STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325061	A. Building B. Wing	11/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Betty Dare Wellness & Rehabilitation LLC	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, and interview, the facility failed to provide activities of daily living (ADL) assistance for 1 (R #24) of 1 (R #24) resident reviewed for ADL care when staff failed to: 1. Assist R #24 with nail care. 2. Assist R #24 back to his room after his meal.These deficient practices are likely to affect the dignity and health of the residents. The findings are: Nail Care A. Record review of R #24's admission record, no date revealed the following: 1. R #24 was admitted to the facility on [DATE]. 2. R #2 has a diagnosis of the following: a. Needing assistance with personal care. b. Legal blindness. c. Type 2 Diabetes Mellitus without complications B. On 11/18/25 at 1:01 PM, during an interview with R #24, he stated that his fingernails are too long and they get caught on things. R #24 stated that that he would like staff to cut his fingernails. C. On 11/18/25 at 1:02 PM, during an observation of R #24's fingernails, R #24's fingernails were long and some were jagged and broke. D. On 11/19/25 at 1:47 PM, during an interview, LPN #8 confirmed R #24 needs his fingernails cut by staff and that R #24 cannot cut his fingernails on his own. R #24 confirmed that R #24's nails are long and need to be cut. Transfer E. Record review of R #24's care plan dated 09/26/25 revealed the following: 1. R #24 has, nutritional problem or potential nutritional problem r/t Legally Blindness. Encourage [name of R #24] to go to the main dining room to get the assistance needed with meals. 2. R #24 has a Potential for falls/injuries r/t Impaired mobility. Assist with ADL's as needed. 3.R #24 requires assistance with ADLs. Mobility: utilizes wheelchair for mobility. Extent/type of assist may fluctuate within the day or day to day, depending on the level of strength, if in pain, mood, etc May require more staff assist or less Wheelchair mobility: Wheel 50 feet: Dependent Wheel 150 feet: Dependent. F. On 11/17/25 at 1:55 PM, during an observation of the dining room, R #24 sat at a table in the dining room by himself. He was whistling through his hands. R #24 appeared to be distressed. G. On 11/17/25 at 1:57 PM, during an interview with R #24, he stated that staff had forgotten him. R #24 stated that he had been trying to get someone's attention, but that no one had come for him. R #24 stated that he wanted to go back to his room and get out of his wheelchair. R #24 stated that he is blind and he can't hear and that he needs help to get back to his room. H. On 11/17/25 at 1:58 PM, during an interview with the Restorative Nurse Aide (RNA), she confirmed that R #24 was in the dining room. The RNA stated R #24 had been in the dining room since 11:30 AM. The RNA stated that she was coming back from lunch and saw R #24 was still in the dining room. The RNA stated that staff are supposed to stay in the dining area until all residents have left. The RNA confirmed that R #24 is blind and hard of hearing and that he needs assistance to get back to his room. I. On 11/17/25 at 3:06 PM, during an interview, the DON confirmed that there is supposed to be a nurse in the dining room until residents are done eating. The DON stated that staff should have assisted R #24 back to his room when he was done eating and that he should not have been left alone in the dining room

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