Printed: 03/01/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325056	A. Building B. Wing	12/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Los Alamos Wellness & Rehabilitation	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)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41988 Based on record review and interview, the facility failed to ensure the resident's current advance directive (a document which provides an individual's wishes for emergency and life saving care) and the resident's Electronic Health Record (EHR) revealed the same resident wishes for 1 (R #11) of 1 (R #11) residents reviewed for advance directives. This deficient practice is likely to cause confusion and delay potentially life saving procedures. The findings are: A. Record review of the face sheet in R #11's EHR revealed R #11 was admitted into the facility on [DATE], and her current advanced directive was listed as do not attempt resuscitation (DNR; lifesaving measures are not desired.) B. Record review of R #11's Medical Orders For Scope of Treatment (MOST; a legal document which outlines the care the resident wants when they become incapacitated and unable to speak for themselves) forms revealed the following: - Dated [DATE], R #11's advanced directive was DNR. - Dated [DATE], R #11's advanced directive was attempt cardiopulmonary resuscitation (CPR; full code, an emergency procedure that combines chest compression with artificial ventilation.) C. Record review of the facility's resident code status book, located at the nurses station, revealed the book contained R #11's full code CPR MOST form, dated [DATE], and R #11's DNR MOST from, dated [DATE]. D. On [DATE] at 1:21 pm during an interview with the Minimum Data Set Coordinator (MDSC), she stated R #11's advanced directives did not match her EHR, but it should have. The MDSC confirmed R #11 had a DNR and a full code advanced directive in the resident code status book at the nurses station, and R #11 should only have the current advanced directive in it. The MDSC stated she confirmed with R #11 that the resident wanted to remain a full code, CPR.

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: 325056	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2024
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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41988 Based on record review and interview, the facility failed to notify the resident's Power of Attorney (POA; authority to act for another person in specified or all legal or financial matters), the facility providers (Nurse Practitioner, Physician, Registered Dietitian), and the Director of Nursing (DON) when an resident experienced nausea and abdominal pain for 1 (R #12) of 1 (R #12) residents reviewed change of condition. If the facility does not notify the POA, facility providers, or DON when the resident experiences abdominal pain with nausea for multiple days, then the POA, facility providers, and DON are unable to make decisions related to treatment and advocate for the resident's care. The findings are: A. Record review of R #12's face sheet revealed R #12 was admitted into the facility on [DATE]. B. Record review of R #12's nursing progress notes revealed staff documented the following: 1. On 10/22/24 at 9:16 am: R #12 notified nursing staff she was nauseous throughout the night. Staff administered 12 milliliters (ml) of Pepto-Bismol to R #12. 2. On 10/22/24 at 12:15 pm: R #12 refused pain medication, because she was still nauseous. 3. On 10/22/24 at 12:44 pm: R #12 reported the Pepto-Bismol helped some, but she was still nauseous. Staff gave Zofran (anti-nausea medication) to R #12. 4. On 10/22/24 at 1:22 pm: R #12 refused blood pressure medication due to nausea. 5. On 10/22/24 at 3:01 pm: R #12's daughter/POA called to notify staff that R #12 said she did not eat in days due to nausea, vomiting, and abdominal pain and discomfort. Staff to continue to check on resident and encourage R #12 to eat light meals. 6. On 10/23/24 at 8:26 am: R #12 attended bingo after being in bed two days with an upset stomach. 7. On 10/24/24: Staff did not document progress notes for R #12. 8. On 10/25/24 at 2:09 am: R #12 complained of nausea, vomiting, and feeling unwell at 9:30 pm on 10/24/24. R #12 stated she felt like this for over three days. R #12 insisted the facility send her to the emergency room (ER). R #12 was sent to the ER. 9. On 10/25/24 at 10:47 am: R #12 returned to the facility from the ER with records. 10. R #12's progress notes did not contain information that nursing staff notified the providers of R #12's nausea and vomiting. C. Record review of R #12's ER documentation, dated 10/25/24, revealed R #12 was diagnosed with gall stones (abnormal stone-like mass formed in the gallbladder. This causes sudden severe pain in upper right side of the abdomen.) (continued on next page)

