

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325044	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/15/2024
NAME OF PROVIDER OR SUPPLIER Mission Arch Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3200 Mission Arch Drive Roswell, NM 88201	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50207</p> <p>Based on record review and interview, the facility failed to ensure accuracy of the Minimum Data Set Assessment (MDS; a federally mandated assessment instrument completed by facility staff) for 1 (R #3) of 5 (R #1, R #2, R #3, R #4, and R #5) residents reviewed. If the MDS assessment is inaccurate, then residents are likely to not receive the services they need. The findings are:</p> <p>A. Record review of R #3's Face Sheet revealed he was admitted to the facility on [DATE] with multiple diagnoses including:</p> <ol style="list-style-type: none"> 1. Anemia (low red blood cell count), unspecified. 2. Nontoxic Single Thyroid Nodule (a lump that forms in the thyroid gland). 3. Type 2 Diabetes Mellitus (a condition results from insufficient production of insulin, causing high blood sugar) with Hyperglycemia (high blood sugar). 4. Inflammatory Disease of Prostate (male reproductive gland). <p>B. Record review of R #3's Weight Summary revealed that R #3 weighed 207.8 pounds on 06/03/24 and 156.2 pounds on 10/01/24 (weight loss of 24.8% in four months).</p> <p>C. Record review of R #3's MDS assessment dated [DATE] revealed staff did not document R #3's significant weight loss.</p> <p>D. On 11/14/24 at 3:00 pm, during an interview with the Director of Nursing (DON) she confirmed that R #3's Weight Summary indicates a weight loss of 47.6 pounds in six months. The DON confirmed that is significant weight loss and should have been captured in the MDS assessment. She confirmed R #3's MDS does not indicate weight loss.</p> <p>51657</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: 325044	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/15/2024
NAME OF PROVIDER OR SUPPLIER Mission Arch Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3200 Mission Arch Drive Roswell, NM 88201	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50207</p> <p>Based on record review and interview the facility failed to develop and implement a comprehensive person-centered care plan for 2 (R #1 and R #4) of 4 (R #1, R #2, R #3, and R #4) residents reviewed for care plans. If the facility fails to develop and implement comprehensive person-centered care plans, then staff are likely to not understand the care and needs of the residents which may result in worsening of medical conditions. The findings are:</p> <p>R #1</p> <p>A. Record review of R #1's Face Sheet revealed that she was admitted to the facility on [DATE] with multiple diagnoses including:</p> <ol style="list-style-type: none"> 1. Sepsis (a serious condition in which the body responds improperly to an infection), unspecified organism. 2. Muscle weakness, (generalized). 3. Colostomy Status [a surgical procedure in which the colon is connected to the abdominal wall and an opening (stoma) is created in the abdominal wall created to allow waste to leave the body]. 4. Encounter for surgical aftercare following surgery on the Genitourinary (the sex organs of the reproductive system and the organs of the urinary system) and Digestive (the organs responsible for breaking down food and liquids down into substances that the body uses) Systems. <p>B. Record review of R #1's Baseline Care Plan dated 08/08/24, revealed that R #1 was admitted to the facility with a pressure ulcer on her coccyx (tail bone located at the end of the spine), bruising location not noted, and a surgical wound. This plan indicates that R #1 is incontinent (having little to no control) for bowel and continent (has the ability to control) for bladder due to a foley catheter in place.</p> <p>C. Record review of R #1's Care Plan dated 08/21/24 revealed the following:</p> <ol style="list-style-type: none"> 1. An intervention to provide wound care as ordered was initiated on 09/12/24 (thirty-six days after admission). 2. The care needs for R #1's abdominal surgical wound with 28 staples was not included. 3. The care needs for R #1's foley catheter was not included. 4. The care needs for R #1's colostomy was not included. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325044	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/15/2024
