

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/28/2025
NAME OF PROVIDER OR SUPPLIER  Paloma Springs Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 North Silver Street T OR C, NM 87901	

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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>41755</p> <p>Based on record review and interview, the facility failed to ensure residents and/or their representatives were informed in advance of what medications they received and understood the reasons, risks, and benefits of the medications for 1 (R #62) of 5 (R #9, R #45, R #46, R #62 and R #90) residents reviewed for unnecessary medications. If the residents or their representatives are not informed of the risks and benefits of the medication or treatment alternatives, they are not able to make informed decisions regarding residents' care. The findings are:</p> <p>A. Record review of R #62's physician's orders revealed the following:</p> <p>1. An order for fluvoxamine oral tablet (psychotropic medication; any drug that affects brain activities associated with mental processes and behavior), 50 milligrams (mg) Give one tablet by mouth two times daily for post-traumatic stress disorder (PTSD; mental health condition that develops following a traumatic event characterized by intrusive thoughts about the incident, recurrent distress/anxiety, flashback, and avoidance of similar situations). Start date: 08/23/24.</p> <p>B. Record review of R #62's medical record revealed staff did not document consent for fluvoxamine.</p> <p>C. On 04/25/25 at 10:47 AM, during an interview, the Director of Nursing (DON) confirmed that staff did not obtain the consent form for the fluvoxamine for R #62. The DON confirmed that staff are expected to complete the psychotropic medication consent form prior to the resident starting psychotropic medications.</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
-----------------------------------------------------------------------	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/28/2025
NAME OF PROVIDER OR SUPPLIER  Paloma Springs Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 North Silver Street T OR C, NM 87901	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49313</p> <p>Based on record review and interview, the facility failed to notify the provider of missed medication doses for 1 (R #90) of 1 (R #90) resident reviewed for diarrhea, when they failed to notify the provider that R #90 missed 8 doses of Questran (medication that can provide relief of diarrhea caused by surgery or disease of the small bowel) and 12 doses of fiber (can be used to relieve mild-to-moderate diarrhea. Soluble fiber soaks up water in the digestive tract, which makes stool firmer and slower to pass) medication. This deficient practice could likely result in residents not receiving necessary care or worsening medical condition due to lack of treatment. The findings are:</p> <p>A. Record review of R #90's admission record (no date) revealed the following:</p> <ol style="list-style-type: none"> <li>1. R #90 was admitted to the facility on [DATE].</li> <li>2. R #90 had the following diagnoses: <ol style="list-style-type: none"> <li>a. Diarrhea (loose, watery stools that occur more frequently than usual).</li> <li>b. Noninfective gastroenteritis and colitis (involve inflammation of your stomach and intestines).</li> <li>c. Cellulitis of abdominal wall (a rare sign of acute appendicitis that presents as aggressive intra-abdominal inflammation).</li> <li>d. Acquired absence of other parts of digestive tract (missing parts of your digestive organs due to an injury or operation).</li> </ol> </li> </ol> <p>B. Record review of R #90's physician orders revealed the following:</p> <ol style="list-style-type: none"> <li>1. An order dated 03/24/25, for fiber oral tablets; give two tablets by mouth at bedtime for colon health.</li> <li>2. An order dated 03/25/25, discontinued on 03/27/25, for Questran 4 grams; give one packet by mouth for diarrhea, two times a day for 10 days.</li> <li>3. An order dated 03/27/25, for Questran 4 grams; give one packet by mouth for diarrhea three times a day for 10 days.</li> <li>4. An order dated 04/04/25, for Imodium A-D (medication used to treat diarrhea) 2 mg; give two tablets by mouth every 6 hours as needed for diarrhea.</li> </ol> <p>C. Record review of R #90's medication administration record (MAR; a form used to document medication administration), dated March 2025, revealed staff documented the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/28/2025
NAME OF PROVIDER OR SUPPLIER  Paloma Springs Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 North Silver Street T OR C, NM 87901	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ol style="list-style-type: none"> <li>1. On 03/25/25 at 9:00 PM, Questran, staff documented not administered, see progress note (Code 7).</li> <li>2. On 03/26/25 at 8:00 PM, fiber, staff documented other, see nurses note (Code 9).</li> <li>3. On 03/27/25 at 12:00 PM, Questran, staff documented code 7.</li> <li>4. On 03/27/25 at 8:00 PM, fiber, staff documented Code 9.</li> <li>5. On 03/28/25 at 8:00 PM, fiber, staff documented Code 9.</li> <li>6. On 03/29/25 at 8:00 PM, fiber, staff documented Code 9.</li> </ol> <p>D. Record review of R #90's medication administration record, dated April 2025, revealed staff documented the following:</p> <ol style="list-style-type: none"> <li>1. On 04/01/25 at 8:00 PM, fiber, staff documented Code 9.</li> <li>2. On 04/02/25 at 8:00 PM, fiber, staff documented Code 9.</li> <li>3. On 04/03/25 at 4:00 PM, Questran, staff documented Code 7.</li> <li>4. On 04/03/25 at 8:00 PM, fiber, staff documented Code 9.</li> <li>5. On 04/04/25 at 12:00 PM, Questran, staff documented Code 7.</li> <li>6. On 04/04/25 at 4:00 PM, Questran, staff documented Code 7.</li> <li>7. On 04/04/25 at 8:00 PM, fiber, staff documented Code 9.</li> <li>8. On 04/05/25 at 8:00 AM, Questran, staff documented Code 7.</li> <li>9. On 04/05/25 at 12:00 PM, Questran, staff documented Code 7.</li> <li>10. On 04/05/25 at 4:00 PM, Questran, staff documented Code 7.</li> <li>11. On 04/05/25 at 8:00 PM, fiber, staff documented Code 9.</li> <li>12. On 04/10/25 at 8:00 PM, fiber, staff documented Code 9.</li> <li>13. On 04/11/25 at 8:00 PM, fiber, staff documented Code 9.</li> <li>14. On 04/12/25 at 8:00 PM, fiber, staff documented Code 9.</li> </ol> <p>E. Record review of R #90's progress notes for March and April 2025, revealed staff documented the following for R #90's fiber and Questran medications:</p> <ol style="list-style-type: none"> <li>1. On 03/25/25 at 10:38 PM, Questran, staff documented, on order, notify nurse.</li> </ol> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/28/2025
