

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 07/14/2025
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>Based on observation and interview, the facility failed to provide a comfortable and homelike environment for 1 (R #8) of 1 (R #8) resident when staff failed to keep R #8's bathroom clean of urine around the toilet. This deficient practice could likely cause the 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 07/14/25 at 11:06 AM, during an observation of R #8's bathroom, a strong smell of urine. The floor around the toilet had a wet spot and the floor appeared to be stained with a darker color than the rest of the floor. There was dark build up around the toilet seal on the floor. B. On 07/14/25 at 11:08 AM, during an interview, LPN #8 confirmed the urine on the floor of R #8's bathroom floor and the odor. LPN #8 stated R #8 does go to the bathroom on his own. LPN #8 stated she did not think the toilet was leaking. C. On 07/17/25 at 11:06 AM, during an interview, the Administrator said her expectation is the bathroom be cleaned and staff be made aware of the urine on the floor.</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 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 MDS assessment was completed within 14 calendar days after admission for 1 (R #1) of 9 (R #1, R #3, R #4, R #5, R #8, R #9, R #10, R #25, and R #26) residents reviewed for MDS assessment timing. This deficient practice could likely result in residents' care not being met. The findings are: A. Record review of R #1's admission Record (no date) revealed an admission date of 04/09/25. B. Record review of R #1's admission MDS assessment dated [DATE] revealed the assessment was not completed by the RN until 04/26/25. C. On 07/14/25 at 3:29 PM, during an interview with the administrator and the director of clinical services, they confirmed R #1's admission MDS assessment was not completed by facility staff within 14 days of admission.</p>

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<p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident when there is a significant change in condition</p> <p>Based on record review and interview, the facility failed to complete and transmit (electronically sending encoded information) a Significant Change in Condition (SCIC; major decline or improvement in the patient's health status) MDS assessment within 14 days after the facility determined a significant change in the resident's physical or mental condition for 1 (R #2) of 3 (R #1, R #2 and R #3) residents reviewed for SCIC MDS assessment timing. This deficient practice could likely result in the residents not receiving the appropriate care and services they need related to changes in their condition. The findings are: A. Record review of R #2's Physician's Orders dated 06/03/25 revealed: admit to hospice.B. Record review of R #2's MDS assessments revealed a SCIC MDS assessment was not completed upon R #2's admission to hospice. C. On 07/14/25 at 3:45 PM, during an interview with the administrator and the director of clinical services, they confirmed staff did not complete the required SCIC MDS within 14 days of R #2's admission to hospice.</p>

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>Based on observation and interview, the facility failed to post nurse staffing data on a daily basis for access by the public and all 102 residents (residents were identified by the census list provided by the Administrator on 07/10/25) included the following: 1. The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift to include: a. Registered Nurses. b. Licensed Practical Nurses. c. Certified Nurse Aides. This deficient practice could likely result in residents not knowing which staff is working. The findings are: A. On 07/10/25 at 1:42 PM, during an observation of the facility, revealed the nurse staffing data posted at the front entrance of the facility did not include the total number of actual nursing staff scheduled and actual hours worked by nursing staff for the day. B. On 07/10/25 at 1:43 PM, during an interview, the Front Desk Clerk (FDC) confirmed she is responsible for posting the nurse staffing data. The FDC confirmed the posted staffing data was not posted on 07/10/25 and should include the total number of staff scheduled for each shift and the number of hours that each nursing staff is scheduled to work. C. On 07/14/25 at 2:21PM, during an interview with the Administrator, she stated her expectation is that the nurse staffing data be posted at the front entrance of the facility by 10:00 AM daily.</p>