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 12/09/2024
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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	D. On 12/03/24 at 4:04 pm during an interview with R #12, she stated she was nauseous for multiple days and vomiting several weeks ago. R #12 stated she did not see a provider during those few days of feeling ill, and she forced the facility to send her to the ER. R #12 stated she was diagnosed with gall stones. E. On 12/06/24 at 12:35 pm during an interview with Licensed Practical Nurse (LPN) #1, she stated she was not R #12's nurse the week of 10/22/24 through 10/25/24, but she remembered R #12 complained of nausea, vomiting, and abdominal pain. LPN #1 stated staff should have notified the provider and the DON of R #12's nausea, vomiting, and abdominal after a day, but she was not sure if they did. F. On 12/06/24 at 3:13 pm during an interview with Certified Nursing Assistant (CNA) #2, she stated she remembered R #12 was sick during the week 10/22/24 through 10/25/24, and R #12 refused meals as well. CNA #2 stated she did not know if a provider or the DON saw R #12 during that time. G. On 12/09/24 at 12:08 pm during an interview with R #12's POA, she stated the facility did not notify her that R #12 experienced nausea, vomiting, and abdominal pain for multiple days the week of 10/22/24 through 10/25/24. She said R #12 had to continuously request to go to the ER, and the facility did not make any changes to R #12's care or diet when R #12 returned. H. On 12/09/24 at 12:43 pm during an interview with Nurse Practitioner (NP) #1, she stated the staff did not notify her that R #12 experienced nausea, vomiting, and abdominal pain the week of 10/22/24 through 10/25/24. She stated she expected the facility to notify her of these things. NP #1 stated the staff also did not inform her that R #12 was diagnosed with gall stones. NP #1 stated she expected staff to notify her right away so she could follow up with R #12 and change R #12's plan of care and diet, as needed. I. On 12/09/24 at 1:18 pm during an interview with the Registered Dietitian (RD), she stated staff did not notify her of R #12's gall stone diagnoses, and she expected staff to notify her. She stated she may have needed to change R #12's diet. J. On 12/09/24 at 2:01 pm during an interview with the Regional Nurse Consultant (RNC), she stated staff should have made the facility providers and DON aware of R #12's nausea, vomiting, and abdominal pain after it did not resolve. The RNC also stated staff should have notified the facility provider and DON of R #12's diagnoses of gall stones when the resident returned to the facility. The RNC stated they may have needed to change R #12's plan of care and diet.

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 12/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Los Alamos Wellness & Rehabilitation	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47031 Based on observation, record review, and interview, the facility failed to maintain a comfortable water temperature in the resident shower rooms for all 63 residents listed on the census provided by the Administrator (ADM) on 12/02/24. If the water temperature is too cold, then this deficient practice is likely to negatively impact resident safety and comfort. The findings are: A. Record review of the facility resident council minutes, dated 10/15/24, revealed R #30 reported the showers were too cold. The resident council minutes stated the Maintenance Director (MD) would be contacted about the water temperature. B. On 12/04/24 at 1:06 pm during an observation of the water temperatures in the Shower room [ROOM NUMBER] and an interview, the MD turned on the water and allowed it to run for several minutes. The MD used a calibrated thermometer to checked the water temperature, and it measured 94.1 degrees ( ) Fahrenheit (F). The MD stated the water was cold. C. On 12/04/24 at 1:17 pm during an observation of the water temperatures in the Shower room [ROOM NUMBER] and an interview, the MD turned on the water and allowed it to run for several minutes. The MD used a calibrated thermometer to checked the water temperature, and it measured 90.0 F. The MD stated the water was cold. D. On 12/04/24 at 1:20 pm during an observation of the water temperatures in East Shower room [ROOM NUMBER] and an interview, the MD turned on the water and allowed it to run for several minutes. The MD used a calibrated thermometer to checked the water temperature, and it measured 96.6 F. The MD stated the water temperatures should be hotter. E. On 12/04/24 at 2:00 pm during a Resident Council Meeting, the residents stated the water was too cold in Shower Rooms #1 and #2. They stated they did not like to take cold showers. F. On 12/04/24 at 2:49 pm during an interview with the ADM, she stated the facility had issues with the hot water heater not reaching a comfortable temperature. G. On 12/05/24 at 1:41 pm during an interview with the MD, he stated one of the hot water heaters broke in September 2024, and the facility had water temperature control issues ever since. The MD stated he turned on the hot water to the shower rooms when he arrived at the facility in the morning. He stated he turned the hot water down before he left for the day; otherwise, the water in the residents' room sinks would get too hot. The MD stated if he was not in the facility in the evening, then the facility did not have hot water for residents' baths or showers in the evening. The MD stated he worked from 8:00 am to 5:00 pm. He stated he reported to the facility at night or on the weekends occasionally in order to increase the water temperature for resident showers. H. On 12/05/24 at 2:03 pm during an interview with the Minimum Data Set Coordinator (MDSC), she stated there were showers scheduled in the evening, which staff completed by 8:00 or 8:30 pm. (continued on next page)