NAME OF PROVIDER OR SUPPLIER  Paloma Springs Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 North Silver Street T OR C, NM 87901	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. On 03/26/25 at 9:19 PM, fiber, staff documented, waiting for delivery. Nurse aware.</p> <p>3. On 03/27/25 at 9:15 PM, fiber, staff documented, waiting for delivery. Nurse aware.</p> <p>4. On 03/28/25 at 9:08 PM, fiber, staff documented, waiting for delivery. Nurse aware.</p> <p>5. On 03/29/25 at 8:39 PM, fiber, staff documented, waiting for delivery. Nurse aware.</p> <p>6. On 04/01/25 at 10:43 PM, fiber, staff documented, on order.</p> <p>7. On 04/02/25 at 9:13 PM, fiber, staff documented, waiting for delivery. Nurse aware.</p> <p>8. On 04/03/25 at 4:03 PM, Questran, staff documented, waiting on pharmacy delivery.</p> <p>9. On 04/03/25 at 9:36 PM, fiber, staff documented, waiting for delivery. Nurse aware.</p> <p>10. On 04/04/25 at 8:50 AM, Questran, staff documented, waiting on pharmacy delivery.</p> <p>11. On 04/04/25 at 11:21 AM, Questran, staff documented, waiting on pharmacy delivery.</p> <p>12. On 04/04/25 at 3:19 PM, Questran, staff documented, waiting on pharmacy delivery.</p> <p>13. On 04/04/25 at 8:51 PM, fiber, staff documented, waiting for delivery. Nurse aware.</p> <p>14. On 04/05/25 at 9:28 AM, Questran, staff documented, waiting on pharmacy delivery.</p> <p>15. On 04/05/25 at 1:20 PM, Questran, staff documented, waiting on pharmacy delivery.</p> <p>16. On 04/05/25 at 3:02 PM, Questran, staff documented, waiting on pharmacy delivery.</p> <p>17. On 04/05/25 at 9:10 PM, fiber, staff documented, waiting for delivery. Nurse aware.</p> <p>18. On 04/10/25 at 11:25 PM, fiber, staff documented, waiting for delivery. Nurse aware.</p> <p>19. On 04/11/25 at 8:52 PM, fiber, staff documented, waiting for delivery. Nurse aware.</p> <p>20. On 04/12/25 at 8:13 PM, fiber, staff documented, waiting for delivery. Nurse aware.</p> <p>21. Staff did not document that the provider was notified about R #90 missing doses of fiber and Questran medications.</p> <p>F. Record review of R #90's entire medical record, no date, revealed the medical record did not contain documentation that the provider was notified about R #90 not receiving doses of Questran or Fiber medications.</p> <p>G. On 04/24/25 at 2:23 PM, during an interview, LPN #16 stated the following about regular processes regarding missing medication:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/28/2025
NAME OF PROVIDER OR SUPPLIER  Paloma Springs Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 North Silver Street T OR C, NM 87901	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1. When the CMA's notify her that a medication is not available, she checks the facility medication management system to see if the medication is available there.</p> <p>2. If the resident will miss any doses, she notifies the provider and documents the communication with the provider and enters any order changes in the resident's medical record.</p> <p>H. On 04/25/25 at 9:21 AM, during an interview, the DON confirmed the following:</p> <p>1. R #90 missed several doses of Questran and fiber medications in March and April 2025.</p> <p>2. She stated staff contacted the on-call provider through the facility communication application on 04/05/25 at 6:45 AM, to notify them that R #90 did not have any Questran medication, and the provider ordered Immodium A-D to be added to R #90's treatment.</p> <p>3. Prior to 04/05/25, staff had not contacted the on-call provider regarding R #90's missed doses of fiber or Questran medication.</p> <p>4. Staff should have notified the provider at the time of each missed dose to see if the provider wanted to change R #90's treatment.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/28/2025
NAME OF PROVIDER OR SUPPLIER  Paloma Springs Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 North Silver Street T OR C, NM 87901	

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 0584</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 a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>47510</p> <p>Based on observation and interview, the facility failed to provide a comfortable and homelike environment for 1 (R #1) of 3 (R #1, R #45, and R #78) residents sampled for environment, when staff failed to do the following:</p> <ol style="list-style-type: none"> <li>1. Keep the residents' floor free of trash and orange peels.</li> <li>2. Remove the residents' lunch tray after they had finished.</li> <li>3. Empty and remove full urinal from the tray table.</li> </ol> <p>These deficient practices could likely cause residents to feel like they are not living in a comfortable home-like environment and like they are not valued.</p> <p>The findings are:</p> <p>A. On 04/21/25 at 2:15 PM, during an observation of R #1's room, revealed there were orange peels on the R #1's floor. There were food crumbs on the floor around R #1's bed. R #1's floor also had paper trash on the floor. On R #1's tray table, there was a lunch tray from lunch service (lunch was served at 12:00 pm). There was a full urinal on R #1's lunch tray.</p> <p>B. On 04/21/25 at 2:21 PM, during an interview, CNA #8 confirmed that there were orange peels, trash, and spills on the floor. CNA #8 confirmed that R #1's lunch tray was still in R #1's room. CNA #8 also confirmed that there was a full urinal on the resident's lunch tray. CNA #8 said R #1's tray should have been picked up. CNA #8 said that the urinal should be emptied and that it should not be on R #1's tray or tray table.</p> <p>C. On 05/02/25 at 9:11 AM, during an interview, the Administrator said that orange peels should have been cleaned up and the lunch tray should be picked up when R #1 is done eating. The Administrator said that the urinal should have been emptied and taken off of R #1's tray table.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/28/2025