NAME OF PROVIDER OR SUPPLIER Mission Arch Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3200 Mission Arch Drive Roswell, NM 88201	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>D. On 11/14/24 at 3:00 pm, during an interview with the Director of Nursing (DON) she confirmed that R #1's care plan is not comprehensive or person-centered because it does not address her wound care, surgical site, foley catheter or colostomy. She stated this does not meet her expectations because comprehensive care plans are to be developed and implemented within 7 days of the completion of the Minimum Data Set Assessment (MDS; a federally mandated assessment instrument completed by facility staff) and that did not happen.</p> <p>R #4</p> <p>E. Record review of R #4's Face Sheet revealed that she was admitted to the facility on [DATE] with multiple diagnoses including:</p> <ol style="list-style-type: none"> 1. Cerebral Infarction, (an area of dead tissue in the brain resulting from a blockage or narrowing in the arteries supplying blood and oxygen to the brain), unspecified. 2. Cellulitis (deep inflammation of the tissues just under the skin; caused by infection) of left lower limb. 3. Hyperlipidemia, (a condition in which there are high levels of fat particles in the blood; high cholesterol) unspecified 4. Laceration (a wound produced by tearing) of Esophagus (part of the body that connects the throat to the stomach), subsequent encounter. <p>F. Record review of R #4's Weight Summary revealed that R #4 weighed 169.6 pounds on 08/02/24 and 150.2 pounds on 11/09/24 (weight loss of 11.43% in three months).</p> <p>G. Record review of R #4's Care Plan revealed that weight loss was not included.</p> <p>H. On 11/14/24 at 3:00 pm, during an interview with the DON, she confirmed that a 11.43% weight loss in a three-month period is significant weight loss. She stated that significant weight loss should be addressed in the care plan and confirmed that R #4's care plan did not address significant weight loss.</p> <p>51657</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325044	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/15/2024
NAME OF PROVIDER OR SUPPLIER Mission Arch Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3200 Mission Arch Drive Roswell, NM 88201	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50207</p> <p>Based on record review and interview, the facility failed to ensure that 2 (R #1 and R #4) of 4 (R #1, R #2, R #3, and R #4) residents reviewed for pressure ulcers (a wound caused by prolonged pressure occurring in boney areas of the body) received the necessary treatment and services to promote healing and prevent new ulcers from developing when staff failed to</p> <ol style="list-style-type: none"> 1. Conduct consistent pressure ulcer wound assessments with measurements. 2. Obtain and implement wound care treatment orders timely. 3. Initiate and implement wound care treatment interventions in care plans. <p>This deficient practice is likely to lead to residents developing new pressure ulcers or the worsening of current pressure ulcers. The findings are:</p> <p>R #1</p> <p>A. Record review of R #1's Face Sheet revealed that she was admitted to the facility on [DATE] with multiple diagnoses including:</p> <ol style="list-style-type: none"> 1. Sepsis (a serious condition in which the body responds improperly to an infection), unspecified organism. 2. Muscle weakness, (generalized). 3. Colostomy Status [a surgical procedure in which the colon is connected to the abdominal wall and an opening (stoma) is created in the abdominal wall created to allow waste to leave the body]. 4. Encounter for surgical aftercare following surgery on the Genitourinary (the sex organs of the reproductive system and the organs of the urinary system) and Digestive (the organs responsible for breaking down food and liquids down into substances that the body uses) Systems. <p>B. Record review of R #1's Baseline Care Plan dated 08/08/24, revealed R #1 was admitted with a pressure ulcer on the right side of her coccyx (tail bone located at the end of the spine) and a surgical wound, location unknown.</p> <p>C. Record review of R #1's Electronic Health Record (EHR) revealed that R #1's pressure ulcer was not measured while she was at the facility.</p> <p>D. Record review of R #1's medical orders revealed an order to cleanse the right buttocks with wound cleanser, pat dry, place Medihoney (a medical-grade wound care dressing and gel) into wound and cover with AG (a sterile pad that contains ionic silver used to promote healing) dated 09/11/24 (34 days after admission).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325044	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/15/2024
