

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325086	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Casa Maria Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1601 South Main Street Roswell, NM 88203	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48960</p> <p>Based on interview and record review, the facility failed to ensure grievances (complaints over something believed to be wrong or unfair) were acted upon for 3 (R #3, R #6, and R #12) of 3 (R #3, R #6, and R #12) residents reviewed for grievances. This deficient practice could likely result in residents feeling unimportant and unsatisfied with the results of the grievance process. The finding are:</p> <p>R #3</p> <p>A Record review of R #3's face sheet revealed that R #3 was admitted to the facility on [DATE].</p> <p>B. On 04/24/25 at 3:15 pm during an interview with R #3, she stated that the facility continues to</p> <ol style="list-style-type: none"> 1. Send cold food. 2. Send improper eating utensils (fork for oatmeal, spoon for pork chops). 3. Sends bread on her tray when she asks for no carbs. 4. During church service on Sunday's its very noisy and loud in the kitchen. <p>R #3 stated these complaints have been brought up at the Resident Council meetings and they have not been addressed with her or the Resident Council. The dates of the Resident Council meetings took place on 03/14/23, 07/11/23, 08/08/23, 01/09/24, and 03/12/24.</p> <p>R #6:</p> <p>C. Record review of R #6's face sheet revealed R #6 was admitted to the facility on [DATE].</p> <p>D. Record review of the Resident Council minutes on 01/09/24, revealed R #6 addressed issues with the cold food at the Resident Council meeting.</p> <p>E. Record review of grievances dated 03/14/23, 07/11/23, 08/08/23, 01/09/24, and 03/12/24, revealed staff did not initiate any of the grievances or staff did not follow up with any response to the issues that were discussed in Resident Council.</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
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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>R #12:</p> <p>F. Record review of R #12's face sheet revealed R #12 was admitted to the facility on [DATE].</p> <p>G. Record review of Concern/Grievance report dated 03/14/24, revealed R #12 requested more food, due to his broken jaw, his diet is liquid consistency and the resident was feeling hungry after each meal. R #12 had weight loss due to broken jaw. Staff did not document any follow-up for this concern.</p> <p>H. Record review of the Resident Council minutes for the months of July 2023, August 2023, January 2024, and March 2024 had dietary issues, or noise issues documented. Several grievances staff did not have any response to the issues posed. The facility, Administrator and Department Directors did not respond or offer any resolution to the grievances.</p> <p>I. On 04/25/24 at 9:45 am, during an interview with the Administrator, she confirmed that grievances or complaints were not submitted after the Resident Council meetings. The Grievances were not submitted to the Department Directors or to the Administrator. The Administrator confirmed that staff did not follow up on the grievances and staff did not resolve any of the Old Business issues for the months of July 2023, August 2023, January 2024, and March 2024 and there should be some kind of response.</p>

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>49827</p> <p>Based on record review, and interview, the facility failed to ensure the residents' ability to perform activities of daily living (ADLs) was maintained for 2 (R #10 and R #11) of 4 (R #1, R #4, R #10 and R #11) residents reviewed for restorative therapy (Restorative services refers to nursing interventions that promote the resident ' s ability to adapt and adjust to living as independently and safely as possible). If the facility does not ensure that residents receive restorative services, then the residents are likely to experience a decrease in their ability to walk, transfer, and do other activities of daily living. The findings are:</p> <p>A. Record review of R #10's Therapy Records indicated that R #10 was discharged from physical therapy (PT), occupational therapy (OT), and speech therapy (ST) on 04/10/2024.</p> <p>B. Record review of care plan for R #10 dated 04/10/24 revealed that PT was to evaluate for fall prevention.</p> <p>C. Record review of R #11's Therapy Records indicated that R #11 was discharged from PT and OT services on 04/03/2024 and was discharged from ST on 03/27/2024.</p> <p>D. Record review of R #11's care plan dated 04/10/24, revealed PT to evaluate for fall prevention and has a self-care deficit (patient who is not adequately performing the activities of daily living (ADLs)) related to confusion and limited mobility.</p> <p>E. On 04/25/24 at 9:01 AM, during an interview, R #11 stated, Don't go to therapy anymore. I don't need it. I liked it when I went, met max potential (Rehabilitation potential refers to a projection about the future status of a patient based on present observable behaviors) in therapy.</p> <p>F. On 04/24/24 at 6:00 pm, during an interview with the Administrator, she stated the facility does not have a restorative nursing program. We're waiting to put the right person in the position. So, it is in the works right now.</p> <p>G. On 04/24/2024 at 9:10 am, during an interview with the Director of Rehabilitation (DOR), he stated the facility does not have a restorative program. Currently we will encourage basic activities like walk to dine if they need contact assistance, meaning a Certified Nursing Assistant (CNA) would need to walk with them so they don't fall over on the way. It would be good to have a restorative program it would benefit the residents.</p>		