NAME OF PROVIDER OR SUPPLIER  Paloma Springs Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 North Silver Street T OR C, NM 87901	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41755</b></p> <p>Based on interview and record review, the facility failed to ensure the Minimum Data Set Assessment (MDS; a standardized, comprehensive assessment of an adult's functional, medical, psychosocial, and cognitive status) were accurate for 2 (R #9 and R #46) of 5 (R #9, R #29, R #46, R #62 and R #78) residents reviewed for accurate MDS assessments. This deficient practice could likely result in the facility not having an accurate assessment of the residents' needs. The findings are:</p> <p>R #9</p> <p>A. On 04/22/25 at 09:20 AM, during an interview, R #9 stated she did not have any teeth and needed dentures.</p> <p>B. Record review of R #9's admission record revealed R #9 was admitted on [DATE].</p> <p>C. Record review of R #9's Admission MDS dated [DATE] revealed:</p> <p>1. Section L0200, Dental, check all that apply</p> <p>a. Staff did not check that R #9 had no natural teeth or tooth fragments (edentulous; the state of being without teeth).</p> <p>D On 04/25/25 at 11:03 AM, during an interview, the MDS Coordinator stated that she was unaware that R #9 was edentulous.</p> <p>E. On 04/25/25 at 12:15 PM, during an interview, the MDS Coordinator confirmed that R #9 was edentulous and that she did not enter R #9's accurate dental status on the Admission MDS.</p> <p>R #46</p> <p>F. Record review of R #46's physician's orders revealed the following:</p> <p>1. An order dated 12/06/24: haloperidol oral concentrate (antipsychotic medicine that is commonly used to treat schizophrenia [serious mental health condition that affects how people think, feel and behave]) 2 MG/ML, give 0.5 ml by mouth one time a day for agitation.</p> <p>G. Record review of R #46's medication administration records (MAR; a form used to document medication administration) revealed the following:</p> <p>1. R #46 received 0.5 ml of haloperidol at 3:00 PM daily from 01/01/25 through 01/31/25.</p> <p>2. R #46 received 0.5 ml of haloperidol at 3:00 PM daily from 02/01/25 through 02/28/25.</p> <p>3. R #46 received 0.5 ml of haloperidol at 3:00 PM daily from 03/01/25 through 03/31/25.</p> <p>4. R #46 received 0.5 ml of haloperidol at 3:00 PM daily from 04/01/25 through 04/24/25.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/28/2025
NAME OF PROVIDER OR SUPPLIER  Paloma Springs Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 North Silver Street T OR C, NM 87901	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>H. Record review of R #46's Quarterly MDS, dated [DATE], revealed the following:</p> <p>1. Section N0450 Antipsychotic Medication (drugs that treat symptoms of psychosis such as delusions, hallucinations, paranoia, and confusion) Review</p> <p>a. Did the resident receive antipsychotic medications since admission/entry or reentry? facility staff documented No, Antipsychotics were not received</p> <p>I. On 04/25/25 at 11:09 AM, during an interview, the MDS Coordinator confirmed that R #46 was receiving haloperidol daily and that she did not accurately enter this information for R #46's Quarterly MDS.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/28/2025
NAME OF PROVIDER OR SUPPLIER  Paloma Springs Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 North Silver Street T OR C, NM 87901	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49313</p> <p>Recite from 02/12/24.</p> <p>Based on record review and interview, the facility failed to develop an accurate, person-centered comprehensive care plan for 1 (R #90) of 2 (R #32 and R #90) residents reviewed for care plans. This deficient practice could likely result in staff being unaware of the current and actual needs of the residents. The findings are:</p> <p>A. Record review of R #90's admission record (no date) revealed the following:</p> <ol style="list-style-type: none"> <li>1. R #90 was admitted to the facility on [DATE].</li> <li>2. Diagnosis of Edema (swelling caused by too much fluid trapped in the body's tissues).</li> </ol> <p>B. Record review of R #90's physician order dated 03/11/25, revealed an order for Furosemide (diuretic medication used to treat fluid retention (edema) and swelling caused by congestive heart failure, liver disease, kidney disease, and other medical conditions) 40 mg, once a day for edema.</p> <p>C. Record review of R #90's Admission Minimum Data Set Assessment, dated 03/17/25, revealed Section N-Medications: N0415 High-Risk Drug Classes; Staff selected diuretic (medication that increases the removal of water from the body, through the kidneys).</p> <p>D. Record review of R #90's care plan, revised on 03/24/25, revealed staff did not document the following:</p> <ol style="list-style-type: none"> <li>1. R #90 had a diagnosis of edema.</li> <li>2. R #90 had an order for the high-risk medication furosemide for edema.</li> </ol> <p>E. On 04/25/25 at 9:48 AM, during an interview, the DON confirmed the following:</p> <ol style="list-style-type: none"> <li>1. R #90 had an order for furosemide, which is a high-risk medication.</li> <li>2. R #90's care plan did not include that he was taking furosemide.</li> <li>3. High-risk medications should be included on resident care plans.</li> </ol>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/28/2025
NAME OF PROVIDER OR SUPPLIER  Paloma Springs Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 North Silver Street T OR C, NM 87901	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41755</p> <p>Recite from 02/12/2024</p> <p>Based on record review and interview, the facility failed to ensure care plan revisions and care plan meeting requirements occurred for 7 (R #1, R #9, R #15, R #37, R #45, R #89 and R #90) of 8 (R #1, R #9, R #15, R #37, R #45, R #62, R #89 and R #90) residents when the staff failed to:</p> <ol style="list-style-type: none"> <li>1. Have the required Interdisciplinary Team (IDT, team members from different disciplines working collaboratively, with a common purpose, to set goals, make decisions and share resources and responsibilities) members participate in the care plan meeting for R #9, R #15, R #45, R #89, and R #90.</li> <li>2. Ensure the care plan meeting was held within 7 days from the completion of the MDS assessment when creating the care plan for R #1, R #9, and R #45.</li> <li>3. Revise the care plan with the most current resident information for R #1, R #45, and R #90.</li> </ol> <p>These deficient practices could likely result in the care plan not being updated with the most current resident conditions and appropriate interventions, staff being unaware of changes in care provided, and residents not receiving the care related to changes in their health status or healthcare decisions. The findings are:</p> <p>IDT Team</p> <p>R #9</p> <p>A. Record review of R #9's Care Plan Conference form, dated 02/11/25, revealed the following:</p> <ol style="list-style-type: none"> <li>1. Staff documented the individuals that were present at the meeting were: R #9's representative and the Social Services Director (SSD).</li> <li>2. Staff documented not applicable for the RN, MDS case manager, Nurse Aide, food service staff, Physician, Activity Director as contributors.</li> </ol> <p>B. On 04/25/25 at 11:30 AM, during an interview, the SSD stated that the required IDT did not attend the meeting because the meeting that was held on 02/11/25 was not a scheduled care plan meeting. The SSD stated the meeting was held because R #9's representative was at the facility on 02/11/25.</p> <p>R #15</p> <p>C. Record review of R #15's Care Plan Conference form, dated 01/14/25, revealed the following:</p> <ol style="list-style-type: none"> <li>1. The individuals that were contributors to the meeting were: R #15, R #15's representative, an RN, the activity director, the social services director, the director of rehabilitation, and two ombudsmen.</li> </ol> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/28/2025
