

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325068	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/28/2024
NAME OF PROVIDER OR SUPPLIER Belen Meadows Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1831 Camino Del Llano Belen, NM 87002	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40671</p> <p>Based on observation and interview, the facility failed to maintain an environment in good condition when staff failed to repair a broken door knob for 1 (R # 52) of 4 (R #'s 10, 52, 100 and 168) reviewed for homelike environment. If the facility fails to maintain the building, then residents could feel uncomfortable in their environment. The findings are:</p> <p>A. On 06/27/24 at 12:51 PM during a random observation and interview with R #52, R #52's bathroom door did not have a doorknob and could not be opened. R #52 stated the doorknob was broken for several weeks, and he was not able to access his restroom. He stated he told the CNAs, and they were aware the doorknob was broken.</p> <p>B. Record review of R #52's Minimum Data Set, dated dated [DATE] revealed that R #52 was continent and was able to toilet himself.</p> <p>C. On 06/28/24 at 10:21 am, an observation of R #52's room revealed the bathroom door did not have a doorknob.</p> <p>D. Record review of facility work order request #2920, dated 06/17/24, revealed a work order was submitted for R #52's bathroom doorknob to be replaced.</p> <p>E. On 06/28/24 1:55 PM during an interview with the Administrator, he stated he was not sure if staff submitted a work order for R #52's bathroom doorknob to be repaired. He further stated he thought the doorknob was in need of repair for about two weeks. He stated all employees have access to the system they use to submit maintenance requests and that he expected employees to report issues. He further stated that the maintenance director had a medical emergency and was out of during the period of time that the work order had been submitted for the doorknob to be replaced/repared.</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
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<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>49196</p> <p>Based on interview and record review, the facility failed to ensure the comprehensive care plan was accurate for 1 (R #37) of 1 (R #37) residents reviewed for care plan accuracy. This deficient practice could likely result in staff not understanding and implementing the most appropriate interventions and treatments for the resident. The findings are:</p> <p>A. Record review of R #37's care plan, dated 06/04/24, revealed the following focus areas:</p> <ul style="list-style-type: none"> - R #37 may not smoke per smoking evaluation, initiated 02/26/23, - R #37 may smoke with supervision per smoking evaluation, initiated 05/05/23. <p>B. On 06/28/24 at 11:03 am during an interview with the Director of Nursing (DON), she stated R #37 did not smoke nor did she have a history of smoking. She added the resident's care plan should not have either smoking statement listed.</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>49196</p> <p>Based on interview and record review, the facility failed to ensure the comprehensive care plan was accurately revised for 1 (R #37) of 1 (R #37) residents reviewed for care plans. This deficient practice could likely result in staff not understanding and implementing the most appropriate interventions and treatments for the resident. The findings are:</p> <p>A. Record review of R #37's care plan, dated 06/04/24, revealed R #37 had an active urinary tract infection (UTI; an infection in any part of the urinary system, which includes the kidneys, ureters, bladder, and urethra) and was at risk for sepsis, initiated 02/10/24.</p> <p>B. Record review of R #37's quarterly Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff), dated 05/22/24, revealed the resident did not have a UTI in the past 30 days.</p> <p>C. On 06/28/24 at 11:03 am during an interview with the Director of Nursing (DON), she stated R #37 had a UTI in February 2024 and has not had once since. She added that the care plan should reflect that R #37 was at risk for developing UTIs, not that R #37 had an active UTI.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>48645</p> <p>Based on record review, observation and interviews, the facility failed to ensure staff documented the medication refrigerator temperatures in the medication storage room. This deficient practice is likely to result in all residents living in the facility, as identified on the census list provided by the Executive Director (ED) on 06/24/24, receiving medication that has lost their potency or effectiveness due to not being stored at the proper temperature. The findings are:</p> <p>A. Record review of the medication storage room temperature log book for the medication #1 refrigerator, the medication #2 refrigerator, and the specimen refrigerator revealed staff did not document temperature recordings for the following dates:</p> <ol style="list-style-type: none"> 1. 