

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325056	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/22/2024
NAME OF PROVIDER OR SUPPLIER Los Alamos Wellness & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1011 Sombrillo Court Los Alamos, NM 87544	

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 0561</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 and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>46064</p> <p>Based on record review and interview, the facility failed to ensure residents were bathed according to their preference for 1 (R #3) of 1 (R #3) resident reviewed for showers. This deficient practice is likely to result in the residents' personal choices not being honored, poor hygiene, and loss of dignity. The findings are:</p> <p>A. On 07/19/24 at 1:54 PM during an interview with R #3's daughter, she stated her mother rarely got showers and her hair was always greasy at the facility. She further stated her mother was able to make choices about her care and voiced that she did not refuse showers when they were offered to her. The daughter also stated her mother was very private and embarrassed about asking for care.</p> <p>B. Record review of shower schedule revealed R #3's shower days were Wednesdays and Saturdays.</p> <p>C. Record review of shower sheets and documentation survey reports (a detailed report that included tasks, interventions, frequency, documentation details, and responses), dated 3/20/24 through 04/17/24, revealed R #3 had one shower on 03/23/24 out of nine opportunities.</p> <p>D. On 07/22/24 at 10:55 AM during an interview with the Director of Nursing (DON), she stated staff documented resident showers on the paper shower sheets. She stated if there were not paper shower sheets then that meant staff did not give the resident a shower.</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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46064</p> <p>Based on record review, observation, and interview, the facility failed to ensure staff monitored residents for side effects of medication for 1 (R #3) of 1 (R #3) residents reviewed for unnecessary medications. If the facility is not adequately monitoring for the side effects of the medications prescribed to their residents then residents are likely to be at risk of adverse outcomes. The findings are:</p> <p>A. On 07/19/24 at 1:54 PM during an interview with R #3's daughter, she stated her mother had unresolved diarrhea.</p> <p>B. Record review of R #3's medical record revealed R #3 was admitted on [DATE] for skilled services with the primary diagnosis of metabolic encephalopathy (a disorder that affects the brain and causes altered mental status). Further review revealed the resident had a Brief Interview for Mental Status (BIMS; a tool used to measure a person's ability to think, problem-solve, and process information) score of 7, severe impairment.</p> <p>C. Record Review of R #3's care plan, dated 03/26/24, revealed R #3 was dependent on staff for toileting and transfers.</p> <p>D. Record review of R #3's clinical orders revealed the following:</p> <ul style="list-style-type: none"> - An order, dated 03/20/24, for senna plus oral tablet [medication used to treat constipation (a problem with passing stool)]. Give one tablet by mouth one time a day for constipation. - An order, dated 03/20/24, for bisacodyl oral tablet delayed release (medication used for the temporary relief of occasional constipation). Give two tablet by mouth one time a day for constipation - An order, dated 03/20/24, for loperamide HCl oral tablet [medication used to treat diarrhea (loose, watery and more-frequent bowel movements). Give one tablet by mouth every six hours as needed for diarrhea. <p>E. Record review of R #3's medication administration record (MAR) for March and April 2024 revealed staff administered the following:</p> <ul style="list-style-type: none"> - Senna every day from 03/20/24 through 04/17/24; - Bisacodyl every day from 03/21/24 through 04/17/24; - Loperamide on 03/25/24 and 03/28/24. <p>F. Record Review of R #3's documentation survey report (a detailed report that included tasks, interventions, frequency, documentation details, and responses) for March and April 2024 revealed staff documented R #3 had instances of diarrhea on 03/25/24, 03/28/24, 03/29/24, 03/30/24, and 04/11/24. Staff did not document the resident had any instances of constipation from 03/20/24 through 04/17/24.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>G. On 07/19/24 at 3:30 PM during an interview with Certified Nursing Assistant (CNA) #1, she stated R #3 had a lot of diarrhea. She further stated she reported the diarrhea to the nurse on duty.</p> <p>H. On 07/22/24 at 10:55 AM during interview with Director of Nursing (DON), she stated staff administered R #3 bisacodyl and senna on the days the resident had diarrhea, but they should not have. The DON stated staff should not administer the stool softener if they administered loperamide.</p>		