STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325104	A. Building B. Wing	12/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The NM Behavioral Health Institute at Las Vegas	3695 Hot Springs Boulevard Las Vegas, NM 87701

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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 0728 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure that nurse aides who have worked more than 4 months, are trained and competent; and nurse aides who have worked less than 4 months are enrolled in appropriate training. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to provide documentation confirming 2 (NA #1 and NA #3) of 5 (NA #1, NA #3, NA #4, and NA #5) Nurse Aides had completed a Nurse Aide Training and Competency Evaluation Program (NATCEP) or a Competency Evaluation Program (CEP) within four months of being employed at the facility. This deficient practice is likely to affect all 102 residents residing in the facility. Residents are likely to experience substandard care because of the use of untrained or unqualified aides providing direct care to residents. The findings are: NA #1:A. Record review of NA #1's personnel record revealed the following:1. NA #1's is a current employee with a hire date of [DATE]. NA #1's date of Certified Nurse Aide Training was completed on [DATE].3. NA #1 is not certified and has not taken her certification test as of [DATE].NA #3:B. Record review of NA #3's personnel record revealed the following:1. NA #3's is a current employee with an original hire date of [DATE], rehire on [DATE]. 2. NA #3's date of original Certified Nurse Aide Training was completed on [DATE].3. NA #3's certification had expired on [DATE].4. NA #3 had not registered to attend a NATCEP or CEP training as of [DATE].C. On [DATE] at 9:58 am, during an interview with the Director of Nursing (DON), she confirmed NA #1 received her certified nurse aide training late and continued to work shifts during that time. The DON also confirmed that NA #3 has been working shifts at this facility even though NA #3's certification has been expired since 2017. The DON stated her expectation is for all nurse aides to attend the certified nurse aide training and become certified within four months of hire date.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Administer the facility in a manner that enables it to use its resources effectively and efficiently. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility's Administrator (ADM) and Director of Nursing (DON) failed to administer the facility when they knew/should have known and prevented the following deficient practices which occurred in the facility: 1. Not ensuring staff were trained and/or competent before providing care to residents. 2. Allowing untrained and uncertified nurse aides to train other nurse aides. These deficient practices are likely to affect all 102 residents residing in the facility according to the daily census provided by the Admissions Coordinator (AC) on [DATE] and could lead to residents not maintaining their highest practicable physical, mental, and social well-being. The findings are: A. Record review of the facility's progress notes for R #12 revealed on [DATE] R #12 had fallen out of mechanical lift sling while being transferred by Nurse Aide (NA) #1 and NA #2. R #12 landed on the floor and was lying on his back, left leg was under bed, right leg propped on bed, and laceration (a wound produced by tearing) to back of head was noted. Physician notified at 7:43 pm, instructed to send the resident out to hospital via ambulance. R #12 was transported to hospital via ambulance at 8:15 pm. B. On [DATE] at 3:53 pm, during an interview with Director of Nursing (DON), she confirmed R #12 fell during a mechanical lift transfer. The DON confirmed that Nurse Aide (NA) #1 was training NA #2 and were the staff with R #12 during that transfer. The DON stated that NA #1 is not a certified nurse aide but is trained to operate a mechanical lift; and NA #2 is also not a certified nurse aide and has not completed training to become a certified nurse aide. C. On [DATE] at 11:37 am, during an interview with the administrator, he stated that one of two mechanical lift operators must be a certified nurse aide. The administrator confirmed that during the transfer of R #12, both NA's #1 and #2 are not certified and they must not operate the mechanical lift together.D. Record review of the facility's personnel records revealed the following:1. NA #1's is a current employee with a hire date of [DATE]. NA #1's date of Certified Nurse Aide Training was completed on [DATE].3. NA #1 is not certified and has not taken her certification test as of [DATE].4. NA #3's is a current employee with a hire date was [DATE].5. NA #3's date of original Certified Nurse Aide Training was completed on [DATE].6. NA #3's certification expired on [DATE].7. NA #3 had not registered to attend a NATCEP or CEP training as of [DATE].E. On [DATE] at 9:58 am, during an interview with the Director of Nursing (DON), she confirmed NA #1 received her certified nurse aide training late and continued to work shifts during that time. The