

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325087	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/05/2025
NAME OF PROVIDER OR SUPPLIER  Northgate Unit of Lakeview Christian Home		STREET ADDRESS, CITY, STATE, ZIP CODE  1905 West Pierce Street Carlsbad, NM 88220	

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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50207</b></p> <p>Based on record review and interview, the facility failed to ensure the Pre-Admission Screening and Resident Review (PASRR; a screening to help ensure that individuals are not inappropriately placed in nursing homes for long term care) assessment was accurate for 1 (R #58) of 2 (R #51 and R #58) residents reviewed for PASRR accuracy. This deficient practice is likely to result in the residents not receiving the services they need. The findings are:</p> <p>A. Record review of R #58's Face Sheet revealed R #58 was admitted to the facility on [DATE] with multiple diagnoses including a diagnosis of major depressive disorder (depression; a mood disorder that causes a persistent feeling of sadness and loss of interest), recurrent.</p> <p>B. Record review of R #58's PASRR dated 05/31/24, revealed staff documented that R #58 does not have a diagnosis or suspected mental illness.</p> <p>C. On 04/03/25 at 2:31 pm, during an interview with the Director of Nursing (DON), she stated R #58 does have a diagnosis of major depressive disorder which is listed as a mental illness on the first question of section C on the New Mexico PASRR Level 1 Identification Screen form and confirmed that R #58's PASRR is incorrect.</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 - Some</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50207</b></p> <p>Based on record review and interview, the facility failed to develop and implement an accurate, person-centered comprehensive care plan for 2 (R #33 and R #51) of 4 (R #1, R #3, R #33 and R #51) residents reviewed for care plans. This deficient practice is likely to result in staff being unaware of the current and actual needs of the residents. The findings are:</p> <p>R #33</p> <p>A. Record review of R #33's Face Sheet revealed she was admitted to the facility on [DATE].</p> <p>B. Record review of R #33's care plan dated 04/19/24 revealed that R #33 requires oxygen therapy.</p> <p>C. Record review of R #33's current medical orders revealed no order for the use of supplemental oxygen.</p> <p>D. On 04/04/25 at 2:45 pm during an interview with the Director of Nursing (DON) she stated that R #33 does not use supplemental oxygen. The DON confirmed that R #33's care plan is not accurate.</p> <p>R #51</p> <p>E. Record review of R #51's Face Sheet revealed she was originally admitted to the facility on [DATE] with the following diagnoses:</p> <ol style="list-style-type: none"> <li>1. Atherosclerotic (plaque containing cholesterol and lipids that build up on artery walls) heart disease,</li> <li>2. Dementia (a group of conditions characterized by impairment of at least two brain functions, such as memory loss and judgment),</li> <li>3. Dependence on supplemental oxygen, (oxygen therapy; a therapy treatment which provides extra oxygen).</li> </ol> <p>F. Record review of R #51's care plan last revised on 11/07/24 and on 03/06/25 revealed the care plan did not contain any information regarding R #51's use of oxygen.</p> <p>G. On 04/04/25 at 2:45 pm during an interview with the DON, she confirmed that R #51 does use supplemental oxygen, should have a care plan for the use of oxygen. R #51 does not have a care plan in place for oxygen use. The DON confirmed that any resident that uses supplemental oxygen should have a care plan in place.</p> <p>51616</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50207</b></p> <p>Based on observation, record review, and interview, the facility failed to ensure staff revised the care plan for 2 (R #34, and R #51) of 4 (R #3, R #33, R #34, and R #51) residents reviewed when staff failed to:</p> <ol style="list-style-type: none"> <li>1. Revise #34's care plan for the use of assist bars.</li> <li>2. Revise #51's care plan for hospice care.