

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 05/11/2026
NAME OF PROVIDER OR SUPPLIER Casa Arena Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 205 Moonglow Avenue 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)		
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation and interview, the facility failed to secure medications in a medication cart for 58 residents on the 600 Unit (residents were identified by the census list provided by the Director of Nursing (DON) on 05/07/26). This deficient practice could likely result in residents obtaining medication not prescribed to them resulting in adverse side effects. The findings are: A. On 05/08/26 at 12:46 PM, during an observation of the 600 unit, revealed an unlocked medication cart. Staff were not present. B. On 05/08/26 at 12:47 PM, during an interview, CNA #8 stated the medication cart was unlocked on the 600 unit. C. On 05/08/26 at 1:04 PM, during an interview, the DON stated the medication carts should be locked when not in direct care of staff.		

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