DON also confirmed that NA #3 has been working shifts at this facility even though NA #3's certification has been expired since 2017. The DON stated her expectation is for all nurse aides to attend the certified nurse aide training and become certified within four months of hire date.F. On [DATE] at 11:18 am during an interview with the DON, she stated that she assigns nurse aides and certified nurse aides to the unit they are to work in, but it is the floor nurses that make the assignments of which staff work together and with which residents. The DON stated that she does not notify the floor nurses of which staff are trained and certified and which staff are not. The DON stated that she feels that allowing uncertified nurse aides to train untrained nurse aides is acceptable. G. On [DATE] at 11:37 am during an interview with the ADM, he stated that untrained and uncertified nurse aides should only work with and receive training from certified nurse aides. The ADM was unable to answer how the facility ensures that residents receive care and support from trained, competent, and certified nurse aides, instead he stated, I know it needs to be corrected.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure staff revised the care plan for 1 (R #29) of 3 (R #1, R #29, and R #32) residents reviewed when staff failed to update a care plan after a resident was diagnosed with dementia. This deficient practice could result in residents' care and needs not being addressed. The findings are:A. Record review of R #29's admission Record revealed she was admitted to the facility on [DATE].B. Record review of R #29's quarterly Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff) dated 10/09/25, revealed the following:1. R #29's most recent admission or reentry to this facility was on 05/13/22.2. A Brief Interview for Mental Status (BIMS; a screening for cognitive impairment) was not conducted because the resident is rarely or never understood.3. R #29's active diagnoses include a diagnosis of Non-Alzheimer's Dementia (a variety of dementia types that are not caused by Alzheimer's disease which is a type mental deterioration). C. Record review of R #29's care plan, last updated on 08/14/25 revealed the care plan did not contain any goals or interventions in place for R #29 dementia or the care and support she needs.D. On 12/11/25 at 11:43 am, during an interview with the Director of Nursing (DON), she confirmed that R #29's care plan does not meet her expectations because it does not include her having dementia or the care and support she needs.

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F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observe each nurse aide's job performance and give regular training. Based on record review and staff interview, the facility failed to ensure the annual performance review for the certified nursing assistants (CNAs) was completed for 1 (CNA #2) of 5 (CNA #1, CNA #2, CNA #3, CNA #4, and CNA #5) CNAs reviewed. This could lead to residents not receiving the care and services as described on the care plan. The findings are:A. Record review of the facility's Personnel Records revealed CNA #2's hire date of 05/18/13. The most recent annual performance evaluation for CNA #2 was dated 10/29/24. B. On 12/12/25 at 11:43 am during an interview, the Director of Nursing (DON) could not confirm if CNA #2 had an annual performance evaluation completed since 10/29/24 and stated, [Name of city where this facility's Human Resources office is located] keeps up with the evaluations, they are sent to me when it is time for the employees to sign the yearly evaluation. She stated that she does expect the evaluations to be completed every 12 months.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. Based on observation, and interviews, the facility failed to properly store medications in the facility by making sure:-Medications in bubble wraps are not compromised (not opened or punctured and secured in the original packaging from the pharmacy). -All medical supplies are not expired.These deficient practices are likely to result in expired medications and medical supplies being used in resident care resulting in residents being at risk of possible infections and not receiving the full benefits of medication.The findings are:A. On 12/10/25 at 9:07 am during an observation of the medication cart, in the locked unit, revealed the following:-A medication bubble card labeled with the name of R #70 and containing Clonazepam (a prescribed medication used to manage anxiety) 1 mg (milligrams). The bubble pack labeled number 1 had a small green pill in the bubble. The bubble had been opened.- A 25g (gauge refers to the size of the hole in a needle) needle with an expiration date of 09/10/25.B. On 12/10/25 at 9:07 am, during an interview with Licensed Practical Nurse (LPN) #1, she confirmed that the bubble card is compromised. LPN #1 also confirmed that the needle is expired.C. On 12/11/25 at 1:36 pm, during an interview with Director of Nursing (DON), she confirmed that the compromised medication inside the bubble card and the expired needle should have been discarded properly and did not happen.

