STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325067	A. Building B. Wing	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Las Cruces Village Nursing & Rehabilitation LLC	3025 Terrace Drive Las Cruces, NM 88011

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to provide the required discharge or transfer information to the resident and the resident's representative(s) in writing for 4 (R #12, R #47, R #78 and R #179) of 5 (R #12, R #47, R #75, R #78 and R #179) residents sampled for hospitalizations or discharge when staff failed to: 1. Notify the resident and the resident's representative of the plan to discharge the resident from the facility in writing and in a language and manner they understand for R #78. 2. Complete a discharge summary for R #78 that included the following: a. A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results. b. A final summary of the resident's status including an accurate and current description of the clinical status of the resident and sufficiently detailed, individualized care instructions, to ensure that care is coordinated and the resident transitions safely from one setting to another. c. A reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over the counter) 3. Notify the residents and resident's representative(s) of the resident's transfer to the hospital in writing and in a language and manner they understand for R #12, R #47, and R #78. 4. Ensure the transfer or discharge notice for R #12, R #47, R #78 and R #179 included: a. A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request. b. The name, phone number, and address (mailing and email) of the Office of the State Long-Term Care Ombudsman. 5. Send a written copy of the Discharge or Transfer Notices to the Ombudsman for R #12, R #47, R #78 and R #179. 6. Ensure residents or their or his representative received a written notice of the bed hold policy which indicated the duration the bed would be held for R #12, R #47, and R #78. These deficient practices could likely result in the resident and/or their representative not knowing the reason for a transfer or discharge, the location of the transfer or discharge their rights to advocate and make informed decisions regarding the resident's healthcare, the services that the resident received while at the facility, the resident's current health status, or the resident's current medications leading to adverse outcomes for the resident. The findings are: Discharge Notices R #78 A. Record review of R #78's medical record, no date, revealed the following: 1. R #78 was admitted to the facility on [DATE]. 2. R #78 was discharged on 04/28/25. (continued on next page)

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

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	B. Record review of R #78's progress note, no date, revealed no documentation of R #78's discharge. C. Record review of R #78's entire medical record, no date, revealed staff did not document the following: 1. A discharge notice for R #78's discharge from the facility. 2. A discharge summary for R #78. Transfer Notification and Bed Hold Notification R #12 D. Record review of R #12's admission documents, no date, revealed R #12 was admitted to the facility on [DATE]. E. On 06/23/25 at 1:28 PM during an interview, R #12 stated the following: 1. She was sent to the hospital in May (unsure of date) due to back pain. 2. She did not get a written transfer notification when she was transferred to the hospital. 3. She did not get a written bed hold notification when she was transferred to the hospital. F. Record review of R #12's progress note, dated 05/22/25, revealed the following: 1. R #12 requested to go to the hospital due to lower back pain. 2. R #12 was sent non-emergently to the hospital for lower back pain. 3. R #12's daughter was present at the time of R #12's transfer. G. Record review of R #12's entire medical record, no date, revealed the following: 1. R #12's medical record did not contain a written transfer notification that included information for how the resident or representative could appeal a transfer or how to contact the ombudsman for her transfer to the hospital on [DATE]. 2. R #12's medical record did not contain a written bed hold notification for her transfer to the hospital on [DATE]. R #47 H. Record review of R #47's admission documents, no date, revealed R #47 was admitted to the facility on [DATE]. I. Record review of R #47's progress note dated 03/29/25, revealed R #47 was transferred to the hospital related to positive chest x-ray results. (continued on next page)

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	J. Record review of R #47's entire medical record no date revealed R #47's medical record did not contain a written transfer notification that included information for how the resident, or their representative could appeal the transfer or how to contact the Ombudsman for his transfer to the hospital on [DATE]. K. Record review of R #47's Bed Hold Notice Agreement, dated 03/29/25, revealed the following: 1. Notification about the bed hold notice was done on 03/31/25. 2. The form did not indicate who was notified about the bed hold notice. L. On 06/25/25 at 9:06 AM, during an interview, the DON and the corporate nurse confirmed the following: 1. Staff did not complete a written transfer notification for R #12's transfer to the hospital on [DATE]. 2. Staff did not complete a written bed hold notification for R #12's transfer to the hospital on [DATE]. 3. Staff did not complete a written transfer notification for R #47's transfer to the hospital on [DATE]. 4. Staff completed a bed hold notification for R #47's transfer to the hospital on [DATE] but did not indicate who was notified about R #47's bed hold notice. 5. They were unable to determine if a written copy of the bed hold notification was given to R #47 or his representative. 6. Staff were expected to complete a written transfer notification and give a copy of to the resident or their representative at the time of the resident's transfer or as soon as practicable of the resident is unstable. 7. Staff were expected to complete a written bed hold notification and give a copy of to the resident or their representative at the time of transfer or as soon as practicable if the resident is unstable. 8. The social services director (SSD) was responsible for sending a copy of the written transfer notifications to the ombudsman. M. On 06/25/25 at 11:45 AM during an interview with the SSD, the following was revealed: 1. She sends a list of residents who transfer or discharge from the facility to the Ombudsman. 2. She does not send a copy of the written transfer notification to the Ombudsman. 3. The business office manager (BOM) was responsible for completing bed hold notifications. (continued on next page)

