

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325047	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/05/2026
NAME OF PROVIDER OR SUPPLIER Casa DE Oro Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1005 Lujan Hill Road Las Cruces, NM 88005	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Based on record review, observation, and interview, the facility failed to ensure care plan revision and care plan meeting requirements occurred for 5 (R #2, R #12, R #14, R #24, and R #33) of 5 (R #2, R #12, R #14, R #24, and R #33) residents when the staff failed to: 1. Revise the care plan with the most current resident information for R #24 and R #33. 2. Have the required IDT members participate in the care plan meeting for R #2, R #12, R #14, and R #33. These deficient practices could likely result in the care plan not being updated with the most current resident conditions and appropriate interventions, staff being unaware of changes in care provided, and residents not receiving the care related to changes in their health status or healthcare decisions. The findings are:</p> <p>R #2</p> <p>A. Record review of R #2's face sheet, no date, revealed an admission date of 08/23/19.</p> <p>B. Record review of R #2's care plan meeting notes, dated 12/30/25, revealed the CNA with responsibility for the resident and the provider did not attend the care plan meeting or provide input.</p> <p>R #12</p> <p>C. Record review of R #12's face sheet, no date, revealed an admission date of 03/19/25.</p> <p>D. Record review of R #12's care plan meeting notes, dated 12/23/25, revealed the individuals that were present at the meeting were R #12's family member (FM), the Unit Manager (UM), the Social Services Director (SSD), recreation staff, Dietician, and Scheduler.</p> <p>R #14</p> <p>E. Record review of R #14's face sheet, no date, revealed an admission date of 04/10/25.</p> <p>F. Record review of R #14's care plan meeting notes, dated 12/18/25, revealed the individuals that were present at the meeting were the UM, the Social Services Assistant (SSA), recreation staff, Dietician, and Scheduler.</p> <p>G. On 01/30/26 at 1:05 PM, during an interview with SSD, the following was confirmed:</p> <ol style="list-style-type: none"> R #14's last care plan meeting on 12/18/25 did not include the Provider and CNA. Individuals who are invited to care plan meetings include the residents, the resident's <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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 325047
		If continuation sheet Page 1 of 3

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>representative, UM, Dietician, recreation staff, transportation staff, SSA.</p> <p>3. CNAs with responsibility for the residents were not invited to the care plan meeting.</p> <p>4. Providers were not invited to the care plan meeting.</p> <p>R #24</p> <p>H. On 01/28/26 at 9:11 AM, during an interview, R #24 stated that sometimes she only gets one shower a week. R #24 stated she refuses showers sometimes when it is too cold or when she doesn't feel well.</p> <p>I. On 01/29/26 at 10:01 AM, during an interview, CNA #8 stated R #24 had been refusing showers lately. CNA #8 stated when a resident refuses showers that they will let the nurse know and that she documents the refusal on the resident's shower sheet.</p> <p>J. On 01/29/26 at 10:10 AM, during an interview, CNA #9 stated R #24 does refuse showers when she doesn't feel well.</p> <p>K. Record review of R #24's care plan, dated 01/19/26, revealed there were no interventions or documentation of R #24's refusals of showers.</p> <p>L. On 01/29/26 at 12:45 PM, during an interview, Unit Manager (UM) #8 stated R #24 is not compliant with showering and that she refuses often. UM # 8 confirmed that R #24's refusals are not documented in her care plan. UM #8 stated that R #24's refusals should be documented in her care plan.</p> <p>R #33</p> <p>M. Record review of R #33's admission record, no date, revealed an admission date of 01/26/24.</p> <p>N. Record review of R #33's care plan meeting notes, dated 12/16/25, revealed the CNA with responsibility for the resident and the provider did not attend the care plan meeting or provide input.</p> <p>O. On 02/05/26 at 12:10 PM, during an interview, the SSD confirmed the CNA's and provider did not attend the care plan meeting for R #2 and R #33.</p> <p>P. On 01/27/26 at 2:25 PM, during an interview and observation, revealed R #33's toenails were overgrown, yellow, thick and cracked. R #33 stated is toenails had not been cut in a long time.</p> <p>Q. On 01/29/26 at 2:18 PM, during an observation and interview, the DON confirmed R #33's toenails were overgrown and not cut.</p> <p>R. Record review of a progress note, dated 10/28/25, revealed R #33 had painful mycotic (fungal infection) toenails. The progress note stated to remove all affected mycotic nail tissue to the exposed nail beds as R #33 can tolerate and a follow up appointment in two (2) months for routine foot care.</p> <p>S. Record review of R #33's care plan, dated 01/26/26, revealed staff did not document R #33's interventions for toenail care.</p> <p>(continued on next page)</p>		

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	T. On 01/29/2026 at 2:18 PM, during an interview, the DON stated that resident care should be documented on the care plan.		