NAME OF PROVIDER OR SUPPLIER Mission Arch Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3200 Mission Arch Drive Roswell, NM 88201	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>E. Record review of R #1's care plan revealed an intervention to provide wound treatment as ordered) dated 09/12/24 (35 days after admission).</p> <p>F. On 11/14/24 at 3:00 pm during an interview with the Director of Nursing (DON), she confirmed that orders and interventions for wound treatment were not obtained or implemented for the first thirty-four days of R #1's stay at the facility. The DON could not say if the wound improved or not due to the facility failing to measure the wound. She stated this does not meet her expectations because nurses should contact the medical provider anytime orders are needed and this apparently did not happen timely. The DON confirmed that she expects all wounds to be measured.</p> <p>R #4</p> <p>G. Record review of R #4's Face Sheet revealed that she was admitted to the facility on [DATE] with multiple diagnoses including:</p> <ol style="list-style-type: none"> 1. Cerebral Infarction, (an area of dead tissue in the brain resulting from a blockage or narrowing in the arteries supplying blood and oxygen to the brain), unspecified. 2. Cellulitis (deep inflammation of the tissues just under the skin; caused by infection) of left lower limb. 3. Hyperlipidemia, (a condition in which there are high levels of fat particles in the blood; high cholesterol) unspecified 4. Laceration (a wound produced by tearing) of Esophagus (part of the body that connects the throat to the stomach), subsequent encounter. <p>H. Record review of R #4's Baseline Care Plan dated 08/02/24, revealed her skin was intact with some bruising on her upper and lower extremities.</p> <p>I. Record review of R #4's care plan dated 09/18/24, revealed a documented pressure ulcer (location is not identified.)</p> <p>J. Record review of R #3's medical orders revealed there is no order for wound care or treatment.</p> <p>K. Record review of R #3's EHR revealed that R #4's pressure ulcer had not been measured.</p> <p>L. On 11/14/24 at 3:00 pm during an interview with the DON, she confirmed that R #4's Baseline Care Plan does not show the presence of a pressure ulcer indicating R #4 did not have a pressure ulcer upon admission. The DON was not able to say when the pressure ulcer developed due to lack of documentation in R #4's EHR regarding the pressure ulcer. She was not able to say if the pressure ulcer has improved or not due to the wound not being measured. The DON confirmed there are no current medical orders for the care or treatment of R #4's pressure ulcer.</p> <p>51657</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325044	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/15/2024
NAME OF PROVIDER OR SUPPLIER Mission Arch Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3200 Mission Arch Drive Roswell, NM 88201	

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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50207</p> <p>Based on interview and record review, the facility failed to monitor residents' weights, assess the cause of unintentional weight loss and implement interventions to prevent further weight loss for 4 (R #1, R #2, R #3, and R #4) of 4 (R #1, R #2, R #3, and R #4) residents reviewed for nutrition. This deficient practice could likely result in the residents losing weight causing physical and mental health issues. The findings are:</p> <p>R #1</p> <p>A. Record review of R #1's Face Sheet revealed that she was admitted to the facility on [DATE] with multiple diagnoses including:</p> <ol style="list-style-type: none"> 1. Sepsis (a serious condition in which the body responds improperly to an infection), unspecified organism. 2. Muscle weakness, (generalized). 3. Colostomy Status [a surgical procedure in which the colon is connected to the abdominal wall and an opening (stoma) is created in the abdominal wall created to allow waste to leave the body]. 4. Encounter for surgical aftercare following surgery on the Genitourinary (the sex organs of the reproductive system and the organs of the urinary system) and Digestive (the organs responsible for breaking down food and liquids down into substances that the body uses) Systems. <p>B. Record review of R #1's Care Plan revealed the following:</p> <ol style="list-style-type: none"> 1. [Name of R #1] will consume [sign for greater than] 80% of meals through next review, dated 08/19/24. 2. [Name of R #1] will not have any significant weight changes through next review, dated 08/19/24. 3. Monitor for changes in nutritional status (changes in intake, ability to feed self, unplanned weight loss/gain, abnormal labs) and report to food and nutrition/physician as indicated dated 08/19/24. 4. Offer snacks between meals dated 09/12/24. 5. Provide house supplement as ordered dated 09/12/24. <p>C. Record review of R #1's Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff) dated 09/12/24 revealed that she required substantial maximum assistance for dining.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325044	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/15/2024
NAME OF PROVIDER OR SUPPLIER Mission Arch Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3200 Mission Arch Drive Roswell, NM 88201	
