

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 06/16/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to notify the provider of abnormal vital signs (blood pressure and heart rate outside of set parameters) for 1 (R #2) of 3 (R #1, R #2, and R #3) residents reviewed for provider notification, when staff failed to notify the provider that R #2's blood pressure (bp) was high and R #2's pulse was low. This deficient practice could likely result in residents not receiving necessary care or worsening medical conditions due to lack of or changes in treatment. The findings are:</p> <p>A. Record review of R #2's admission record (no date) revealed the following:</p> <ol style="list-style-type: none"> 1. R #2 was admitted to the facility on [DATE]. 2. R #2 had a diagnosis of essential (primary) hypertension (common form of high blood pressure that does not have a known secondary cause and is influenced by various lifestyle and genetic factors). <p>B. Record review of R #2's physician orders revealed the following:</p> <ol style="list-style-type: none"> 1. Order dated 10/04/23 for, isosorbide (medication primarily used to chest pain by dilating blood vessels and improving blood flow to the heart) tablet 60 mg, give 1 tablet by mouth one time a day for high blood pressure (HTN; hypertension medical term for high blood pressure) hold (do not give medication) and notify medical doctor (MD) if systolic blood pressure (SBP, top number of blood pressure reading) is less than 100 or greater than 150 or pulse (HR; heart rate, beats per minute) is less than 50. <p>C. Record review of R #2's vital signs (BP and Heart Rate(HR)) for April 2025, revealed staff documented the following:</p> <ol style="list-style-type: none"> 1. On 04/14/25 staff documented pulse 48. 2. On 04/15/25 staff documented bp 164/98. 3. On 04/29/25 staff documented bp 179/99. <p>D. Record review of R #2's vital signs (BP and HR) for May 2025, revealed staff documented the following:</p> <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 06/16/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. On 05/07/25 staff documented bp 172/95.</p> <p>2. On 05/12/25 staff documented bp 191/94.</p> <p>E. Record review of R #2's vital signs (BP and HR) for June 2025, revealed staff documented on 06/03/25 staff documented bp 187/95.</p> <p>F. Record review of R #1's medication administration record (MAR; a form used to document medication administration), dated April 2025, revealed R #2 received isosorbide daily from April 1st through April 30th.</p> <p>G. Record review of R #1's MAR, dated May 2025, revealed R #2 received isosorbide daily from May 1st through May 31st.</p> <p>H. Record review of R #1's MAR, dated June 2025, revealed R #22 received isosorbide daily from May 1st through May 16th.</p> <p>I. On 06/16/25 at 3:55 PM, during an interview, the DON confirmed the following:</p> <p>1. Staff did not contact the physician/provider to notify them of R #2's elevated blood pressure and low heart rate as directed on the physician's order.</p> <p>2. Her expectation is for staff to notify the physician/provider as directed on the order.</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 06/16/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, and interviews, the facility failed to meet professional standards of practice (established guidelines and expectations that ensure the delivery of high-quality care to residents) for 1 (R #1) of 3 (R #1, R #2 and R #3) residents reviewed for medication regimen when staff failed to:</p> <ol style="list-style-type: none"> 1. Contact the physician/provider when medication is held. 2. Contact the physician/provider to notify them of medication refusals. <p>If the facility is not providing care per physician's orders, notifying the provider of changes and providing care that meets professional standards of practice, 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 #1's admission record (no date) revealed the following:</p> <ol style="list-style-type: none"> 1. R #1 was admitted to the facility on [DATE]. 