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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325092	A. Building B. Wing	05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Mexico State Veterans Home	992 South Broadway Truth OR Consequence, NM 87901

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)
F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41755 Based on record review and interview, the facility failed to ensure a comprehensive Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff) was completed within 14 calendar days after admission for 1 (R #1) of 4 (R #1, R #2, R #31, and R #32) residents reviewed. This deficient practice could likely result in residents' preferences and care needs not being met. The findings are: A. Record review of R #1's Admission record revealed an admitted [DATE] for R #1. B. Record review of R #1's medical record revealed an Admission MDS assessment was in progress (assessment has been started but all sections have not been completed) on 05/08/24. C. On 05/08/24 at 4:05 PM, during an interview, LPN #1 confirmed the following: 1. R #1 was admitted to the facility on [DATE]. 2. R #1's Annual MDS assessment was still in progress and was not completed within 14 days of admission.

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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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Mexico State Veterans Home	992 South Broadway Truth OR Consequence, NM 87901

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41755 Based on record review and interview, the facility failed to complete a baseline care plan within 48 hours of admission, that includes the instructions needed to provide effective and person-centered care to residents for 1 (R #1) of 5 (R #1, R #2, R #3, R #31, and R #32) residents reviewed for Care Plans. This deficient practice could likely result in residents not receiving the appropriate care and services and may place residents at risk of an adverse event (an event that caused harm to a patient as a result of medical care or lack of medical care) or worsening of current condition after admission. The findings are: A. Record review of R #1's face sheet revealed, R #1 was admitted to the facility on [DATE]. B. Record review of R #1's physician's orders revealed: 1. Order date of 03/22/24; Seroquel (antipsychotic medication used to treat serious mental and mood disorders) oral tablet give 25 milligrams (mg) by mouth two times a day. 2. Order date of 03/22/24; Sertraline (antidepressant medication used to treat depression and other mood disorders) oral tablet give 50 mg by mouth at bedtime. 3. Order date of 03/22/24; Xanax (benzodiazepine medication used to treat anxiety) oral tablet give 0.5 mg by mouth every 6 hours as needed for anxiety. C. Record review of R #1's medical record revealed the baseline care plan was created on 03/22/24 and did not include that R #1 was taking medications Seroquel, Sertraline or Xanax. D. On 05/08/24 at 4:01 PM, during an interview, LPN #1 confirmed that the medications Seroquel, Sertraline and Xanax were ordered for R #1 upon admission and were not included in the baseline care plan as required.

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NAME OF PROVIDER OR SUPPLIER New Mexico State Veterans Home		STREET ADDRESS, CITY, STATE, ZIP CODE 992 South Broadway Truth OR Consequence, NM 87901	

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41755 Based on record review and interview, the facility failed to ensure medications were administered as ordered by the physician for 1 (R #2) of 2 (R #1 and R #2) residents reviewed for medication administration. This deficient practice is likely to result in a resident failing to obtain therapeutic effects of medication treatment or worsening of condition. The findings are: A. Record review of R #2's face sheet revealed R #2 was admitted to the facility on [DATE] with diagnosis of Parkinson's disease (a chronic and progressive movement disorder that causes tremors/shaking, stiffness or slowing of movement). B. Record review of R #2's physician orders revealed: Order date of 07/11/22, Sinemet (combination medication is used to treat symptoms of Parkinson's disease) 25-100 mg give 1 tablet by mouth four times a day (scheduled at 8:00 AM, 12:00 PM, 5:00 PM and 8:00 PM) for Parkinson's disease. C. Record review of R #2's care plan, dated 07/11/22, revealed the following: - Focus: resident has Parkinson's and receives Sinemet. - Intervention: Give medications as ordered by the physician. Monitor/document side effects and effectiveness. D. Record review of R #2's Medication Administration Record (MAR), dated May 2024, revealed staff did not administer Sinemet 25-100 mg on 05/03/24 at 12:00 PM. E. Record review of nurse's administration note dated 05/03/24 at 2:08 PM revealed Sinemet Tablet 25-100 MG, give 1 tablet by mouth four times a day for Parkinson's Disease, unable to give due to morning dose given at 11:20 AM. F. On 05/08/24 at 3:15 pm during an interview with LPN #2, she stated she did not administer R #2's morning dose of Sinemet until 11:20 AM because she had an emergency and had to send another resident to the hospital. She was unable to give the 12:00 PM dose because she did not give the AM dose until 11:20 AM. Normally she gives the AM dose before 9:00 am and gives the next dose at 12:00 PM.