

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  06/17/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation and interview, the facility failed to store and serve food under sanitary conditions when staff failed to ensure:</p> <ol style="list-style-type: none"> <li>1. All items were labeled and dated in the locked unit and room [ROOM NUMBER] refrigerators.</li> <li>2. Daily temperatures of the locked unit and room [ROOM NUMBER] refrigerators were documented.</li> </ol> <p>These deficient practices are likely to affect all 20 residents in the locked unit, 2 residents in room [ROOM NUMBER] and is likely to cause foodborne illnesses in residents. The findings are:</p> <p>A. On 06/16/25 at 9:33 AM, during the initial walk through of the facility's locked unit, a refrigerator in the dining area and room [ROOM NUMBER]. The refrigerator contained the following food items and snacks for the residents.</p> <ol style="list-style-type: none"> <li>1. Two containers of punch/juice, two containers of nutritional supplements, one container of salsa, all items were unlabeled and undated.</li> <li>2. One uncovered container of punch/juice, dated 06/11/25, was expired and improperly stored.</li> <li>3. Packaged frozen food items in the freezer that were unlabeled and undated.</li> <li>4. room [ROOM NUMBER] refrigerator temperature log was not available for review.</li> </ol> <p>B. On 06/16/25 at 9:44 AM, during an interview, Certified Nursing Assistant (CNA) #1 confirmed the food items in the locked unit refrigerator belonged to the residents, all items should be labeled and dated and they were not.</p> <p>C. On 06/16/25 at 9:44 AM, during an interview, the Housekeeping Supervisor confirmed that the refrigerator in room [ROOM NUMBER] contained food items that were not labeled or dated, as required.</p> <p>D. On 06/16/25 at 9:44 AM, during an interview, Housekeeping Supervisor (HS) verified food items in room [ROOM NUMBER], all items should be labeled and dated and they were not. HS further confirmed that there was not a refrigerator temperature log available for review and there should be a temperature log.</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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