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 12/09/2024
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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	I. On 12/05/24 at 2:36 pm during an interview with R #64, she stated the water temperature for showers was often too cold for her. J. On 12/05/24 at 2:44 pm during an interview with R #28, she stated the water temperature was too cold for showers, and she refused showers because of it. R #28 stated she became furious when the showers were too cold. K. On 12/05/24 at 3:38 pm during an interview with R #63, she stated she did not have a shower in a few days, because the showers were broken. R #63 stated her roommate became incontinent in her bed the other night, and the staff could not give her roommate a shower. R #63 stated there was not any hot water available so the staff could only use wipes to clean her roommate. L. On 12/05/24 at 3:40 pm during an interview with R #30, she stated she did not get a response from the facility regarding her cold shower complaint made during the Resident Council meeting on 10/15/24. R #30 did not know if the facility resolved the issue. R #30 stated that showers were still cold. M. On 12/05/24 at 3:43 pm during an interview with R #13, she stated staff gave her a cold shower before, because the showers did not work. N. On 12/05/24 at 4:06 pm during an interview with Certified Nursing Assistant (CNA) #3, she stated the shower temperatures have been low for a couple of months, and the night shift CNAs will let the shower water run for an extended amount of time to get the water warm. CNA #3 stated they do not force the residents to take cold showers, and they tell the residents to test the water temperature before getting into the shower. CNA #3 stated if the residents like the water temperature, then they will proceed with a shower. CNA #3 stated if the residents do not like the water temperature, then she will write the resident refused a shower due to water temperatures on the shower sheets. CNA #3 stated the shower room water temperatures are too low on both sides of the building. CNA #3 stated she left the shower running for over two hours, and it did not get warm enough to shower a resident. 41988

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 12/09/2024
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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41988 Based on observation, record review, and interview, the facility failed to ensure staff revised the care plan for 3 (R #11, #12, and #27) of 3 (R #11, #12, and #27) residents reviewed when staff failed to: 1. Conduct a quarterly care plan meeting as required for R #11. 2. Update R #12's plan of care when the resident returned from the ER with a diagnoses of gall stones (an abnormal stone-like mass in the gallbladder, which causes sudden severe pain in upper right side of the abdomen). 3. Update the care plan to include positioning a resident's bed to prevent sleeping all day for R #27. These deficient practices are likely to result in residents' care and needs not being addressed if care plans are not updated. The findings are: R #11: A. Record review of R #11's face sheet revealed R #11 was admitted into the facility on [DATE]. B. Record review of R #11's nursing progress notes revealed R #11's last care plan meeting occurred on 07/09/24. C. Record review of R #11's care plan conference (meeting) assessment, dated 10/08/24, revealed the assessment was incomplete. Note on care plan meeting assessment stated, the Social Services Director (SSD) was out for jury, and the care plan team was to hold the meeting. D. On 12/04/24 at 10:36 am during an interview with R #11, she stated she had not been to a care plan meeting in a while. E. On 12/06/24 at 11:26 am during an interview with the SSD, she stated she was not in the facility when R #11's care plan meeting should have occurred. The SSD stated R #11 did not have a care plan meeting since 07/09/24, and R #11 should have had a care plan meeting since then. R #12: F. Refer to F684. G. Record review of R #12's care plan, dated 10/29/24 and reviewed on 12/09/242, did not indicate R #12 was diagnosed with gall stones. (continued on next page)

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 12/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Los Alamos Wellness & Rehabilitation	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	H. On 12/09/24 at 2:01 pm during an interview with the Regional Nurse Consultant (RNC), she stated staff should have updated R #12's care plan to reflect the resident's gall stones diagnoses when she returned from the hospital. R #27: I. Record review of R #27's face sheet revealed R #27 was admitted into the facility on [DATE]. J. On 12/02/24 at 11:56 am during an observation and interview, R #27's bed was in a high position. R #27 stated she needed her bed lowered so she could get in it. K. On 12/02/24 at 11:58 am during an interview with Certified Nursing Assistant (CNA) #4, she stated the nursing staff kept R #27's bed in a high position before meals so R #27 did not sleep all day. L. On 12/02/24 at 3:02 pm during an interview with R #27's son and Power of Attorney (POA; authority to act for another person in specified or all legal or financial matters), he stated R #27 had a significant cognitive decline and would lay in bed all day if she could. R #27's son stated he approved R #27's bed in a high position for the majority of the day. M. Record review of R #27's care plan, dated 12/02/24, revealed staff did not care plan keeping R #27's bed elevated in a higher position to prevent R #27 from sleeping all day. N. On 12/05/24 at 11:01 am during an interview with the Minimum Data Set Coordinator (MDSC), she stated if R #27 slept during the day then she would not sleep during the night. The MDSC stated staff kept R #27's bed in a higher position for a majority of the day. The MDSC stated staff did not care plan keeping R #27's bed in an elevated position, but they should have.