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to notify a resident's representative of a transfer or discharge and the reasons for the move in writing prior to the transfer or discharge for 1 (R #104) of 3 (R #29, R #104, and R #106) residents reviewed for transfers and discharges. This deficient practice could lead to residents' representatives being unaware of the residents' health status. The findings are:A. Record review of R #104's admission Minimum Data Set Assessment (MDS; a federally mandated assessment instrument completed by facility staff) dated 09/04/25, revealed the following: 1. R #104 was admitted to the facility on [DATE] with the following diagnoses:- Epilepsy (a seizure disorder),- Bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs), - Human Immunodeficiency Virus (HIV; a virus that attacks the body's immune system),- Personal history of traumatic brain injury (TBI; injury to the brain caused by an outside force, usually a violent blow to the head).2. A Brief Interview for Mental Status (BIMS; a screening for cognitive impairment) score of 15, cognitively intact. B. Record review of R #104's progress notes dated 09/23/25 revealed the following:1. The facility's social worker attempted to contact R #104's guardian via phone to inform them of R #104's discharge from the facility and was unsuccessful, this documentation was completed at 11:25 am. 2. R #104 was discharged from the facility at 12:00 pm and sent to a local psychiatric hospital. C. On 12/12/25 at 9:36 am, during an interview with the Director of Nursing (DON), she confirmed that R #104's guardian was not notified prior to the discharge taking place.

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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** Based on record review, and interview, the facility failed to complete an accurate Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff) assessment for 2 (R #19 and R #32) of 4 (R #8, R #15, R #19, and R #32) residents reviewed for assessments. This deficient practice could likely result in the residents' preferences and care needs not being met. The findings are:R #19 A. Record review of R #19's admission Record revealed she was originally admitted to the facility on [DATE] with the following diagnoses: 1. Alzheimer's disease (a progressive mental deterioration), unspecified, 2. Type 2 diabetes mellitus (DM2, a condition that results from insufficient production of insulin, causing high blood sugar), 3. Essential (primary) hypertension (HTN; high blood pressure). B. Record review of R #19's progress notes revealed the following: 1. On 09/05/25 at 7:45 am, facility staff found R #19 asleep in a chair in the activity room. When staff woke R #19 up and assisted her to get in her wheelchair, she complained of pain in her left hip. R #19 was assessed by Registered Nurse (RN) #1 where swelling to the left hip and outward rotation (movement of a limb away from the midline of the body) of the left foot as well as R #19's inability to bear weight (not able to support or hold weight) was discovered. R #19 was sent to the hospital for further evaluation. 2. On 09/05/25 at 12:33 pm, the facility was notified that R #19 had a comminuted fracture (type of bone fracture where the bone is broken into three or more separate pieces) of her left femur (the thigh bone). C. Record review of R #19's Discharge MDS dated [DATE] revealed R #19 was discharged from the facility and her return is anticipated. D. Record review of R #19's readmission admission MDS dated [DATE], section J1700 revealed the following: 1. R #19 did not have any falls in the last two to six months prior to admission or reentry as indicated by a zero (the answer for no) being placed in the Enter Code column, meaning the facility staff that answered the questions in this section indicated that R #19 had not fallen. 2. R #19 did not have any fractures related to a fall in the six months prior to admission or reentry. E. On 12/11/25 at 11:43 am, during an interview with the Director of Nursing (DON), she confirmed that R #19's MDS should indicate that she suffered a fracture related to a fall and it does not. The DON stated she expects all MDS assessments to be accurate and confirmed this one is not accurate. (continued on next page)

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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R #32 F. Record review of R #32's face sheet revealed he was admitted to the facility on [DATE]. G. Record review of R #32's health record revealed R #32 had an appointment for hearing aid fitting dated 06/29/23. H. Record review of R #32's care plan dated 11/29/25 revealed no care plan for hearing aid use. I. Record review of R #32's annual MDS assessment dated [DATE] revealed the following: -Section B0200: Moderate difficulty (hearing), speaker has to increase volume and speak distinctly. -Section B0300: No hearing aid or other hearing appliance used. J. On 12/08/25 at 10:11 am during an observation and interview with R #32 in his room, a pair of hearing aids were on top of his bedside table. R #32 stated that he does not wear his hearing aids because they do not fit him. R #32 stated he told multiple staff (he does not recall the names) that his hearing aids do not fit him and requested if he can get a new one and never receive any response or actions from the facility. R #32 stated that he needs his hearing aids to enjoy some activities provided in the facility. K. On 12/11/25 at 3:48 am, during an interview, the Social Services Supervisor (SSS) stated I do not recall if R #32 needs hearing aids, but I know he is hard of hearing. The nursing staff has to let me know if any residents in the facility need services like hearing aids, otherwise I won't know. L. On 12/12/25 at 8:10 am, during an interview with MDS (Minimum Data Set) Coordinator, she stated that she is not aware that R #32 has hearing aids. MDS coordinator confirmed that it should have been in the MDS assessments and did not happen.