NAME OF PROVIDER OR SUPPLIER  Paloma Springs Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 North Silver Street T OR C, NM 87901	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Staff documented not applicable for Nurse Aide and Physician as contributors.</p> <p>R #37</p> <p>D. Record review of R #37's Care Plan Conference form, dated 03/16/25, revealed the following:</p> <p>1. The individuals that were present to the meeting were: R #37's representative, the RN, the Food Service Staff, the Activities Director, and the Social Services Director.</p> <p>2. Staff documented not applicable for MDS Coordinator, Nurse Aide and Physician as contributors.</p> <p>R #45</p> <p>E. Record review of R #45's care plan assessment, dated 02/11/25, revealed the individuals that were present at the meeting were: the RN, the MDS Coordinator, Food Service Staff, and the Social Services Director (SSD).</p> <p>R #89</p> <p>F. Record review of R #89's care plan assessment, dated 03/27/25, revealed the individuals that were present at the meeting were: R #89, R #89's POA (Power of Attorney), the RN, the Activity Director (AD), and the Social Services Director (SSD).</p> <p>R #90</p> <p>G. Record review of R #90's Care Plan Conference form, dated 03/26/25, revealed the following:</p> <p>1. The individuals that were contributors to the meeting were: R #90, an RN, food services staff, the activity director, and the social services director.</p> <p>2. Staff documented not applicable for Nurse Aide and Physician as contributors.</p> <p>H. On 04/25/25 at 9:55 AM, during an interview, the DON confirmed the following:</p> <p>1. The provider does not usually attend care plan meetings.</p> <p>2. Staff do not usually contact the provider to ask for input prior to each resident's care plan meeting.</p> <p>3. CNA's do not usually attend care plan meetings.</p> <p>4. CNA's do not usually provide input for the care plan meetings.</p> <p>Timing</p> <p>R #1</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/28/2025
NAME OF PROVIDER OR SUPPLIER  Paloma Springs Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 North Silver Street T OR C, NM 87901	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>I. Record review of R #1's Annual MDS, dated [DATE], revealed the assessment was signed by the Registered Nurse (RN) on 02/15/25.</p> <p>J. Record review of R #1's entire medical record, no date, revealed staff did not document that a care plan meeting took place within seven days after the completion of R #1's Annual MDS on 02/15/25.</p> <p>K. On 04/24/25 at 9:23 AM, during an interview with the Social Services Director, she confirmed that there was no care plan meeting after R #1's Annual MDS was completed.</p> <p>R #9</p> <p>L. Record review of R #9's Admission MDS, dated [DATE], revealed the assessment was signed by the Registered Nurse (RN) on 01/26/25.</p> <p>M. Record review of R #9's Care Plan Conference form, dated 02/11/25, revealed that the care plan meeting was not held within 7 days of the completion of R #9's Admission MDS.</p> <p>N. On 04/25/25 at 11:30 AM, during an interview with the SSD, she confirmed that R #9's care plan meeting was not held within 7 days of the completed of R #9's Admission MDS.</p> <p>R #45</p> <p>O. Record review of R #45's Quarterly MDS, dated [DATE], revealed the assessment was signed by the Registered Nurse (RN) on 02/21/25.</p> <p>P. Record review of R #45's Care Plan Conference, dated 02/11/25, revealed that the care plan meeting was held before the completion of R #45's Quarterly MDS on 02/21/25.</p> <p>Q. On 04/24/25 at 9:23 AM, during an interview, the Social Services Director confirmed that R #45's care plan meeting was held before his Quarterly MDS was completed.</p> <p>Revisions</p> <p>R #1</p> <p>R. Record review of R #1's admission documents, no date, revealed R #1 was admitted to the facility on [DATE].</p> <p>S. Record review of R #1's physician order, dated 04/14/25 revealed an order to apply lotion to R #1's upper and lower extremities daily (arms, including everything from the shoulders to the hands, and legs, including everything from the hips to the feet).</p> <p>T. Record review of R #1's care plan, dated 02/17/25 revealed staff did not revise R #1's care plan to include applying lotion to R #1.</p> <p>R #90</p> <p>U. Record review of R #90's admission record (no date) revealed the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/28/2025
NAME OF PROVIDER OR SUPPLIER  Paloma Springs Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 North Silver Street T OR C, NM 87901	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1. R #90 was admitted to the facility on [DATE].</p> <p>2. R #90 had the following diagnoses:</p> <p>a. Diarrhea (loose, watery stools that occur more frequently than usual).</p> <p>b. Noninfective gastroenteritis and colitis (involves inflammation of your stomach and intestines).</p> <p>c. Cellulitis of abdominal wall (a rare sign of acute appendicitis that presents as aggressive intra-abdominal inflammation).</p> <p>d. Acquired absence of other parts of digestive tract (missing parts of your digestive organs due to an injury or operation).</p> <p>V. Record review of R #90's physician's orders, revealed the following:</p> <p>1. An order dated 03/24/25, for fiber (can be used to relieve mild-to-moderate diarrhea. Soluble fiber soaks up water in the digestive tract, which makes stool firmer and slower to pass) oral tablets; give two tablets by mouth at bedtime for colon health.</p> <p>2. An order dated 03/24/25 (discontinued on 03/26/25) for Imodium A-D (medication that can treat diarrhea) 2 mg; give two tablets by mouth every 12 hours as needed for loose stools.</p> <p>3. An order dated 03/25/25 for Acidophilus Probiotic (a probiotic that is used to help maintain the number of healthy bacteria in your stomach and intestines) oral tablet; give one tablet by mouth two times a day for gastrointestinal health for 14 days.</p> <p>4. An order dated 03/27/25 for Questran (can provide relief of diarrhea caused by surgery or disease of the small bowel) 4 grams; give one packet by mouth for diarrhea, three times a day for 10 days.</p> <p>5. An order dated 04/04/25 for Imodium A-D 2 mg; give two tablets by mouth every 6 hours as needed for diarrhea.</p> <p>6. An order dated 04/12/25 for Imodium A-D 2 mg; give two tablets by mouth for diarrhea four times a day until 04/15/25.</p> <p>7. An order dated 04/14/25, for a consultation with a gastroenterologist (a specialist with expertise in the disorders and diseases that affect the digestive system).</p> <p>8. An order dated 04/17/25 for Imodium A-D 2 mg; give two tablets by mouth four times a day for diarrhea for three days.</p> <p>W. Record review of R #90's care plan, dated 03/12/25, revealed staff did not revise R #90's care plan to include his diagnosis of diarrhea or the interventions in place to treat his diarrhea.</p> <p>X. On 04/25/25 at 9:43 AM, during an interview, the DON confirmed the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/28/2025