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 12/09/2024
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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident’s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41988 Based on record review and interview, the facility failed to monitor and provide appropriate interventions for 1 (R #12) of 1 (R #12) residents reviewed for illness when staff failed to send R #12 to the emergency room (ER) after several days of experiencing nausea, vomiting, and abdominal pain without relief. These deficient practices likely resulted in R #12's nausea, vomiting, and abdominal pain becoming worse. The findings are: A. Record review of R #12's face sheet revealed R #12 was admitted into the facility on [DATE]. B. Record review of R #12's nursing progress notes revealed staff documented the following: 1. On 10/22/24 at 9:16 am: R #12 notified nursing staff she was nauseous throughout the night. Staff administered 12 milliliters (ml) of Pepto-Bismol to R #12. 2. On 10/22/24 at 12:15 pm: R #12 refused pain medication, because she was still nauseous. 3. On 10/22/24 at 12:44 pm: R #12 reported the Pepto-Bismol helped some, but she was still nauseous. Staff gave Zofran (anti-nausea medication) to R #12. 4. On 10/22/24 at 1:22 pm: R #12 refused blood pressure medication due to nausea. 5. On 10/22/24 at 3:01 pm: R #12's daughter/Power of Attorney (POA; authority to act for another person in specified or all legal or financial matters) called to notify staff that R #12 said she did not eat in days due to nausea, vomiting, and abdominal pain and discomfort. Staff will continue to check on resident and encourage R #12 to eat light meals. 6. On 10/23/24 at 8:26 am: R #12 attended Bingo after being in bed two days with an upset stomach. 7. On 10/24/24: Staff did not document progress notes for R #12. 8. On 10/25/24 at 2:09 am: R #12 complained of nausea, vomiting, and feeling unwell at 9:30 pm on 10/24/24. R #12 stated she felt like this for over three days. R #12 insisted the facility send her to the ER. R #12 was sent to the ER. 9. On 10/25/24 at 10:47 am: R #12 returned to the facility from the ER with records. C. Record review of R #12's current physician orders revealed R #12 did not have an active order for Pepto-Bismol or Zofran. D. Record review of R #12's Medication Administration Record (MAR), dated 10/2024, revealed the record did not contain documentation to show staff administered Pepto-Bismol or Zofran to R #12 during 10/22/24 through 10/25/24. (continued on next page)

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 12/09/2024
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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	E. Record review of R #12's ER documentation, dated 10/25/24, revealed R #12 was diagnosed with gall stones (an abnormal stone-like mass in the gallbladder, which causes sudden severe pain in upper right side of the abdomen.) F. On 12/03/24 at 4:04 pm during an interview with R #12, she stated she was nauseous and vomiting for multiple days several weeks ago. R #12 stated she did not see a provider during those few days of feeling ill, and she forced the facility to send her to the ER. R #12 stated she was diagnosed with gall stones. R #12 stated she wanted to see a provider or go the ER sooner than the facility sent her. G. On 12/06/24 at 12:35 pm during an interview with Licensed Practical Nurse (LPN) #1, she stated she was not R #12's nurse the week of 10/22/24 through 10/25/24, but she remembered R #12 complained of nausea, vomiting, and abdominal pain for multiple days during that week. LPN #1 stated staff should have sent R #12 to the ER sooner if her nausea, vomiting, and abdominal pain did not resolve, in order to rule out any significant illness and to seek out a higher level of care, if needed. H. On 12/06/24 at 3:13 pm during an interview with Certified Nursing Assistant (CNA) #2, she stated she remembered R #12 was sick multiple days during the week of 10/22/24 through 10/25/24, and R #12 refused meals. I. On 12/09/24 at 12:08 pm during an interview with R #12's POA, she stated R #12 continuously requested to go to the ER the week of 10/22/24 through 10/25/24. J. On 12/09/24 at 12:43 pm during an interview with Nurse Practitioner (NP) #1, she stated the staff did not notify her that R #12 experienced nausea, vomiting, and abdominal pain the week of 10/22/24 through 10/25/24. She stated she expected the facility to notify her of these things and to send R #12 to the ER if her symptoms did not resolve. NP #1 stated the staff also did not inform her that R #12 was diagnosed with gall stones, and she expected staff to notify her right away so she could follow up with R #12. NP #1 stated the facility should have sent R #12 to the ER sooner than they did. She stated the hospital would have implemented a plan of care for R #12's gall stones, because the facility was not equipped to do so without diagnoses from the ER. K. On 12/09/24 at 2:01 pm during an interview with the Regional Nurse Consultant (RNC), she stated staff should have made the facility providers and DON aware of R #12's nausea, vomiting, and abdominal pain after it did not resolve. The RNC also stated staff should have notified the facility provider and DON of R #12's diagnoses of gall stones when the resident returned to the facility.

