STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325047	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casa DE Oro Center	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)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure medications were administered as ordered by the physician for 1 (R #3) of 3 (R #1, R #2, and R #3) residents reviewed for medication administration when staff failed to ensure narcotic (medication used to treat moderate to severe pain) medications were not administered earlier than ordered. This deficient practice could likely lead to adverse side effects (unwanted, harmful, or unintended reactions to medications or treatments, ranging from mild annoyances to life-threatening conditions) due to overmedication. The findings are: A. Record review of R #3's Face Sheet, no date, revealed the following: 1. R #3 was admitted to the facility on [DATE]. 2. R #3 diagnoses include: a. Polyneuropathy (condition in which multiple peripheral nerves throughout the body are damaged disrupting communication between the brain and the rest of the body leading to pain, numbness and weakness). b. Pain in left knee. B. Record review of R #3's physician's orders revealed an order dated 03/23/26 for oxycodone-acetaminophen (combination medication used to help relieve moderate to severe pain) 5-325 mg, give one tablet by mouth every eight hours as needed for moderate pain/severe pain. C. Record review of R #3's Controlled Drug Record (CDR; mandatory documentation required by the Drug Enforcement Agency [DEA]to track the complete life cycle of controlled substances, including their acquisition, administration, dispensing, and disposal) for oxycodone-acetaminophen 5-325 mg dated 03/23/26 to 03/27/26 revealed the following: 1. Staff signed out one tablet of oxycodone-acetaminophen 5-325 mg on 03/24/26 at 3:00 PM. 2. Staff signed out one tablet of oxycodone-acetaminophen 5-325 mg on 03/24/26 at 8:03 PM. D. Record review of R #3's MAR, dated March 2026, revealed the following: 1. Staff did not document administration of oxycodone-acetaminophen 5-325 mg on 03/24/26 at 3:00 PM. 2. Staff documented administration of oxycodone-acetaminophen 5-325 mg on 03/24/26 at 8:03 PM. E. On 04/09/26 at 9:56 AM, during an interview, the DON confirmed the following: 1. Staff administered R #3's oxycodone-acetaminophen 5-325 mg sooner than every eight hours when they administered a dose at 3:00 PM on 03/24/26 then again at 8:03 PM on 03/24/26. 2. The administration of R #3's oxycodone-acetaminophen 5-325 mg given prior to every eight hours was a medication error. 3. The expectation is that staff check both the CDR and MAR to determine if the PRN oxycodone-acetaminophen can be administered to the resident.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325047	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casa DE Oro Center	1005 Lujan Hill Road Las Cruces, NM 88005

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure medical records were complete and accurate for 1 (R #3) of 3 (R #1, R #2, and R #3) residents reviewed for medication administration when staff failed to document narcotic medication administration on the MAR for R #3. This deficient could likely cause staff to not have the most accurate resident information if the records are inaccurate or missing adversely impact the care staff provides. The findings are:A. Record review of R #3's Face Sheet, no date, revealed the following:1. R #3 was admitted to the facility on [DATE]. 2. R #3 diagnoses include: a. Polyneuropathy (condition in which multiple peripheral nerves throughout the body are damaged disrupting communication between the brain and the rest of the body leading to pain, numbness and weakness). b. Pain in left knee B. Record review of R #3's physician's orders revealed an order dated 03/23/26 for oxycodone-acetaminophen (combination medication used to help relieve moderate to severe pain) 5-325 mg, give one tablet by mouth every eight hours as needed for moderate/severe pain. C. Record review of R #3's Controlled Drug Record (CDR; mandatory documentation required by the Drug Enforcement Agency [DEA] to track the complete life cycle of controlled substances, including their acquisition, administration, dispensing, and disposal) for oxycodone-acetaminophen 5-325 mg dated 03/23/26 to 03/27/26 revealed staff signed out one tablet of oxycodone-acetaminophen 5-325 mg on 03/24/26 at 3:00 PM. D. Record review of R #3's MAR, dated March 2026, staff did not document administering one tablet of oxycodone-acetaminophen 5-325 mg on 03/24/26 at 3:00 PM. E. On 04/09/26 at 9:56 AM, during an interview, the DON confirmed that staff were expected to document all narcotic medication administrations on the CDR and the MAR and staff did not.