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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** Based on record review and interview, the facility failed to create an accurate baseline care plan (minimum healthcare information necessary to properly care for a resident immediately upon their admission to the facility) within 48 hours of admission for 2 (R #1 and R #19) of 3 (R #1, R #19, and R #29) residents reviewed for baseline care plans. This deficient practice could likely result in residents not receiving the appropriate care and may place residents at risk of an adverse event (undesirable experience, preventable or non-preventable, that caused harm to a resident because of medical care or lack of medical care) or worsening of current condition after admission. The findings are: R #1 A. Record review of R #1's face sheet revealed R #1 was admitted into the facility on [DATE] with the following diagnoses: 1. Chronic viral hepatitis C (inflammation of the liver), 2. Chronic obstructive pulmonary disease (COPD; lung disease), 3. Dependence on supplemental oxygen, 4. Personal history of traumatic brain injury (TBI; injury to the brain caused by an outside force, usually a violent blow to the head), 5. Blindness (loss of eyesight), one eye, low vision in the other eye, 6. Dementia (a group of conditions characterized by impairment of at least two brain functions, such as memory loss and judgment). B. Record review of R #1's electronic health record revealed R #1's baseline care plan is dated 04/29/25 and revealed the following 1. R #1 has impaired gas exchange related to hypoxia; requiring the use of oxygen as needed. 2. R #1 has a potential for behavioral expressions related to impaired cognitive function secondary to Dementia. 3. R #1 has a risk for falls related to unsteady gate. 4. R #1 has self-care deficits Actual/Potential related to mobility/Blind. 5. Dietary was not addressed on this baseline care plan. C. On 12/12/25 at 9:58 am, during an interview with the Director of Nursing (DON), she confirmed R #1's baseline care plan was dated 04/29/25 and should have been completed within 48 hours. The DON also confirmed that the baseline care plan omitted required information, such as dietary requirements. R #19 (continued on next page)

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	D. Record review of R #19's admission Record revealed she was readmitted to the facility on [DATE] with the following diagnoses: 1. Alzheimer's disease (a progressive mental deterioration), unspecified, 2. Type 2 diabetes mellitus (DM2, a condition that results from insufficient production of insulin, causing high blood sugar), E. Essential (primary) hypertension (HTN; high blood pressure). F. Record review of R #19's progress notes dated 10/21/25 revealed R #19 was readmitted to the facility on [DATE] with a surgical incision (a deliberate cut made through the skin and underlying tissues during surgery) noted on her left hip that measured two centimeters in length. G. Record review of R #19's EHR revealed no evidence of a baseline care plan. H. Record review of R #19's comprehensive care plan revealed it was initiated on 10/30/25. I. On 12/12/25 at 9:11 am, during an interview with the DON, she confirmed the facility failed to create and implement a baseline care plan for R #19 when she was readmitted to the facility. The DON stated that she expects a baseline care plan to be created within 48 hours of a resident being admitted to the facility.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to develop and implement a comprehensive care plan for 1 (R #32) of 1 (R #32) resident reviewed who was identified as having a hearing impairment and utilizing a hearing aid. This deficient practice could likely result in staff being unaware of the current and actual needs of the residents. The findings are: A. Record review of R #32's face sheet revealed he was admitted to the facility on [DATE].B. Record review of R #32's health record revealed R #32 had an appointment for hearing aid fitting dated 06/29/23.C. Record review of R #32's care plan dated 11/29/25 revealed the care plan did not contain any information on R #32's hearing aid use.D. Record review of R #32's annual MDS (minimum data set) assessment dated [DATE] revealed the following:-Section B0200: Moderate difficulty (hearing), speaker has to increase volume and speak distinctly.