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 12/09/2024
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)
F 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident must receive and the facility must provide necessary behavioral health care and services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41988 Based on observation, record review, and interview, the facility failed to ensure residents received necessary behavioral health care to meet their needs for 1 (R #49) of 1 (R #49) residents when staff failed to ensure effective communication between the facility and psychiatric providers and to provide consistent psychiatric services to meet R #49's psychiatric needs. These deficient practices are likely to result in the residents not receiving the behavioral or mental health care and assistance needed to improve mood and reduce depression and anxiety. The findings are: A. Record review of R #49's face sheet revealed R #49 was admitted into the facility on [DATE] with the following diagnoses: - Dementia, severe with agitation. - Depression. - Dementia with behavioral disturbance. B. Record review of R #49's physician order, dated 10/23/24, revealed R #49 was to be referred to a psychiatric provider to evaluate and treat. C. Record review of R #49's Psychiatric Consent for Services form, dated 10/23/24, revealed R #49's daughter gave consent for R #49 to begin receiving psychiatric services D. Record review of R #49's Minimum Data Set (MDS; a standardized, comprehensive assessment of an adult's functional, medical, psychosocial, and cognitive status), dated 11/26/24, revealed the following: - Brief Interview for Mental Status (BIMS; a screening for cognitive impairment) score of 3, severe impairment. - Mood: Blank with the social isolation section marked Resident declines to respond. - Behavior: Behaviors not exhibited. E. Record review of R #49's nursing progress notes revealed the following: - On 11/16/24 at 6:31 am, R #49 screamed and cried while staff got her ready for the day. - On 11/30/24 at 5:25 am, R #49 screamed loudly, cried, and shouted bad words at staff after having a bowel movement. - On 12/05/24 at 7:17 am, R #49 was redirected, but continued to cry and whine. (continued on next page)

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 12/09/2024
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)
F 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- On 12/06/24 at 5:44 am, R #49 was very agitated and cried while attempting to get up from her wheelchair. R #49 was redirected, but continued to cry and whine. F. On 12/03/24 at 11:32 am during an observation, R #49 sat in her wheel chair and cried. G. On 12/04/24 at 2:17 pm during an observation, R #49 sat in her wheel chair and cried. H. Record review of R #49's psychiatric provider notes, dated 12/06/24, revealed a psychiatric provider saw R #49 for an initial evaluation. I. On 12/06/24 at 11:26 am during an interview with the Social Services Director (SSD), she stated she referred R #49 to the psychiatric services provider on 10/23/24, and she expected the psychiatric provider to see R #49 within a week of being referred. The SSD stated R #49's psychiatric service referral was not followed up with by the facility. The SSD confirmed R #49 should have been seen by the psychiatric provider sooner than 12/06/24 (a 44 day delay). J. On 12/09/24 at 12:03 pm during an interview with the psychiatric services owner, she stated they received R #49's psychiatric service referral on 10/28/24. She stated they were delayed in seeing R #49, because the facility did not allow them access to R #49's Electronic Health Record (EHR). The psychiatric services owner confirmed a psychiatric service provider did not see R #49 until 12/06/24. K. On 12/09/24 at 2:03 pm during an interview with the Regional Nurse Consultant (RNC), she stated R #49 should have been seen by a psychiatric service provider sooner, the psychiatric service provider should have had access to R #49's EHR without delay, and the facility should have followed-up with R #49's psychiatric referral.

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 12/09/2024
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)
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. 39509 Based on record review and interview, the facility failed to ensure physicians reviewed and responded to recommendations submitted by the pharmacist's written monthly review for 5 (R #3, 16, 33, 34, 38) of 5 (R #3, 16, 33, 34, 38) residents. This deficient practice is likely to cause resident medication regimen to not be properly evaluated resulting in possible over medication. The findings are: R #03 A. Record review of pharmacist recommendations for R #3 revealed the following: - On 05/24/24, consider fall risks related to medications prescribed: Resident had recent fall. Gabapentin (medication administered to reduce pain) and quetiapine (medication administered to treat several psychiatric disorders) increase risk of falls. Consider medication changes. The recommendation was not signed, and there was not any evidence it was reviewed and considered by the physician. - On 08/26/24, consider fall risks related to medications prescribed: resident had recent fall. Gabapentin , melatonin (medication administered to induce sleep), venlafaxine (medication to manage depression) and quetiapine (medication administered to treat several psychiatric disorders) increase risk of falls. Consider medication changes. The recommendation was not signed, and there was not any evidence it was reviewed and considered by the physician. R #16 B. Record review of pharmacist recommendations for R #16 revealed the following: - On 04/29/24, consider medication affecting kidney disease: Patient has kidney disease with low functioning kidneys which may be affected by administration of famotidine (medication to reduce stomach acid) 20 milligrams (mg) daily. Recommended renal dose is 10 mg. The recommendation was not signed, and there was not any evidence it was reviewed and considered by the physician. - On 07/29/24, consider medication affecting kidney disease: Patient has kidney disease with low functioning kidneys which may be affected by administration of Xarelto (medication to reduce risk of forming blood clots) 20 milligrams (mg) daily. Manufacturer recommends avoiding use of Xarelto in hemodialysis. The recommendation was not signed, and there was not any evidence it was reviewed and considered by the physician. - On 07/29/24, consider gradual dose reduction (GDR; a small reduction in administration dose of psychotropic medications use to attempt to reduce or discontinue the medication) of amitriptyline (a medication to reduce symptoms of depression) 50 mg at bedtime. The recommendation was not signed, and there was not any evidence it was reviewed and considered by the physician. R #33 C. Record review of pharmacist recommendations for R #33 revealed the following: (continued on next page)