NAME OF PROVIDER OR SUPPLIER  Paloma Springs Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 North Silver Street T OR C, NM 87901	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ol style="list-style-type: none"> <li>1. R #90 had diarrhea over a prolonged period of time.</li> <li>2. R #90 had several orders in place to treat his diarrhea.</li> <li>3. R #90 had an order to see the gastroenterologist due to frequent diarrhea.</li> <li>4. Staff should have included R #90's diagnosis of diarrhea and the interventions in place to treat his diarrhea.</li> </ol> <p>47510</p> <p>49313</p> <p>52223</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/28/2025
NAME OF PROVIDER OR SUPPLIER  Paloma Springs Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 North Silver Street T OR C, NM 87901	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49313</p> <p>Based on record reviews and interviews, the facility failed to meet professional standards of quality for 1 (R #90) of 1 (R #90) resident when staff failed to administer medications according to physician's orders. If the facility is not providing care that meets professional standards of quality, then residents are likely to experience adverse effects, worsening of their condition, and potential complications from not receiving the care ordered by the physician. The findings are:</p> <p>A. Record review of R #90's admission record (no date) revealed the following:</p> <ol style="list-style-type: none"> <li>1. R #90 was admitted to the facility on [DATE].</li> <li>2. R # 90 had the following diagnoses: <ul style="list-style-type: none"> <li>a. Diarrhea (loose, watery stools that occur more frequently than usual).</li> <li>b. Noninfective gastroenteritis and colitis (involve inflammation of your stomach and intestines).</li> <li>c. Cellulitis of abdominal wall (a rare sign of acute appendicitis that presents as aggressive intra-abdominal inflammation).</li> <li>d. Acquired absence of other parts of digestive tract (missing parts of your digestive organs due to an injury or operation).</li> </ul> </li> </ol> <p>B. Record review of R #90's physician orders, multiple dates, revealed the following:</p> <ol style="list-style-type: none"> <li>1. An order dated 03/24/25 for fiber (can be used to relieve mild-to-moderate diarrhea. Soluble fiber soaks up water in the digestive tract, which makes stool firmer and slower to pass) oral tablets; give two tablets by mouth at bedtime for colon health.</li> <li>2. An order dated 03/25/25, discontinued on 03/27/25, for Questran (can provide relief of diarrhea caused by surgery or disease of the small bowel) 4 grams; give one packet by mouth for diarrhea two times a day for 10 days.</li> <li>3. An order dated 03/27/25 for Questran 4 grams; give one packet by mouth for diarrhea, three times a day for 10 days.</li> </ol> <p>C. Record review of R #90's medication administration record (MAR; a form used to document medication administration), dated March 2025, revealed staff documented the following:</p> <ol style="list-style-type: none"> <li>1. On 03/25/25 at 9:00 PM, Questran, staff documented not administered, see progress note (Code 7).</li> <li>2. On 03/26/25 at 8:00 PM, Fiber, staff documented other, see nurses note (Code 9).</li> </ol> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/28/2025
NAME OF PROVIDER OR SUPPLIER  Paloma Springs Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 North Silver Street T OR C, NM 87901	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. On 03/27/25 at 12:00 PM, Questran, staff documented code 7.</p> <p>4. On 03/27/25 at 8:00 PM, Fiber, staff documented Code 9.</p> <p>5. On 03/28/25 at 8:00 PM, Fiber, staff documented Code 9.</p> <p>6. On 03/29/25 at 8:00 PM, Fiber, staff documented Code 9.</p> <p>D. Record review of R #90's medication administration record, dated April 2025, revealed staff documented the following:</p> <p>1. On 04/01/25 at 8:00 PM, Fiber, staff documented Code 9.</p> <p>2. On 04/02/25 at 8:00 PM, Fiber, staff documented Code 9.</p> <p>3. On 04/03/25 at 4:00 PM, Questran, staff documented Code 7.</p> <p>4. On 04/03/25 at 8:00 PM, Fiber, staff documented Code 9.</p> <p>5. On 04/04/25 at 12:00 PM, Questran, staff documented Code 7.</p> <p>6. On 04/04/25 at 4:00 PM, Questran, staff documented Code 7.</p> <p>7. On 04/04/25 at 8:00 PM, Fiber, staff documented Code 9.</p> <p>8. On 04/05/25 at 8:00 AM, Questran, staff documented Code 7.</p> <p>9. On 04/05/25 at 12:00 PM, Questran, staff documented Code 7.</p> <p>10. On 04/05/25 at 4:00 PM, Questran, staff documented Code 7.</p> <p>11. On 04/05/25 at 8:00 PM, Fiber, staff documented Code 9.</p> <p>12. On 04/10/25 at 8:00 PM, Fiber, staff documented Code 9.</p> <p>13. On 04/11/25 at 8:00 PM, Fiber, staff documented Code 9.</p> <p>14. On 04/12/25 at 8:00 PM, Fiber, staff documented Code 9.</p> <p>E. Record review of R #90's progress notes for March and April 2025, revealed staff documented the following for R #90's fiber and Questran medications:</p> <p>1. On 03/25/25 at 10:38 PM, Questran, staff documented, on order, notify nurse.</p> <p>2. On 03/26/25 at 9:19 PM, Fiber, staff documented, waiting for delivery. Nurse aware.</p> <p>3. On 03/27/25 at 9:15 PM, Fiber, staff documented, waiting for delivery. Nurse aware.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/28/2025
