1's progress notes revealed:</p> <ol style="list-style-type: none"> <li>1. Nurse note, dated 10/17/24 at 4:21 am, the resident returned from the emergency room (ER) with an order to take cephalexin 250mg for five days for an UTI. Awaiting doctor response.</li> </ol> <p>D. On 10/17/24 at 3:50 PM, record review of R #1's physician's orders revealed the record did not contain an order for cephalexin.</p> <p>E. On 10/18/24 at 12:34 PM, during an interview with the DON, she stated the following:</p> <ol style="list-style-type: none"> <li>1. Staff did not document any additional attempts to contact the doctor regarding R #1's antibiotics.</li> <li>2. R #1 did not start the antibiotics.</li> </ol> <p>R #19</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325043	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/18/2024
NAME OF PROVIDER OR SUPPLIER  Casa Arena Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  205 Moonglow Alamogordo, NM 88310	
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 - Some</p>	<p>F. Record review of R #19's admission record, no date, revealed the following:</p> <ol style="list-style-type: none"> <li>1. She was admitted to the facility on [DATE] from the hospital.</li> <li>2. She had the following diagnoses: <ol style="list-style-type: none"> <li>a. Unspecified Dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety (a mental disorder that occurs when a person loses the ability to think, remember, learn, make decisions, and solve problems).</li> <li>b. Delirium due to known physiological condition (a mental state in which you are confused, disoriented, and not able to think or remember clearly).</li> <li>c. Unspecified mood [affective] disorder (a diagnostic category for people who have symptoms of a mood disorder but don't meet the criteria for a specific diagnosis).</li> <li>d. Altered mental status, unspecified (a change in mental function or consciousness that can't be specifically identified).</li> <li>e. Adult failure to thrive (a syndrome that involves a decline in physical and mental health, often accompanied by weight loss, malnutrition, and disability).</li> </ol> </li> </ol> <p>G. Record review of R #19's hospital discharge orders, dated 09/28/24, revealed the following medication orders:</p> <ol style="list-style-type: none"> <li>1. Cephalexin (antibiotic medication used to treat bacterial infections), 500 mg, two times a day</li> <li>2. Cyanocobalamin (a synthetic compound that treats and prevents vitamin B12 deficiency), 1000 micrograms (mcg, unit of measure for medication dosing), daily.</li> <li>3. Olanzapine (medication that can treat mental disorders, including schizophrenia and bipolar disorder), 5 mg, daily.</li> <li>4. Ursodiol [a medication that can dissolve gallstones (hardened deposits of bile that form in the gallbladder) when they cannot be removed by surgery], 300 mg, two times daily.</li> <li>5. Centrum Silver (multivitamin for adults 50 and up, designed to help support immune function, metabolism, and bone health), daily.</li> <li>6. Hydroxyzine (medication that can treat anxiety, nausea, vomiting, allergies, skin rash, hives, and itching), 25 mg, every six hours as needed (PRN).</li> <li>7. Latanoprost (prescription eye drop medication used to treat glaucoma and ocular hypertension), 0.005% ophthalmic solution. One drop to right eye nightly.</li> </ol> <p>H. Record review of R #19's After Hours Call Note (a note regarding staff's phone call to the provider), dated 09/29/24, revealed the following orders:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325043	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/18/2024
NAME OF PROVIDER OR SUPPLIER  Casa Arena Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 205 Moonglow Alamogordo, NM 88310	
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 - Some</p>	<ol style="list-style-type: none"> <li>1. Keflex (brand name for cephalexin), twice daily with end date 10/02/24.</li> <li>2. Cyanocobalamin, 1000mcg daily.</li> <li>3. Olanzapine, 5 mg daily.</li> <li>4. Ursodiol, 300 mg twice daily.</li> <li>5. Centrum Silver, one tablet daily.</li> <li>6. Hydroxyzine, 25 mg every six hours as needed for itching/anxiety for 14 days.</li> <li>7. Latanoprost ophthalmic solution, one drop to right eye nightly.</li> <li>8. Tylenol (medication that can treat minor aches and pains, and reduces fever), 650 mg, every six hours as needed for pain or fever for 14 days.</li> <li>9. Miralax (laxative medication that can treat occasional constipation), 17 g daily as needed for constipation for 14 days.</li> <li>10. Probiotic (live microorganisms that provide health benefits by improving or restoring healthy gut microorganisms) twice daily for duration of antibiotics.</li> </ol> <p>I. Record review of R #19's physician's orders, 09/28/24 through 10/18/24, revealed the following:</p> <ol style="list-style-type: none"> <li>1. Staff did not enter an order for Centrum Silver.