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 12/09/2024
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)
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- On 03/06/23, consider GDR of carbamazepine (medication used to reduce the risk of seizure) extended release tablet 100 mg. Given three times daily. The recommendation was not signed, and there was not any evidence it was reviewed and considered by the physician. - On 04/29/24, consider GDR of aripiprazole (medication used to control symptoms of schizophrenia) 30 mg. Given 0.5 tablet twice daily. The recommendation was not signed, and there was not any evidence it was reviewed and considered by the physician. - On 05/24/24, consider GDR of escitalopram (medication used to control symptoms of depression) 20 mg. Given in the morning. The recommendation was not signed, and there was not any evidence it was reviewed and considered by the physician. R #34 D. Record review of pharmacist recommendations for R 34 revealed the following: - On 05/24/24, consider fall risks related to medications prescribed: Resident had recent fall. Bupropion (medication used to control symptoms of depression) extended release 450 mg in the morning, citalopram (medication used to control symptoms of depression) 40 mg given in the morning, risperidone (medication used to control symptoms of several psychiatric disorders) 1 mg given at bedtime, quetiapine 75 mg given at bedtime and 25 mg twice daily increase risk of falls. Consider medication changes. The recommendation was not signed, and there was not any evidence it was reviewed and considered by the physician. - On 05/24/24, consider GDR of risperidone 1 mg given at bedtime. The recommendation was not signed, and there was not any evidence it was reviewed and considered by the physician. - On 07/29/24, consider GDR of citalopram 40 mg once daily. The recommendation was not signed, and there was not any evidence it was reviewed and considered by the physician. R #38 E. Record review of pharmacist recommendations for R #34 revealed the following: - On 04/29/24, consider fall risks related to medications prescribed: Resident had recent fall. Lorazepam (medication given to reduce anxiety) 0.5 mg given one tablet every four hours as needed and melatonin 10 mg at bedtime increase risk of falls. Consider medication changes. The recommendation was not signed, and there was not any evidence it was reviewed and considered by the physician. F. On 12/05/24 at 10:28 am during interview with Regional Nurse, she reviewed the medication reviews for the months of March, April, July, August and September of 2024. She stated the pharmacist recommendations were completed and submitted to the facility, but most of the recommendations did not have a response from the provider.

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 12/09/2024
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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 39509 Based on observation, interview, and record review, the facility failed to dispose of a controlled substance (a medication that is at high risk for abuse) that was discontinued for 1 (R #38) of 1 (R #38) resident reviewed for medication storage. Failure to properly dispose of a discontinued controlled substance can result is mishandling or theft of medications. The findings are: A. Record review of R #38's provider orders revealed the following prescriptions for Ativan: - Dated 10/02/23, lorazepam (generic name for Ativan) oral tablet, 0.5 mg. Give one tablet by mouth every four hours as needed. Discontinued on 01/13/24. - Dated 10/21/24, lorazepam, 0.5 mg oral tablet to be taken every six hours as needed for anxiety. Discontinued on 11/06/24. - The record did not contain a current order for Ativan. B. On 12/03/24 at 4:03 pm during observation of the medication cart located in the Dementia Unit (a unit that serves residents who are experiencing loss of memory and mental decline), three bubble pack cards (a large card containing multiple plastic bubbles, each bubble contains a single dose of medication) of Ativan (an anti-anxiety medication), 0.5 milligram, contained a total of 73 doses and sat in the locked, controlled substance drawer of the medication cart. All three cards were labeled and identified as prescribed for R #38. Further observation revealed the following: - Card one had an order date of 06/18/24 and contained 13 doses. Seventeen doses had been dispensed from the card. - Card two had an order date of 09/09/24 and contained 30 doses. No doses had been dispensed from the card. - Card three had an order date of 09/19/24 and contained 30 doses. No doses had been dispensed from the card. C. On 12/03/24 at 4:03 pm during interview with Licensed Practical Nurse (LPN) # 1, she reviewed each of the Ativan medications cards. She stated the three bubble pack cards contained a total of 73 doses of Ativan and were prescribed for R #38. She stated the medication was discontinued, and staff should have removed all Ativan medication prescribed to R #38 from the cart immediately following the medication being discontinued.