NAME OF PROVIDER OR SUPPLIER  Paloma Springs Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 North Silver Street T OR C, NM 87901	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. On 03/28/25 at 9:08 PM, Fiber, staff documented, waiting for delivery. Nurse aware.</p> <p>5. On 03/29/25 at 8:39 PM, Fiber, staff documented, waiting for delivery. Nurse aware.</p> <p>6. On 04/01/25 at 10:43 PM, Fiber, staff documented, on order.</p> <p>7. On 04/02/25 at 9:13 PM, Fiber, staff documented, waiting for delivery. Nurse aware.</p> <p>8. On 04/03/25 at 4:03 PM, Questran, staff documented, waiting on pharmacy delivery.</p> <p>9. On 04/03/25 at 9:36 PM, Fiber, staff documented, waiting for delivery. Nurse aware.</p> <p>10. On 04/04/25 at 8:50 AM, Questran, staff documented, waiting on pharmacy delivery.</p> <p>11. On 04/04/25 at 11:21 AM, Questran, staff documented, waiting on pharmacy delivery.</p> <p>12. On 04/04/25 at 3:19 PM, Questran, staff documented, waiting on pharmacy delivery.</p> <p>13. On 04/04/25 at 8:51 PM, Fiber, staff documented, waiting for delivery. Nurse aware.</p> <p>14. On 04/05/25 at 9:28 AM, Questran, staff documented, waiting on pharmacy delivery.</p> <p>15. On 04/05/25 at 1:20 PM, Questran, staff documented, waiting on pharmacy delivery.</p> <p>16. On 04/05/25 at 3:02 PM, Questran, staff documented, waiting on pharmacy delivery.</p> <p>17. On 04/05/25 at 9:10 PM, Fiber, staff documented, waiting for delivery. Nurse aware.</p> <p>18. On 04/10/25 at 11:25 PM, Fiber, staff documented, waiting for delivery. Nurse aware.</p> <p>19. On 04/11/25 at 8:52 PM, Fiber, staff documented, waiting for delivery. Nurse aware.</p> <p>20. On 04/12/25 at 8:13 PM, Fiber, staff documented, waiting for delivery. Nurse aware.</p> <p>21. Staff did not document what was done to try to get the fiber or Questran medications for R #90.</p> <p>22. Staff did not document that the provider was notified about R #90 missing doses of fiber and Questran medications.</p> <p>F. On 04/24/25 at 2:23 PM, during an interview with LPN #16, she stated the following:</p> <p>1. When the CMA's notify her that a medication is not available, she checks the facility medication management system to see if the medication is available there.</p> <p>2. If the medication management system does not have the medication, she contacts the pharmacy to see when the medication will arrive.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/28/2025
NAME OF PROVIDER OR SUPPLIER  Paloma Springs Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 North Silver Street T OR C, NM 87901	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. If the medication is an over-the-counter medication, she notifies the staff member that orders supplies so she can go to the local grocery store to pick it up.</p> <p>4. If the resident will miss any dose, she notifies the provider and documents the communication with the provider and enters any order changes in the resident's medical record.</p> <p>G. On 04/25/25 at 9:21 AM, during an interview with the DON, she confirmed the following:</p> <ol style="list-style-type: none"> <li>1. R #90 missed several doses of Questran and fiber medications in March and April 2025.</li> <li>2. Staff are expected to contact the pharmacy to see when the medication will arrive.</li> <li>3. If the medication is an over-the-counter medication, staff are expected to notify the staff member that orders supplies so she can go to the local grocery store to pick up the medication.</li> <li>4. Staff are expected to notify the provider at the time of each missed dose to see if the provider wants to change the resident's treatment.</li> <li>5. She stated that staff contacted the on-call provider through the facility communication application on 04/05/25 at 6:45 AM to notify them that R #90 did not have any Questran medication.</li> <li>6. Prior to 04/05/25, staff had not contacted the on-call provider regarding R #90's missed doses of fiber or Questran medication.</li> <li>7. She was unable to determine if staff notified the staff member who ordered supplies to pick up fiber medication from the local grocery store.</li> <li>8. She was unable to determine if staff contacted the pharmacy regarding R #90's Questran medication.</li> </ol> <p>H. Record review of the facilities Medication Ordering and Receiving From Pharmacy Provider: Medication Shortages policy, dated January 2023 revealed the following instructions:</p> <ol style="list-style-type: none"> <li>1. Nursing staff shall, if the shortage will impact the patient's immediate need of the ordered product: <ol style="list-style-type: none"> <li>a. Notify the attending physician of the situation, explain the circumstances, expected availability and optional therapy(ies) that are available.</li> <li>b. Obtain a new order and cancel/discontinue the order for the non-available medication.</li> <li>c. Notify the pharmacy of the replacement order.</li> </ol> </li> </ol>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/28/2025
NAME OF PROVIDER OR SUPPLIER  Paloma Springs Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 North Silver Street T OR C, NM 87901	

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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41755</p> <p>Recite from 02/12/24</p> <p>Based on record review and interview, the facility failed to ensure the consultant pharmacist's recommendations were reviewed and implemented by the physician and/or the physician provided documentation of a rationale (a set of reasons or a logical basis for a course of action or a particular belief) for not following the consultant pharmacist's recommendation in the residents' medical record for 2 (R #45 and R #46) of 5 (R #9, R #45, R #46, R #62, and R #90) residents reviewed for unnecessary medications. This deficient practice could likely result in residents receiving medications that are no longer necessary and may cause unnecessary drug interactions (changes to medication action caused by being combined with other foods, beverages, or drugs) or adverse side effects (unwanted, undesirable effects from medication). The findings are:</p> <p>R #45</p> <p>A. Record review of R #45's face sheet no date revealed the following:</p> <ol style="list-style-type: none"> <li>1. R #45 was admitted to the facility on [DATE],</li> <li>2. R # 45 was diagnosed with the following diagnosis               <ol style="list-style-type: none"> <li>a. Major Depressive Disorder (mental health condition that causes a persistently low or depressed mood and a loss of interest in activities that once brought joy), recurrent, mild.</li> <li>b. Sleep disorder (a condition that disrupts normal sleep patterns, affecting the quality, timing, and duration of sleep).</li> <li>c. Post Traumatic Stress Disorder (PTSD) (mental health condition that can develop after a person has experienced or witnessed a traumatic event).</li> <li>d. Nightmare Disorder (sleep disorder characterized by recurrent, vivid, and frightening dreams that cause distress and impairment).</li> </ol> </li> </ol> <p>B. Record review of R #45's physician's orders revealed the following orders:</p> <ol style="list-style-type: none"> <li>1. An order dated 10/07/24 for Doxepin (used to treat anxiety, depression and insomnia) give 1 tablet 100 mg, by mouth at bedtime for insomnia.</li> <li>2. An order dated 10/23/24 for Prazosin (used to treat symptoms of post-traumatic stress disorder) give 2 tablets by mouth at bedtime for nightmares.</li> <li>3. An order dated 02/18/25 for Bupropion XL (Wellbutrin) (used Major Depressive Disorder) give 2 tablets by mouth every morning for major depressive disorder.</li> </ol> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/28/2025