</li> <li>2. Staff did not enter an order for Latanoprost.</li> <li>3. Staff did not enter an order for Tylenol.</li> <li>4. Staff did not enter an order for Miralax.</li> <li>5. Staff did not enter an order for a Probiotic while R #19 took the ordered antibiotics.</li> </ol> <p>J. On 10/18/24 at 10:45 AM, during an interview, LPN #16 stated the following:</p> <ol style="list-style-type: none"> <li>1. When a resident was admitted , it was expected for the admitting nurse to assess the resident, check their skin, enter the orders that were received from the hospital, notify the physician that the resident arrived, and confirm orders.</li> <li>2. She confirmed R #19's record did not have orders for Centrum Silver, Latanoprost, Tylenol, Miralax, or an order for a probiotic while R #19 took antibiotics.</li> </ol> <p>K. On 10/18/24 at 12:34 PM, during an interview with the DON, she stated the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325043	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/18/2024
NAME OF PROVIDER OR SUPPLIER  Casa Arena Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  205 Moonglow Alamogordo, NM 88310	
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 - Some</p>	<ol style="list-style-type: none"> <li>1. When a new resident arrives, it was expected for the admitting nurse to review orders that came from the previous facility and contact the provider to confirm they wanted the resident to continue with the orders.</li> <li>2. The nurses sent the provider the orders through an application on their work phone.</li> <li>3. The providers responded back on the application whether it was okay to proceed with the orders or if there were any changes they wanted to make.</li> <li>4. The medical record contained an After Hours Call Note that indicated the provider communicated with the nursing staff about orders for R #19.</li> <li>5. R #19 did not have orders for Centrum Silver, Latanoprost, Tylenol, Miralax, or an order for a probiotic while R #19 took antibiotics.</li> <li>6. Staff should have entered all the orders for R #19 that the provider gave.</li> </ol> <p>49313</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325043	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/18/2024
NAME OF PROVIDER OR SUPPLIER  Casa Arena Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  205 Moonglow Alamogordo, NM 88310	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41755</p> <p>Based on record review and interview, the facility failed to ensure pharmaceutical services (the direct, responsible provision of medication-related care) were met for 1 (R #3) of 4 (R #1, R #3, R #19, and R #20) residents reviewed for medications when they failed to provide routine medication for a resident. This deficient practice could likely lead to unnecessary pain for the resident. The findings are:</p> <p>A. Record review of R #3's electronic medical record revealed the following:</p> <ol style="list-style-type: none"> <li>1. R #3 was admitted into the facility on [DATE].</li> <li>2. R #3 was transferred to the local emergency roiaognom on [DATE].</li> </ol> <p>B. Record review of R #3's Physician orders revealed:</p> <ol style="list-style-type: none"> <li>1. An order, dated 10/04/24, for pregabalin (medication is used to treat pain caused by nerve damage), 75mg. Give one capsule by mouth at bedtime for nerve pain.</li> <li>2. An order, dated 10/05/24, for pregabalin, 50mg. Give one capsule by mouth one time a day for nerve pain.</li> </ol> <p>B. Record review of R #3's Medication Administration Record (MAR; form used to documentation medication administration), dated October 2024, revealed the following:</p> <ol style="list-style-type: none"> <li>1. Pregabalin, 50mg. Give one capsule by mouth one time a day for nerve pain. Scheduled for administration at 8:00 AM. Staff documented 7 (not administered) for 10/05/24, 10/06/24, 10/07/24 and 10/09/24.</li> <li>2. Pregabalin, 75mg. Give one capsule by mouth one time a day for nerve pain. Scheduled for administration at 8:00 PM. Staff documented 7 (not administered) for 10/04/24, 10/06/24 and 10/07/24. Staff did not document anything for 10/05/24.</li> </ol> <p>C. Record review of R #3's progress notes, no date, revealed staff did not document any communication with the pharmacy or with the doctor regarding R #3's pregabalin prescription not being given.</p> <p>D. On 10/17/24 at 3:30 PM, during an interview, LPN #2 stated she could not remember why the medications was not given to R #3. She stated the strength of R #3's pregabalin prescription was not available in the Pyxis (automated medication dispensing system) so the facility had to wait for the medication to arrive from the pharmacy.</p> <p>E. On 10/18/24 at 12:46 PM, during an interview, the DON confirmed staff did not administer pregabalin to R #3, and staff did not document any attempts to contact the pharmacy or doctor.</p>		