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 12/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Los Alamos Wellness & Rehabilitation	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)
F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. 47031 Based on record review and interview, the facility failed to provide residents a nourishing bedtime snack in order to ensure there was not more than 14 hours between a substantial evening meal and breakfast the following day for 8 (R #11, R #14, R #16, R #35, R#36, R #40, R#48 and R #50) of 8 (R #11, R #14, R #16, R #35, R#36, R #40, R#48 and R #50) residents reviewed for snacks. This deficient practice could likely cause frustration and lead to unnecessary hunger. The findings are: A. Record review of the facility's meal times, no date, revealed staff served dinner at 5:00 PM and breakfast at 8:00 AM (15 hours between meal services.) B. On 12/03/ 24 at 2:11 PM, during an interview with the Resident Council, residents stated they were not provided with a snack at bedtime and dinner was served at 5:00 PM. Residents stated they would like to have snacks at bedtime, because some residents got hungry. The residents stated the facility used to provide snacks at night, but snacks are not available any more. The resident stated they would like bedtime snacks again. C. On 12/ 04/24 at 2:04 PM, during an interview, the Dietary Supervisor revealed staff did not hand out snacks to residents individually. She stated staff leave snacks in the nourishment room for those residents who asked for a snack. The DM stated she did not know if nursing staff let residents know snacks were available. The DM stated the snacks are set out at 10:00 am. D. On 12/09/24 at 1:26 PM, during an interview with Registered Dietitian (RD), she stated there should be an evening snack sent out by dietary staff.

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 12/09/2024
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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 47031 Based on observation and interview, the facility failed to store and serve food under sanitary conditions when staff failed to ensure: 1. Food items were sealed, labeled, and dated. 2. The kitchen and food related equipment were clean and free of grease and grime. 3. The trash can was covered when not in use. 4. Maintained food at temperatures out of the danger zone [between the temperatures of 45 degrees ( ) Fahrenheit (F) and 135 F; the temperature range in which food-borne bacteria can grow.] This deficient practice is likely to affect all 63 residents listed on the resident census list provided by the Administrator on 12/02/24 and is likely lead to foodborne illnesses in residents if food is not being stored properly and safe food handling practices are not adhered to. The findings are: A. On 12/02/24 at 11:07 am, observation of the kitchen revealed the following: - A trash can was uncovered and not in use. - The stove was not clean with dried food stuck on the burners and side of the stove. - The steam table water wells were visibly soiled with food particles and calcium built up. - The floor under the food preparation table had food particles and was soiled with unidentified sticky substance. - The plate warmer was dirty with food particles and had dry food stuck to the sides. - A package of mashed potatoes was open to air on the counter. - A package of carrots was open to air and not dated. - A five pound bag of shredded cheese was open to air and not dated. - One, 20 pound box of green beans was open to air and not dated. - One box of opened ice cream cups were smeared with an unidentified substance on the lids. - Flour bin in dry storage area was open to air. - Sugar bin in dry storage area was open to air. (continued on next page)

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 12/09/2024
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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	B. On 12/02/24 at 12:02 pm, during interview with Dietary Manager (DM), she confirmed the findings and stated the kitchen should be cleaner. She stated all food items should be labeled and dated, and nothing should be left open to air. Food temperatures C. On 12/02/24 at 2:48 pm, during an interview with R #50, he stated the food was never hot or cold when it supposed to be. D. On 12/02/24 at 4:40 pm, during an interview with R #16, she stated, her food was always cold when it came to her. E. On 12/03/24 at 11:03 am, during an interview with R #1, she stated she ate in her room, and the food was not hot. She stated it was cold as soon as she took the cover off. F. On 12/03/24 at 11:31 am, during an interview with R #28, she stated the food was not good, and it was always late and cold. G. On 12/03/24 at 3:11 pm, during an interview with R #13, she stated sometimes the food was cold when it got to her room. H. On 12/05/24 at 9:05 am during an observation of the facility kitchen, the DM tested R #16's room tray food temperatures: - The fried eggs measured 99 F. - The oatmeal measured 106 F. - The fruit cup measured 61 F. I. On 12/05/24 at 9:10 am during interview with DM, she stated hot food should be 120 F or higher, and cold food should be 40 F or colder. The DM stated the food was still at an acceptable temperature at 99 F and 106 F, and staff were going to serve the food to the residents. J. On 12/05/24 at 9:15 am, an extra room tray was tested and revealed the following : - The scrambled eggs measured 94.1 F. - The oatmeal measured 117 F. - The fruit cup measured 62.5 F. K. On 12/05/24 at 9:20 am during interview with the DM, she stated the temperatures were acceptable temperatures, and they would be sent out to the residents for consumption.