NAME OF PROVIDER OR SUPPLIER  Paloma Springs Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 North Silver Street T OR C, NM 87901	
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>C. Record review of R #45's pharmacy recommendation summary report dated 01/14/25, revealed the following:</p> <ol style="list-style-type: none"> <li>1. R #45 is currently receiving Doxepin 100 mg at bedtime, consider gradual dose reduction (GRD).</li> <li>2. R #45's physician did not provide rationale with patient specific information as to why R #45 needed to remain on medication.</li> </ol> <p>D. Record review of R #45's pharmacy recommendation summary report dated 02/29/25, revealed the following:</p> <ol style="list-style-type: none"> <li>1. R #45 is currently receiving Prazosin 2 mg at bedtime, consider gradual dose reduction (GRD).</li> <li>2. Physician documented that an outside provider prescribed the medication.</li> <li>3. R #45's physician did not provide rationale with patient specific information as to why R #45 needed to remain on medication.</li> <li>4. Staff did not document that the recommendation was sent to the outside provider for review and consideration.</li> </ol> <p>E. Record review of R #45's pharmacy recommendation summary report dated 03/19/25, revealed the following:</p> <ol style="list-style-type: none"> <li>1. R #45 is currently receiving Bupropion 400 mg at bedtime, consider gradual dose reduction (GRD).</li> <li>2. Physician documented that an outside provider prescribed the medication.</li> <li>3. R #45's physician did not provide rationale with patient specific information as to why R #45 needed to remain on medication.</li> <li>4. Staff did not document that the recommendation was sent to the outside provider for review and consideration.</li> </ol> <p>F. On 04/25/25 at 12:36 PM, during an interview, the DON confirmed that the provider did not provide a rationale for recommendation, follow up, or supporting information as to why the resident is still on medication Doxepin, Prazosin, and Bupropion. The DON said that the recommendations for February and March were not sent to R #45's outside provider.</p> <p>R #46</p> <p>G. Record review of R #46's Admission Record (no date) revealed the following:</p> <ol style="list-style-type: none"> <li>1. R #46 was admitted to the facility on [DATE].</li> <li>2. R #46 was diagnosed with the following:</li> </ol> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/28/2025
NAME OF PROVIDER OR SUPPLIER  Paloma Springs Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 North Silver Street T OR C, NM 87901	
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>a. Unspecified dementia, severe (condition where confusion or cognitive impairment cannot be clearly diagnosed by a specific type of dementia characterized by significant cognitive decline and the need for constant assistance with daily activities), with anxiety (feeling of uneasiness, nervousness or fear).</p> <p>b. Anxiety disorder, unspecified (diagnostic category uses when anxiety symptoms cause significant distress or impairment in daily functioning but do not meet criteria of other specific anxiety disorders).</p> <p>c. Auditory hallucinations (when an individual perceives sounds without any actual auditory stimulus, can include hearing voices or noises that are not present in the environment).</p> <p>H. Record review of R #46's physician's orders revealed the following:</p> <p>1. An order dated 09/27/24 for hydroxyzine oral tablet (antihistamine medication which can help alleviate feelings of anxiety and promote calmness), 10 mg give 1 tablet by mouth two times a day for agitation (state of restlessness or inner tension).</p> <p>2. An order dated 12/06/24 for haloperidol oral concentrate (antipsychotic medication that is commonly used to treat schizophrenia [serious mental health condition that affects how people think, feel and behave]) 2 MG/ML give 0.5 ml by mouth every four hours as needed for agitation.</p> <p>I. Record review of R #46's Medication Regimen Review forms dated 02/20/25, revealed the following:</p> <p>1. Gradual Dose Reduction (GDR; decreasing a dose to determine if symptoms, conditions, or risks can be managed by a lower dose or if the medication can be discontinued altogether) for medication hydroxyzine 10 mg twice daily.</p> <p>a. residents who use psychotropic drugs (any drug that affects brain activities associated with mental processes and behavior) must have gradual dose reduction attempts, unless clinically contraindicated, in an attempt to discontinue these drugs.</p> <p>b. Do you feel a reduction could be attempted on the above medication at this time?</p> <p>c. The form was marked other, and the written response was Hospice pt (patient).</p> <p>2. As needed (PRN) psychotropic for medication haloperidol.</p> <p>a. all PRN psychotropics, if continued past 14 days of use, must have clinical rationale and anticipated duration of use documented. There is no hospice exception to this CMS (Centers for Medicare and Medicaid Services) regulation.</p> <p>b. consider discontinuing the above medication. If resident still benefits from PRN use, please document below.</p> <p>c. resident requires PRN psychotropic due to area was left blank.</p> <p>d. anticipated duration of use area was left blank.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/28/2025
NAME OF PROVIDER OR SUPPLIER  Paloma Springs Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 North Silver Street T OR C, NM 87901	

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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>e. the form was marked disagree and the written response was continues to benefit from medication due to unnecessary behaviors with dementia.</p> <p>J. On 04/25/25 at 12:48 PM, during an interview, the DON confirmed that the provider did not provide rationale in R #46's medical record regarding the GDR for hydroxyzine or the continued use of PRN haloperidol and the haloperidol order did not have an end date.</p> <p>47510</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/28/2025