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. She does not mail a copy of transfer notifications to the resident's family if the resident or their representative do not receive a copy at the time of transfer. N. On 06/26/25 at 11:06 AM during an interview, the BOM confirmed the following: 1. The nurses were responsible for completing bed hold notifications at the time of transfer. 2. If the nurses do not complete the bed hold notification, he will complete the bed hold notification. 3. He calls the family to notify them about the bed hold notification. 4. He does not provide a written copy of the bed hold notification to the resident or their representative unless they come to the facility to pick it up. 5. He was unable to determine who was notified regarding R #47's bed hold notification for his transfer to the hospital on [DATE]. R #78 O. Record review of R #78's medical record, no date, revealed the facility did not document R #78's discharge from the facility. The facility did not do a transfer or bed-hold for R #78. R #179 P. Record review of R #179's admission record (no date) revealed R #179 was admitted to the facility on [DATE]. Q. Record review of R #179's progress note dated 03/29/25, revealed R #179 was transferred to the hospital related to uncontrolled pain. R. Record review R #179"s medical record revealed the eINTERACT transfer form dated 03/19/25, did not include information for how the resident, or their representative could appeal the transfer or how to contact the Ombudsman for the transfer to the hospital on [DATE]. S. On 06/25/25 at 11:45 AM, during an interview with the SSD, she confirmed that a copy of the written transfer notification was not sent to the Ombudsman.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to develop and implement accurate, person-centered comprehensive care plan for 4 (R #1, R #7, R #77, and R #179) of 4 (R #1, R #7, R #77, and R #179) residents reviewed for care plans when staff failed to:1. Include personal preferences for activities for R #1 and R #7.2. Include a care plan for R #77's primary diagnosis. 3. Include a care plan for R #179's diagnosis and level assistance needed for showering. These deficient practice could likely result in staff being unaware of the current and actual needs of the residents. The findings are:R #1 A. Record review of R #1's admission record, no date, revealed an admission date of 04/20/24 with the following diagnoses: 1. Unspecified dementia, unspecified severity, with other behavioral disturbances (is the loss of cognitive functioning, the ability to think, remember, or reason-to such an extent that it interferes with a person's daily life and activities). 2. Unspecified behavioral emotional disorders with onset usually occurring in childhood and adolescence (mental health condition like mood disorders). B. Record review of R #1's Annual MDS assessment dated [DATE] revealed R #1's personal preferences for activities revealed the following: 1. Pet visits. 2. Groups with people 3. Going outdoors 4. Religious Services C. Record review of R #1's revised care plan dated 05/15/25 revealed R #1's care plan did not include R #1’s personal preferences from the MDS Annual Assessment. D. On 06/24/25 at 3:18 PM, during an interview with the Activity Director (AD), she stated residents are interviewed when they are admitted to the facility in the MDS activities assessment. Then the activities director care plan's the residents' personal preferences and makes sure residents attend activities they enjoy. The AD confirmed R #1's care plan did not include her personal preferences for activities from the MDS Annual Assessment. R #7 E. Record review of R #7's admission record, no date, revealed an admission date of 03/10/20 and the following diagnoses: 1. Alzheimer's disease, unspecified(is a brain condition that slowly damages your memory, thinking, learning and organizing skills. It's the most common cause of dementia). (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. Major depressive disorder, single episode, unspecified(is a mood disorder that causes a persistent feeling of sadness and loss of interest). 3. Unspecified dementia, unspecified severity, with other behavioral disturbance (the loss of cognitive functioning, the ability to think, remember, or reason-to such an extent that it interferes with a person's daily life and activities). F. Record review of R #7's Annual MDS assessment dated [DATE] revealed R #7's personal preferences for activities revealed the following: 1. Music. 2. Groups with people 3. Going outdoors 4. Religious Services G. Record review of R #7's care plan revision dated 01/21/25 revealed the following personal preferences for activities were not included in the care plan: 1. Groups with people 2. Going outdoors 3. Religious Services. H. On 06/24/25 at 3:18 PM, during an interview with the activity director, she stated residents are interviewed when they are admitted to the facility in the MDS activities assessment, and then the activities director care plan's the residents' personal preferences and makes sure residents attend activities they enjoy. The AD confirmed R #7's care plan did not include her personal preferences for activities from the MDS Annual Assessment. R #77 I. Record review of R #77's admission record (no date) revealed the following: 1. R #77 was admitted to the facility on [DATE]. 2. R #77's primary diagnosis was hypertensive urgency (severe elevation in blood pressure that occurs in up to 2% of hypertensive patients, typically with readings of systolic [top number of reading] blood pressure equal to 180 and/or diastolic [bottom number of reading] blood pressure equal to 110). J. Record review of R #77's care plan dated 01/31/25 revealed no plan in place for hypertensive urgency. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	K. On 06/27/25 at 2:33 PM, during an interview, the corporate nurse confirmed R #77's comprehensive care plan did not include a plan for hypertensive urgency. R #179 L. Record review of R #179's admission record (no date) revealed the following: 1. R #179 was admitted to the facility on [DATE]. 2. R #179's diagnosis included adrenocortical insufficiency (also known as Addison's disease; it is a rare condition that happens when the body doesn't make enough of some hormones, without treatment of replacing the hormones, it can be life-threatening). M. Record review of R #179's admission minimum data set completed 03/28/25 revealed section GG-functional abilities was marked as R #179 required partial to moderate assistance to shower/bathe self. N. Record review of R #179's care plan dated 03/20/25 revealed the following: 1 No plan in place for adrenocortical insufficiency. 2. No care plan in place for the assistance required for R #179 to shower or bathe. O. On 06/27/25 at 3:17 PM, during an interview, the corporate nurse confirmed R #179's comprehensive care plan did not include a plan for adrenocortical insufficiency and the assistance R #179 required to shower/bathe herself.