

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/09/2024
NAME OF PROVIDER OR SUPPLIER Las Cruces Village Nursing & Rehabilitation LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3025 Terrace Drive Las Cruces, NM 88011	

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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>47510</p> <p>Based on record review and interview, the facility failed to prevent misappropriation (the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent) of residents medication for 3 (R #8, R #9, and R #10) of 3 (R #8, R #9, and R #10) residents when they failed to ensure that as needed (PRN) controlled narcotics (drug or chemical that is regulated by the government) prescribed to residents were given when it was documented as given. This deficient practice could likely result in residents not having medication available when they need them. The findings are:</p> <p>A. Record review of the facility's Narrative Investigation Report (a five day report sent to the State Survey Agency which includes the results of the facility's investigation into alleged violations), dated 07/13/24, revealed CMA #8 texted CMA #9 to ask if he could find one of the resident's hydrocodone (a medication used to treat moderate to severe pain and cough) or Percocet (oxycodone with acetaminophen) for her. CMA #9 did not reply, he reported it immediately, and the facility initiated an investigation. The facility's investigation revealed the following:</p> <ol style="list-style-type: none"> 1. CMA #8 documented R #8 received a PRN oxycodone on 07/05/24. R #8 did not get the narcotic. 2. R #8 stated she told CMA #8 that she had a headache, but she did not remember getting any medication. 3. CMA #8 documented R #9 received a PRN hydrocodone on 07/05/24. R #9 did not get the narcotic. 4. R #9 stated she did not remember asking for any medication. 5. CMA #8 documented R #10 received two alprazolam (a medication used to treat anxiety disorders and panic attacks) tablets on 07/05/24. R #10 received one tablet. 6. R #10 stated he did get his morning dose. <p>(continued on next page)</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: 325067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/09/2024
NAME OF PROVIDER OR SUPPLIER Las Cruces Village Nursing & Rehabilitation LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3025 Terrace Drive Las Cruces, NM 88011	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>B. On 10/09/24 at 12:15, during an interview, RN #8 stated CMA #9 called her on 07/04/24 and said CMA #8, who was not working at the time, texted him. RN #8 stated CMA #8 asked CMA #9 if he could find her (CMA #8's) resident's hydrocodone or Percocet, because she (CMA #8) had pain in her foot. RN #8 stated CMA #8 told CMA #9 that she would come by the facility and pick it up. RN #8 said an investigation was initiated. RN #8 said she did a count of the controlled narcotics with CMA #8 on 07/05/24 and found discrepancies. RN #8 said CMA #8 was the only staff to document she administered the PRN controlled narcotics for R #8, R #9, and R #10. RN #8 stated she showed CMA #8 the text she sent to CMA #9 asking for the resident's medication, and CMA #8 said she was only joking. RN #8 stated she sent CMA #8 home at that time and was terminated after the investigation.</p> <p>C. Record review of the Police Department Summary (police report), dated 07/05/24, revealed a summary of the facility's investigation. It further revealed CMA #8 said she was only playing with CMA #9 about taking the resident's medication, because she would never do something like that.</p> <p>R #8</p> <p>D. Record review of R #8's medical record revealed a Brief Interview of Mental Status (BIMS; a screening for cognitive impairment) score of 10, moderately impaired.</p> <p>E. Record review of R #8's physician orders, dated 02/14/24, revealed an order for Percocet, 5-325 mg, by mouth every eight hours as needed for severe pain.</p> <p>F. Record review of R #8's progress note, dated 07/05/24, revealed CMA #8 documented R #8 requested Percocet 5-325 mg for moderate pain, and the nurse was notified.</p> <p>G. Record review of the Medication Administration Record (MAR), dated 07/05/24 revealed CMA #8 documented she administered R #8 a Percocet 5-325 mg. Further review revealed staff did not administer Percocet to R #8 on any other day of the month.</p> <p>H. On 10/08/24 at 12:13 PM, during an interview with R #8, she stated she woke up with a headache on 07/05/24 and asked for a PRN medication. R #8 stated she did not recall getting a pill.</p> <p>R #9</p> <p>I. Record review of R #9's medical record revealed a BIMS score of 15, cognitively intact.</p> <p>J. Record review of R #9's physician orders, dated 03/30/24, revealed an order for hydrocodone-acetaminophen tablet, 5-325 mg, by mouth every eight hours as needed for pain.</p> <p>K. Record review of R #9's progress note, dated 07/05/24, revealed CMA #8 documented R #9 got up and needed some pain medicine. CMA #8 documented she gave the resident one tablet of hydrocodone-acetaminophen 5-325 mg.</p> <p>L. Record review of R #9's MAR, dated 07/05/24, revealed the hydrocodone-acetaminophen 5-325 MG was administered.</p> <p>M. Record review of R #9's progress note, dated 07/05/24, revealed R #9 did not recall requesting the medication, and the nurse was unaware the medication was administered.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/09/2024
NAME OF PROVIDER OR SUPPLIER Las Cruces Village Nursing & Rehabilitation LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3025 Terrace Drive Las Cruces, NM 88011	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>N. On 10/08/24 at 10:00 AM, during an interview, R #9 said she did not remember asking CMA #8 for hydrocodone. R #9 said she did not like taking hydrocodone. R #9 stated she took Tylenol when she was in pain. R #9 said she has not taken hydrocodone for months.</p> <p>R #10</p> <p>O. Record review of R #8's medical record revealed a BIMs score of 15.</p> <p>P. Record review of R #10's physician orders, dated 10/10/23, revealed an order for alprazolam 0.5 mg by mouth twice a day for anxiety.</p> <p>Q. Record review of R #10's nurse's progress notes revealed CMA #8 did not document that she gave R #10 alprazolam 0.5 mg in the morning.</p> <p>R. Record review of R #10's MAR, dated 07/05/24, revealed CMA #8 documented she gave R #10 alprazolam 0.5 mg in the morning.</p> <p>S. M. On 10/08/24 at 1:00 PM, during an interview with R #10, he stated he took medication for anxiety twice a day.</p> <p>50497</p>		