NAME OF PROVIDER OR SUPPLIER  Paloma Springs Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 North Silver Street T OR C, NM 87901	

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 - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>52223</p> <p>Based on observation and interview, the facility failed to store food under sanitary conditions for all 81 residents who eat food from the kitchen (residents were identified by the resident census provided by the Administrator on 04/21/25), when they failed to label and date dessert items in the kitchen refrigerator. If the facility fails to store food under safe and sanitary conditions then this could likely lead to foodborne illnesses (Foodborne illness can occur if you eat foods that are contaminated with harmful pathogens such as bacteria, viruses, and fungi) in residents. The findings are:</p> <p>A. On 04/21/25 at 10:24 AM, during an observation of the kitchen, revealed the walk-in refrigerator had 1 tray with 12 desserts on tray with eight (8) out of 12 desserts did not have a date to indicate when they were prepared.</p> <p>B. On 04/21/25 at 10:24 AM, during an interview with the Dietary Director, she confirmed eight (8) out of 12 desserts on the 1 tray in the refrigerator did not have dates on lids. The Dietary Director stated, having a few with a date on the lids on the same tray should suffice.</p> <p>C. Record review of the facilities Food Labeling and Dating policy revised date 01/25/25 revealed that any food items prepared for a meal will be labeled and dated.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/28/2025
NAME OF PROVIDER OR SUPPLIER  Paloma Springs Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 North Silver Street T OR C, NM 87901	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49313</p> <p>Recite from 02/12/24.</p> <p>Based on record review and interview, the facility failed to ensure medical records were complete and accurate for 1 (R #90) of 1 (R #90) residents reviewed for documentation accuracy. This deficient practice has the potential to negatively impact the care staff provide to meet residents' needs due to missing or inaccurate records and resident information. The findings are:</p> <p>A. Record review of R #90's admission record (no date) revealed the following:</p> <ol style="list-style-type: none"> <li>1. R #90 was admitted to the facility on [DATE].</li> <li>2. R # 90 had the following diagnoses: <ol style="list-style-type: none"> <li>a. Diarrhea (loose, watery stools that occur more frequently than usual).</li> <li>b. Noninfective gastroenteritis and colitis (involves inflammation of your stomach and intestines).</li> <li>c. Cellulitis of abdominal wall (a rare sign of acute appendicitis that presents as aggressive intra-abdominal inflammation).</li> <li>d. Acquired absence of other parts of digestive tract (missing parts of your digestive organs due to an injury or operation).</li> </ol> </li> </ol> <p>B. Record review of R #90's physician orders, multiple dates, revealed the following:</p> <ol style="list-style-type: none"> <li>1. An order dated 03/24/25 for fiber oral tablets; give two tablets by mouth at bedtime for colon health.</li> <li>2. An order dated 03/25/25, discontinued on 04/27/25, for Questran 4 grams; give one packet by mouth for diarrhea, two times a day for 10 days.</li> <li>3. An order dated 03/27/25 for Questran (can provide relief of diarrhea caused by surgery or disease of the small bowel) 4 grams; give one packet by mouth for diarrhea, three times a day for 10 days.</li> </ol> <p>C. Record review of R #90's medication administration record (MAR; a form used to document medication administration), dated March 2025, revealed staff documented the following:</p> <ol style="list-style-type: none"> <li>1. On 03/25/25 at 9:00 PM, Questran, staff documented not administered, see progress note (Code 7).</li> <li>2. On 03/26/25 at 8:00 PM, fiber, staff documented other, see nurses note (Code 9).</li> </ol> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/28/2025
NAME OF PROVIDER OR SUPPLIER  Paloma Springs Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 North Silver Street T OR C, NM 87901	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. On 03/27/25 at 12:00 PM, Questran, staff documented code 7.</p> <p>4. On 03/27/25 at 8:00 PM, fiber, staff documented Code 9.</p> <p>5. On 03/28/25 at 8:00 PM, fiber, staff documented Code 9.</p> <p>6. On 03/29/25 at 8:00 PM, fiber, staff documented Code 9.</p> <p>D. Record review of R #90's medication administration record, dated April 2025, revealed staff documented the following:</p> <p>1. On 04/01/25 at 8:00 PM, fiber, staff documented Code 9.</p> <p>2. On 04/02/25 at 8:00 PM, fiber, staff documented Code 9.</p> <p>3. On 04/03/25 at 4:00 PM, Questran, staff documented Code 7.</p> <p>4. On 04/03/25 at 8:00 PM, fiber, staff documented Code 9.</p> <p>5. On 04/04/25 at 12:00 PM, Questran, staff documented Code 7.</p> <p>6. On 04/04/25 at 4:00 PM, Questran, staff documented Code 7.</p> <p>7. On 04/04/25 at 8:00 PM, fiber, staff documented Code 9.</p> <p>8. On 04/05/25 at 8:00 AM, Questran, staff documented Code 7.</p> <p>9. On 04/05/25 at 12:00 PM, Questran, staff documented Code 7.</p> <p>10. On 04/05/25 at 4:00 PM, Questran, staff documented Code 7.</p> <p>11. On 04/05/25 at 8:00 PM, fiber, staff documented Code 9.</p> <p>12. On 04/10/25 at 8:00 PM, fiber, staff documented Code 9.</p> <p>13. On 04/11/25 at 8:00 PM, fiber, staff documented Code 9.</p> <p>14. On 04/12/25 at 8:00 PM, fiber, staff documented Code 9.</p> <p>E. Record review of R #90's entire medical record, no date, revealed staff did not document that the provider was notified about R #90 missing Questran or fiber medication doses.</p> <p>F. On 04/25/25 at 9:21 AM, during an interview with the DON, she confirmed the following:</p> <p>1. R #90 missed several doses of Questran and fiber medications in March and April 2025.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325062	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/28/2025
NAME OF PROVIDER OR SUPPLIER  Paloma Springs Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 North Silver Street T OR C, NM 87901	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. She stated that staff contacted the on-call provider through the facility communication application on 04/05/25 at 6:45 AM to notify them that R #90 did not have any Questran medication, and the provider ordered another medication to be added to R #90's treatment.</p> <p>3. Staff did not document communication with the on-call provider on 04/05/25 in R #90's medical record.</p> <p>4. Staff were expected to document all communication with providers in the resident's medical record.</p>		