2. R #1 diagnoses include the following: <ol style="list-style-type: none"> a. Cerebrovascular disease (conditions that affect blood flow to the brain). b. Essential (primary) hypertension (common form of high blood pressure [BP] that does not have a known secondary cause and is influenced by various lifestyle and genetic factors). c. Hyperlipidemia (HLD; abnormally high levels of fat [cholesterol] in the blood). <p>B. Record review of R #1's physician orders revealed the following:</p> <ol style="list-style-type: none"> 1. Order dated 04/16/2024, for atorvastatin calcium (medication used to treat hyperlipidemia by helping to lower the fat in blood and help prevent heart attacks and strokes) 20 mg, give 1 tablet by mouth at bedtime for HLD. 2. Order dated 04/23/25, for carvedilol (medication used primarily to treat hypertension by improving circulation and reducing the workload on the heart) 3.125 mg, give 1 tablet by mouth two times a day for essential primary hypertension. <p>C. Record review of R #1's medication administration record (MAR; a form used to document medication administration), dated April 2025, revealed the following:</p> <p>-atorvastatin</p> <ol style="list-style-type: none"> 1. R #1 refused her atorvastatin sixteen out of the thirty days. 2. On 04/01/25 through 04/04/25 staff documented 2 = drug refused. <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 06/16/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. On 04/07/25 and 04/08/25 staff documented 2 = drug refused.</p> <p>4. On 04/12/25 staff documented 2 = drug refused.</p> <p>5. On 04/17/25 through 04/21/25 staff documented 2 = drug refused.</p> <p>6. On 04/23/25 and 04/24/25 staff documented 2 = drug refused.</p> <p>7. On 04/26/25 and 04/27/25 staff documented 2 = drug refused.</p> <p>-carvedilol</p> <p>8. On 04/24/25 at 8:00 PM staff documented 2 = drug refused.</p> <p>9. On 04/26/25 and 04/27/25 at 8:00 PM staff documented 2 = drug refused.</p> <p>D. Record review of R #1's MAR dated May 2025, revealed the following:</p> <p>-atorvastatin</p> <p>1. R #1 refused her atorvastatin eight out of the thirty-one days.</p> <p>2. On 05/01/25 and 05/02/25 staff documented 2 = drug refused.</p> <p>3. On 05/05/25 and 05/06/25 staff documented 2 = drug refused.</p> <p>4. On 05/09/25 staff documented 2 = drug refused.</p> <p>5. On 05/19/25 staff documented 2 = drug refused.</p> <p>6. On 05/22/25 staff documented 2 = drug refused.</p> <p>7. On 05/26/25 staff documented 2 = drug refused.</p> <p>-carvedilol</p> <p>8. On 05/01/25 at 8:00 PM staff documented 4 = vitals outside of parameters (specific predetermined measurements for vital signs [blood pressure] set by physician/provider used to decide whether medication should be given or not).</p> <p>9. On 05/02/25 at 8:00 PM staff documented 2 = drug refused.</p> <p>10. On 05/03/25 at 8:00 PM staff documented 7 = not administered, see progress notes.</p> <p>11. On 05/05/25 at 8:00 PM staff documented 2 = drug refused.</p> <p>12. On 05/06/25 at 8:00 PM staff documented 4 = vitals outside of parameters.</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 06/16/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>13. On 05/09/25 at 8:00 PM staff documented 5 = hold/see nurses notes.</p> <p>14. On 05/18/25 at 8:00 PM staff documented 7 = not administered, see progress notes.</p> <p>15. On 05/19/25 at 8:00 PM staff documented 2 = drug refused.</p> <p>16. On 05/22/25 at 8:00 PM staff documented 2 = drug refused.</p> <p>17. On 05/26/25 at 8:00 PM staff documented 2 = drug refused.</p> <p>18. On 05/28/25 at 8:00 PM staff documented 5 = hold/see nurses notes.</p> <p>E. Record review of R #1's nursing progress notes for April and May 2025 revealed the following:</p> <p>1. Staff did not document that they notified the physician/provider of R #1's refusal to take her ordered medications.</p> <p>2. Staff did not document that they notified the physician/provider regarding holding R #1's medication.</p> <p>2. On 05/01/25 at 8:06 PM for carvedilol staff documented BP 98/64</p> <p>3. On 05/03/25 at 7:24 PM for carvedilol staff documented held for bp 124/57</p> <p>4. On 05/06/25 at 8:05 PM for carvedilol staff documented BP 94/60</p> <p>5. On 05/09/25 at 7:23 PM for carvedilol staff documented BP 96/59</p> <p>6. On 05/18/25 at 7:16 PM for carvedilol staff documented held for bp 90/57</p> <p>7. On 05/28/25 at 7:31 PM for carvedilol staff documented BP 106/63</p> <p>F. On 06/16/25 at 3:55 PM, during an interview, the DON confirmed the following:</p> <p>1. Staff did not contact the physician/provider to notify them of R #1's refusals to take medications.</p> <p>2. R #1's carvedilol order did not have parameters indicating that the medication should be held for certain blood pressure readings.</p> <p>3. The expectation is for staff to contact the physician/provider about concerns regarding blood pressure readings to determine the need to hold blood pressure medications.</p> <p>4. The expectation is for staff to notify the physician/provider due to constant refusal of medication.</p>		