

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325061	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/09/2025
NAME OF PROVIDER OR SUPPLIER  Betty Dare Wellness & Rehabilitation LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  3101 North Florida Avenue Alamogordo, NM 88310	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>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.</p> <p>Based on observation, and interview, the facility failed to secure medications in a medication cart and a treatment cart for all 61 residents (residents were identified by the census list provided by the Administrator on 07/09/25). This deficient practice could result in residents obtaining medication not prescribed to them resulting in adverse side effects. The findings are: A. On 07/09/25 at 10:03 AM, during an observation of the 100 hallway revealed a medication cart was unlocked.</p> <p>B. On 07/09/25 at 10:08 AM, during an interview, LPN #28 confirmed the medication cart on 100 hallway was left unlocked. LPN #28 also confirmed the medication carts should be locked when unattended.</p> <p>C. On 07/09/25 at 11:50 AM, during an observation of a treatment cart, located across from the nurse's station in between all floors, was unlocked and was not in staff control. The following medications were in the treatment cart: Aspercreme (pain relief cream used for temporary relief of minor aches and pains), coloplast (related to intimate healthcare needs, including ostomy care, continence care, wound care, and interventional urology), triamcinolone acetonide (corticosteroid with anti-inflammatory properties used to treat a variety of conditions, including skin conditions, allergies), and gentamicin sulfate cream (topical antibiotic used to treat a variety of bacterial skin infections).</p> <p>D. On 07/09/25 at 11:55 AM, during an interview LPN #8 confirmed the treatment cart across from the nurse's station was unlocked.</p> <p>E. On 07/09/25 at 1:05 PM, during an interview, the Administrator said treatment carts should be locked if they have medication in them and are left unattended.</p> <p>F. On 07/09/25 at 2:02 PM, during an interview with the Administrator, he stated his expectation is that medication carts and treatment carts be locked when unattended at all times.</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
---	-------	-----------