06/21/24 pm. 2. 06/22/24 am and pm. 3. 06/23/24 am and pm. <p>B. On 06/24/24 at 10:28 am during observation of the medication storage room, the medication #1 refrigerator, the medication #2 refrigerator, and the specimen refrigerator contained insulin and other medications that required refrigeration.</p> <p>C. On 06/28/24 at 12:23 pm, during an interview with the Director of Nursing (DON), she stated staff must check all medication storage room's refrigerator and freezer temperatures twice a day (am and pm) and document the temperatures on the temperature log. She stated staff checked to make sure the refrigerators maintained a temperature range of 36 to 46 degrees Fahrenheit, which preserved temperature-controlled medications and specimens.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>40795</p> <p>Based on record review, observation, and interview, the facility failed to ensure that residents received food according to their meal ticket for 3 (R #30, R #62, and R #64) of 4 (R #28, R #30, R #62, and R #64) residents reviewed for dietary services. This deficient practice could likely result in residents not receiving enough food or food that was expected according to the menu. the findings are:</p> <p>R #62:</p> <p>A. On 06/24/24 at 10:26 am, during an interview with R #62, he reported I don't get enough food. I am supposed to get double portions.</p> <p>B. Record review of R #62's dietary meal ticket (an individualized description from the kitchen of what staff should serve a resident), dated 06/28/24, revealed the following:</p> <ul style="list-style-type: none"> - Regular/liberalized diet. - Double portions of all items. - King Ranch Chicken casserole - two squares, dinner roll - two each, margarine - two each, sliced peaches - 1 cup, vanilla ice cream- 1/2 cup, assorted beverage - 12 ounces, house supplement - two each. <p>C. On 06/28/24 at 12:30 pm, during an observation of R #62's meal tray, the meal tray did not match R #62's meal ticket. He received one serving of the casserole, one dinner roll, one butter, one serving of peaches, and one house supplement. He did not receive ice cream.</p> <p>D. On 06/28/24 at 12:45 pm, during an interview with the Regional Dietary Manager, he confirmed R #62 should receive double portions of every item on the meal ticket.</p> <p>48645</p> <p>R #30</p> <p>E. On 06/28/24 at 12:16 pm, during an interview with R #30, she provided her meal tickets for May and June 2024 and hand wrote which items were missing on each meal ticket. R #30 stated she complained to the Dietary Manager several times about the issue. She stated staff still served her food that was not on the menu or her tray did not have the food her meal ticket said should be there.</p> <p>F. Record review of R #30's dietary meal tickets, the following was missing from her food tray when staff served them:</p> <ol style="list-style-type: none"> 1. On 05/15/24, breakfast - staff did not deliver margarine or jelly with her food tray. <p>(continued on next page)</p>

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. On 06/14/24, breakfast - staff did not deliver sugar, garnish, and eggs with her food tray.</p> <p>3. On 06/14/24, lunch - staff did not deliver grilled onions on hamburger and red bliss potatoes with her food tray.</p> <p>4. On 06/15/24, breakfast - staff did not deliver cinnamon roll with her food tray.</p> <p>5. On 06/21/24 - staff did not deliver toast, just a slice of bread, and beverage with her food tray.</p> <p>6. On 06/22/24, lunch - staff did not deliver pasta salad with her food tray.</p> <p>7. On 06/22/24, dinner - staff did not deliver sour cream and flour tortilla with her food tray.</p> <p>8. On 06/26/24, lunch - staff did not deliver ice cream and stewed tomatoes with her food tray.</p> <p>9. On 06/28/24, breakfast - staff did not deliver toast and eggs with her food tray.</p> <p>10. On 06/28/24, lunch - staff served the resident Mexican spiced chicken and mashed potatoes, but the lunch menu for today stated staff should have served cowboy casserole and rice pilaf.</p> <p>G. On 06/28/24 at 1:52 pm, during an interview with the Regional Dietary Manager (RDM), he acknowledged staff occasionally did not serve R #30 the food that was listed on her meal tickets. The RDM further stated staff should have served R #30 the Cowboy Casserole for lunch on 06/28/24, and he was not sure why staff served her Mexican spiced chicken instead.</p> <p>49196</p> <p>R #64</p> <p>H. On 06/26/24 at 11:41 AM during an interview, R #64 stated the food from the facility rarely matched the menu, and she gets food from outside of the facility to ensure she had something she liked to eat</p>