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 12/09/2024
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)
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** 41988 Based on record review and interview, the facility failed to ensure medical records were updated with necessary documents and accurate for 1 (R #11) of 1 (R #11) residents reviewed, when the facility failed to complete an accurate smoking assessment for R #11. This deficient practice is likely to result in residents not receiving accurate assessments and having an inaccurate medical record, which could result in the residents receiving less than optimal care and treatment. The findings are: A. Record review of R #11's face sheet revealed R #11 was admitted to the facility on [DATE]. B. Record review of R #11's smoking assessment revealed the following: - Dated 07/08/24, the resident was a safe smoker with minimal supervision. - Dated 10/02/24, the resident did not smoke. C. Record review of R #11's care plan, last reviewed on 12/04/24, revealed R #11 was assessed as a safe smoker and could smoke independently. D. On 12/04/24 at 10:41 am during an interview with R #11, she stated she was a smoker and could smoked independently. E. On 12/06/24 at 12:31 pm during an interview with Licensed Practical Nurse (LPN) #1, she confirmed R #11 was a smoker. F. On 12/09/24 at 1:51 pm during an interview with the Regional Nurse Consultant (RNC), she stated R #11's most recent smoking assessment, dated 10/02/24, was inaccurate, and it should accurately reflect that R #11 was a smoker.

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 12/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Los Alamos Wellness & Rehabilitation	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)

F 0919

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Many

Make sure that a working call system is available in each resident's bathroom and bathing area.

41988

Based on observation, record review, and interview, the facility failed to ensure there was a functioning call light system that allowed residents to call for assistance. This deficient practice likely affected all 63 residents identified on the resident census list provided on 12/02/24. If the facility does not have a functioning communication system, then residents are unlikely to get their immediate needs met by facility staff. The findings are:

A. Record review of the Resident Council meeting minutes revealed the following:

1. On 10/15/24: The residents had concerns with the call lights taking too long to answer. Resident Council minutes indicated the call light response times issue was not resolved.

2. On 11/16/24: Call lights were still taking too long to be answered. Resident Council minutes indicated the call light response times issue was not resolved and stated, Call lights are still taking too long to be answered.

B. On 12/03/24 at 12:19 pm during an call light observation, Room (RM) #211's call light was activated, but it did not sound at the nurses station or unit to alert staff of call light activation. The call light bulb in front of RM #211 lit up, but the call light did not activate at the nurses station.

C. On 12/05/24 at 3:44 pm during an call light observation, RM #203's call light was activated, but it did not sound at the nurses station or unit to alert staff of call light activation. The call light bulb in front of RM #203 lit up, but the call light did not activate at the nurses station.

D. On 12/05/24 at 4:15 pm during an interview with Certified Nursing Assistant (CNA) #3, she stated the call light audible alert had did not work for several weeks. She stated the nursing staff did not know when a resident call light was activated unless they stood in the hall way and could see the light illuminate above the room. CNA #3 stated she would be unaware of an activated call light if she was providing care to a resident in their room or if she was at the nurses station and unable to see down the unit hallways.

E. On 12/05/24 at 5:13 pm during an unit call light observation, RM #217's call light was activated, but it did not sound at the nurses station or unit to alert staff of call light activation. Call light bulb in front of RM #217 lit up. The Administrator (ADM) motioned to staff that RM #217's call light was activated.

F. On 12/05/24 at 5:19 pm during an observation and interview with Licensed Practical Nurse (LPN) #1, she sat at the nurses station. LPN #1 stated the call light audible alerts did not work for sometime. She stated the nursing staff would be unaware of an activated call light, unless they were in the hall to see the call light illuminate above rooms doors. LPN #1 confirmed she did not know RM #217's call light was activated (on 12/05/24 at 5:13 pm), because she was at the nurses station and not in view of the unit hall.

(continued on next page)

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 12/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Los Alamos Wellness & Rehabilitation	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)
F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	G. On 12/05/24 at 5:20 pm during an interview with the Minimum Data Set Coordinator (MDSC), she stated the lights above the residents' rooms activate when the call light was pressed, but the audible notification for the call lights was out for several weeks. H. On 12/05/24 at 5:24 pm during an interview with the Regional Nurse Consultant (RNC), she stated the call lights should be fully functioning, including the audible sounds. The RNC also stated she was not aware the call lights did not fully work, and she should have known sooner.