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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>D. Record review of R #1's Documentation Survey Report for the months of August 2024 and September 2024 revealed that R #1 ate no more than fifty percent of any meal.</p> <p>E. Record review of Nutrition assessment dated [DATE], revealed a recommendation to get a current weight for R #1.</p> <p>F. Record review of Nutrition assessment dated [DATE], revealed a second recommendation to get a current weight for R #1.</p> <p>G. Record review of R #1's medical orders dated 08/08/24 revealed an order to weigh R #1 weekly, every Thursday for four weeks and monthly thereafter.</p> <p>H. Record review of R #1's Weight Summary revealed that R #1 weighed 126.3 pounds on 08/08/24. The Weight Summary does not contain any other weights for this resident.</p> <p>I. Record review of R #1's hospital discharge documents dated 09/25/24 revealed that R #1 was admitted to the hospital on the same date and weighed 89 pounds (loss of 37.3 pounds which equals 29.5% weight loss in 41 days).</p> <p>J. On 11/13/24 at 11:11 am during an interview with R #1's daughter, she stated that her mother passed away on 09/30/24 from complications related to COVID-19 (an acute respiratory disease in humans characterized mainly by fever and cough and capable of progressing to severe symptoms and in some cases death, especially in older people and those with underlying health conditions) but feels like she would have been stronger and more able to fight off the disease if she was healthier and at a healthy weight. R #1's daughter stated that she didn't realize how much weight her mother lost because she was always laying in bed covered up when she visited. She stated that she sent her mother to the facility to be taken care of and feels like the facility failed her.</p> <p>K. On 11/14/24 at 11:43 am during an interview with the Administrator (ADM), he stated that the registered dietician was not available for interview but the Director of Clinical Operations was available and prepared to interview.</p> <p>L. On 11/14/24 at 11:45 am during an interview with the Director of Clinical Operations (DCO) she stated that she is a registered dietician. She confirmed that R #1's weight loss of 37.3 pounds in 41 days is significant and the nutritionist should have been notified. She stated the nutritionist made two separate recommendations to get a current weight on R #1, but the facility failed to do so. She stated that the nutritionist would typically go to the DON or the Administrator if recommendations were not followed but was not able to say if this happened. The DCO confirmed weight loss for R #1 was not planned.</p> <p>M. On 11/14/24 at 3:00 pm during an interview with the DON, she confirmed that the facility failed to follow the doctor's order and the nutritionist's recommendations of weighing R #1. The DON confirmed that the facility failed to act after all documentation showed R #1 not meeting her goal of consuming eighty percent of her meals. She stated that placing R #1 on a house supplement should have been done sooner than 09/12/24. The DON confirmed that the doctor and nutritionist were not notified of R #1's significant weight loss because it was not being monitored appropriately. She stated planned weight loss was not in R #1's plan of care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325044	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/15/2024
NAME OF PROVIDER OR SUPPLIER Mission Arch Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3200 Mission Arch Drive Roswell, NM 88201	
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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R #2</p> <p>N. Record review of R #2's Face Sheet revealed she was admitted to the facility on [DATE] with multiple diagnoses including:</p> <ol style="list-style-type: none"> 1. Alzheimer's Disease (a progressive disease that destroys memory and other important mental functions), unspecified. 2. Type 2 Diabetes without complications (a condition results from insufficient production of insulin, causing high blood sugar) 3. Unspecified severe protein-calorie malnutrition (a severe loss of weight or lack of weight gain). <p>O. Record review of R #2's Weight Summary revealed the following:</p> <ol style="list-style-type: none"> 1. On 05/01/24, the resident weighed 221.8 pounds. 2. On 06/03/24, the resident weighed 198.8 pounds. 3. On 07/03/24, the resident weighed 215.8 pounds. 4. On 08/01/24, the resident weighed 210.0 pounds. 5. On 09/01/24, the resident weighed 198.2 pounds. 6. On 10/01/24, the resident weighed 190.4 pounds. 7. On 11/05/24, the resident weighed 181.4 pounds. <p>P. Record review of R #2's care plan revealed the following:</p> <ol style="list-style-type: none"> 1. [Name of R #2] will consume [sign for greater than] 85% of meals through next review, dated 11/19/19 and revised on 07/17/24. 2. [Name of R #2] will not have any significant weight changes through next review, dated 03/01/24 and revised on 10/15/24. <p>Q. Record review of R #2's Documentation Survey Report for the months of July 2024, August 2024, September 2024, and October 2024 revealed that R #2 ate no more than twenty-five percent of any meal.</p> <p>R. On 11/14/24 at 11:45 am during an interview with the Director of Clinical Operations (DCO) she confirmed that R #2's weight loss is significant and stated she was unsure if the nutritionist was notified.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325044	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/15/2024