</li> </ol> <p>This deficient practice is likely to result in residents' care and needs not being addressed if care plans are not updated. The findings are:</p> <p>R #34</p> <p>A. Record review of R #34's face sheet revealed R #34 was originally admitted to the facility on [DATE] and readmitted on [DATE] with the following diagnoses:</p> <ol style="list-style-type: none"> <li>1. Abnormalities of gait and mobility (a deviation from the normal pattern of walking),</li> <li>2. Lack of coordination,</li> <li>3. Polyosteoarthritis (a condition where pain and inflammation occur in multiple joints at once),</li> <li>4. Parkinsons disease (a progressive neurological disorder that primarily affects movement) with Dyskinesia (a movement disorder characterized by involuntary, repetitive, and often purposeless movements)</li> </ol> <p>B. Record review of R #34's assist bars evaluation dated 08/11/20 revealed the following:</p> <ol style="list-style-type: none"> <li>1. R #34 requested to have assist bar while in bed for safety and security,</li> <li>2. Bilateral (horizontal bars that attach to the side of a bed, extending a quarter of the length of the bed) bars indicated bed mobility and transfers.</li> <li>3. R #34 consented to assist bars for bed mobility and transfers.</li> </ol> <p>C. Record review of R #34's care plan dated 07/23/24 revealed there was not a care plan for assist bar use.</p> <p>D. On 04/02/25 at 9:55 am during an observation of R #34's bed revealed quarter size assist bars on each side of the bed.</p> <p>E. On 04/02/25 at 9:55 am during an interview, R #34 stated he was aware he had assist bars on each side of the bed and used the bars to help with repositioning himself and bed mobility.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>F. On 04/04/25 at 2:46 pm during an interview with the Director of Nursing (DON), she stated R #34 did not have a care plan for assist bars and should have.</p> <p>R #51</p> <p>G. Record review of R #51's Face Sheet revealed R #51 was originally admitted to the facility on [DATE] with the following diagnoses:</p> <ol style="list-style-type: none"> <li>1. Atherosclerotic (plaque containing cholesterol and lipids that build up on artery walls) heart disease,</li> <li>2. Dementia (a group of conditions characterized by impairment of at least two brain functions, such as memory loss and judgment),</li> <li>3. Hypertensive heart disease (a condition where long-term high blood pressure puts extra strain on the heart) with heart failure.</li> </ol> <p>H. Record review of R #51's medical orders revealed an order to admit R #51 to hospice dated 08/13/24.</p> <p>I. Record review of R #51's care plan dated with last care conference date of 12/05/24 revealed there was no care plan present for hospice care or services.</p> <p>J. On 04/04/25 at 2:46 pm, during an interview with the DON, she confirmed that R #51 is on hospice and does not have a care plan in place that addresses hospice. The DON stated that her expectation is to have a hospice care plan in place for all residents that are on hospice.</p> <p>51616</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>50207</p> <p>Based on observation and interviews, the facility failed to ensure all treatment carts were locked while unattended. This deficient practice had the potential to affect all 18 people residing in the 200 through 216 rooms by allowing unauthorized people access to their medical supplies and personal health information. The findings are:</p> <p>A. On 04/02/25 at 9:38 am, during a random observation of the facility, the treatment cart located in the the hall of the 200 rooms was unlocked, and the facility employees were not in the area.</p> <p>B. On 04/02/25 at 9:42 am, during an interview with Case Manager (CM) #1, he confirmed the treatment cart was unlocked and then walked away from the area.</p> <p>C. On 04/02/25 at 9:43 am, during an interview with Registered Nurse (RN) #1, he confirmed the treatment cart was unlocked and locked the cart. RN #1 stated the treatment cart should be locked and secured while not in use.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>50207</p> <p>Based on observation and interview, the facility failed to ensure food was prepared and served under sanitary conditions when staff failed to wear hairnets while in the kitchen. This deficient practice is likely to affect all 79 residents listed on the resident census list provided by the Administrator on 04/02/25. The findings are:</p> <p>A. On 04/04/25 at 12:23 pm, a random observation of the kitchen revealed Dietary Aide #1 and Dietary Aide #2 were not wearing a hairnet while in the kitchen.</p> <p>B. On 04/04/25 at 12:46 pm during an interview with Assistant Dietary Manager, she confirmed that all staff should be wearing hairnets while in the kitchen.</p>