

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 09/11/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on record review and interview, the facility failed to report a suicide attempt where a potential for serious bodily injury can occur within 24 hours to the State Agency (SA) for 1 (R #2) of 1 (R #2) resident reviewed for abuse. If the facility fails to report these incidents to the State Agency, then the State Agency cannot ensure the residents' safety is protected. The findings are: 1. Record review of the facility's Initial Incident Report for R #1's suicide attempt on 09/01/25 revealed the initial report was submitted to the SA on 09/10/25. 2. On 09/11/25 at 2:15 pm during an interview with the Regional Nurse Consultant, she confirmed that the report was not submitted timely within 24 hours.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. (continued on next page)

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to provide activities of daily living (ADL; activities related to personal care such as bathing, showering, dressing, walking, toileting, and eating) assistance for baths or showers for 3 (R #1, R #2, and R #3) of 3 (R #1, R #2, and R #3) residents reviewed for ADL care. This deficient practice is likely to affect the dignity and health of the residents. The findings are:R #1A. Record review of R #1's admission Record revealed R #1 was admitted to the facility on [DATE] with the following diagnoses:1. History of falling,2. Seizures (convulsions),3. Lack of coordination,4. Cognitive communication deficit (communication problems caused from cognitive impairment),5. Traumatic subdural hemorrhage (a collection of blood between the outer layer and middle layers of the brain's covering due to a traumatic brain injury),6. Generalized muscle weakness (the body's inability to contract muscles properly), 7. Reduced mobility,8. Muscle wasting,9. Difficulty in walking.B. Record review of R #1's admission Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff) dated 07/18/25, revealed a Brief Interview for Mental Status (BIMS; a screening for cognitive impairment) score of 15, cognitively intact. C. Record review of R #1's care plan dated 04/24/25 revealed that R #1 requires supervision or touching assistance from staff to shower or bathe.D. On 09/11/25 at 12:46 am during an interview with R #1, he stated he has not been receiving his shower or bath on his regular scheduled times. R #1 stated he remembers getting a shower today, but he had not been getting his showers three times a week as ordered.E. Record review of the facility's POC ADL charting (Point of care activities of daily living care provided during shift), no date, revealed R #1 is scheduled for a shower on Mondays, Wednesdays, and Fridays.F. Record review of R #1's survey documentation report for the month of August 2025 revealed the following:1. R #1 received showers on 08/07/25, 08/15/25, and 08/23/25.2. No documentation to show R #1 was offered or assisted with a bath or shower for six days from 08/01/25 to 08/07/25.3. No documentation to show R #1 was offered or assisted with a bath or shower for seven days from 08/08/25 to 08/17/25.4. No documentation to show R #1 was offered or assisted with a bath or shower for seven days from 08/18/25 to 08/23/25.G. Record Review of R #1's survey documentation report for the month of September 2025 revealed the following:1. R #1 received showers on 09/06/25 and on 09/08/25.2. No documentation to show R #1 was offered or refused a bath or shower for six days from 09/01/25 to 09/06/25.R #2H. Record review of R #2's admission Record revealed R #2 was admitted to the facility on [DATE] with the following diagnoses:1. Metabolic Encephalopathy (brain dysfunction),2. Fracture of superior rim of left pubis, subsequent encounter for fracture with routine healing (fracture of the pelvis),3. Unspecified fracture of the T7-T8 Vertebra, subsequent encounter for fracture with routine healing (fracture of the spine),4. Difficulty in walking,5. Generalized muscle weakness.I. Record review of R #2's quarterly Minimum Data Set, dated [DATE], revealed the following:1. BIMS score of 15, cognitively intact.2. R #2 requires partial/moderate assistance to shower or bathe.J. Record review of the facility's shower schedule, no date, revealed R #2 is scheduled for a shower on Mondays, Wednesdays, and Fridays.K. Record review of R #2's survey documentation report for the month of August 2025 revealed the following:1. Resident #2 was showered with total dependence as a one-person physical assist on 08/18/25, 08/20/25, and 08/29/25.2. The survey documentation report did not contain any documentation to show R #2 was offered or assisted with a bath or shower for five days from admission, days from 08/13/25 to 08/18/25.3. The survey documentation report did not contain any documentation to show R #2 was offered or assisted with a bath or shower for seven days from 08/22/25 to 08/29/24.R #3L. Record review of R #3's admission Record revealed R #3 was admitted to the facility on [DATE] with the following diagnoses:1. Unspecified dementia (a group of conditions characterized by impairment of at least two brain functions, such as memory loss and judgment),2. Muscle weakness,3. Lack of coordination,4. Difficulty in walking.M. Record review of R #3's quarterly Minimum Data Set, dated [DATE] revealed the following:1. BIM score of 00, severe impairment.2. R #3 is totally dependent with maximum assistance to shower or bathe.N. Record review of the facility's shower schedule, no date, revealed R #3 is scheduled for a shower on Mondays, Wednesdays, and Fridays.O. Record review of R #3's survey documentation report for the month of August 2025 revealed the following:1. R #3 was showered on 08/06/25, and 08/25/25 with total dependence and one-person assist.2. The survey documentation report did not contain any documentation to show R #3 was offered or assisted with a bath or shower for five days from admission, days from 08/01/25 to 08/06/25.3. The survey documentation report did not contain any</p>		