NAME OF PROVIDER OR SUPPLIER Mission Arch Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3200 Mission Arch Drive Roswell, NM 88201	
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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>S. On 11/14/24 at 3:00 pm during an interview with the DON, she confirmed that the facility failed to act after all documentation showed R #2 not meeting her goal of consuming more than eighty-five percent of her meals. The DON is not sure if the doctor and nutritionist were notified of R #2's significant weight loss but confirmed they should have been. She stated that weight loss is not a goal in R #2's plan so the weight loss was not planned.</p> <p>R #3</p> <p>T. Record review of R #3's Face Sheet revealed he was admitted to the facility on [DATE] with multiple diagnoses including:</p> <ol style="list-style-type: none"> 1. Anemia (low red blood cell count), unspecified. 2. Nontoxic Single Thyroid Nodule (a lump that forms in the thyroid gland). 3. Type 2 Diabetes Mellitus (a condition results from insufficient production of insulin, causing high blood sugar) with Hyperglycemia (high blood sugar). 4. Inflammatory Disease of Prostate (male reproductive gland). <p>U. Record review of R #3's MDS dated [DATE] revealed that he requires setup or cleanup assistance for dining.</p> <p>V. Record review of R #3's care plan revealed a goal of [Name of R #3] will consume [sign for more than] 85% of meals through next review dated 06/11/24 and revised on 10/31/24.</p> <p>W. Record review of R #3's Weight Summary revealed that R #3 weighed 207.8 pounds on 06/03/24 and 160.2 pounds on 11/11/24 (weight loss of 22.9% in six months).</p> <p>X. Record review of R #3's Documentation Survey Report for the months of June 2024, July 2024, and August 2024 revealed that R #3 ate no more than fifty percent of any meal.</p> <p>Y. On 11/14/24 at 11:45 am during an interview with the Director of Clinical Operations (DCO) she confirmed that R #3's weight loss is significant and stated she was unsure if the nutritionist was notified. The DCO confirmed R #3's weight loss was not planned.</p> <p>Z. On 11/14/24 at 3:00 pm during an interview with the DON, she confirmed that the facility failed to act after all documentation showed R #3 not meeting her goal of consuming more than eighty-five percent of her meals. She stated the weight of 207.8 pounds may have been an error but confirmed R #3 was not reweighed to rule this out.</p> <p>R #4</p> <p>AA. Record review of R #4's Face Sheet revealed that she was admitted to the facility on [DATE] with multiple diagnoses including:</p> <ol style="list-style-type: none"> 1. Cerebral Infarction, (an area of dead tissue in the brain resulting from a blockage or narrowing in the arteries supplying blood and oxygen to the brain), unspecified. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325044	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/15/2024
NAME OF PROVIDER OR SUPPLIER Mission Arch Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3200 Mission Arch Drive Roswell, NM 88201	

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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>2. Cellulitis (deep inflammation of the tissues just under the skin; caused by infection) of left lower limb.</p> <p>3. Hyperlipidemia, (a condition in which there are high levels of fat particles in the blood; high cholesterol) unspecified</p> <p>4. Laceration (a wound produced by tearing) of Esophagus (part of the body that connects the throat to the stomach), subsequent encounter.</p> <p>BB. Record review of R #4's MDS revealed that she requires supervision or touching assistance for dining.</p> <p>CC. Record review of R #4's Weight Summary revealed that R #4 weighed 170.2 pounds on 09/24/24 and 150.2 pounds on 10/31/24 (loss of 20 pounds which equals 11.75% weight loss in 38 days).</p> <p>DD. Record review of R #4's care plan dated 08/14/24 revealed no goals or interventions related to significant weight loss.</p> <p>EE. Record review of R #4's medical orders revealed no order to address significant weight loss.</p> <p>FF. On 11/14/24 at 11:45 am during an interview with the Director of Clinical Operations (DCO) she confirmed that R #4's weight loss is significant and stated she was unsure if the nutritionist was notified. She stated weight loss was not planned for this resident.</p> <p>GG. On 11/14/24 at 3:00 pm during an interview with the DON, she confirmed that R #4's weight loss of 11.75% is considered significant weight loss and should be included in the care plan.</p> <p>51657</p>