-Section B0300: No hearing aid or other hearing appliance used.E. On 12/08/25 at 10:11 am during an observation and interview with R #32 in his room, a pair hearing aids were observed to be on top of his bedside table. R #32 stated that he does not wear his hearing aids because they do not fit him. R #32 stated he told multiple staff (he does not recall the names) that his hearing aids do not fit him and requested if he can get a new one and never receive any response or actions from the facility. R #32 stated that he needs his hearing aids to enjoy some activities provided in the facility. F. On 12/11/25 at 3:48 am, during an interview with Social Services Supervisor (SSS), she stated I do not recall if R #32 needs hearing aids, but I know he has hard of hearing. The nursing staff has to let me know if any residents in the facility is needing services like hearing aids, otherwise I won't know.G. On 12/12/25 at 8:10 am, during an interview with MDS Coordinator, she stated she is not aware that R #32 has hearing aids. MDS coordinator confirmed that it should have been in the MDS assessments and did not happen.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to provide quality care that meets professional standards for 1 (R #11) of 1 (R #11) resident when the staff failed to follow physician order for derma saver palm pillow (a pillow to keep fingernails from digging into palms) to R #11's right hand. This deficient practice is likely to result in residents not maintaining their optimal health as planned by their medical provider. The findings are: A. Record review of R #11's face sheet revealed he was admitted to the facility on [DATE] with multiple diagnoses including, but not limited to:-Cerebrovascular accident (or CVA, is a medical term that refers to types of strokes), TIA (A transient ischemic attack is a short period of symptoms similar to those of a stroke), or stroke (can occur when blood flow to the brain is blocked or there is sudden bleeding in the brain).-Quadriplegia (a symptom of paralysis that affects all a person's limbs and body from the neck down).B. Record review of the care plan dated 10/22/25 revealed impaired physical mobility related to right hand contracture (occurs when your muscles, tendons, joints, or other tissues tighten or shorten causing deformity).C. Record review of R #11's current medical orders revealed an order dated 12/04/25 for R #11 to wear a derma saver palm pillow (a skin protection and pressure reducing product) on the right hand anytime R #11 is awake.D. On 12/10/25 at 2:27 pm during an observation of R #11's room, revealed R #11 was awake in his room, and not using the derma saver palm pillow because it was observed to be on the bedside table.E. On 12/10/25 at 2:27 pm, during an interview, Licensed Practical Nurse (LPN) #2 confirmed that R #11 is awake in his room and is not wearing the derma saver palm pillow. LPN #2 confirmed the derma saver palm pillow was located on the bedside table. F. On 12/11/25 at 2:40 pm during observation of R #11 room, revealed R #11 awake in his room and the derma saver palm pillow on the bedside table.G. On 12/11/25 at 2:40 pm, during an interview, the Patient Care Associate (PCA) #1, confirmed R #11's derma saver palm pillow is on the bedside table. PCA #1 stated that R #11 should have the derma saver pillow on his right hand when awake and did not happen.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325104	A. Building B. Wing	12/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The NM Behavioral Health Institute at Las Vegas	3695 Hot Springs Boulevard Las Vegas, NM 87701

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 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents received proper treatment and assistive devices to maintain hearing abilities for 1 (R #32) of 1 (R #32) resident reviewed. This deficient practice had the potential to result in unmet hearing needs, miscommunication, and decreased participation in daily activities. The findings are: A. Record review of R #32's face sheet revealed he was admitted to the facility on [DATE].B. Record review of R #32's health record revealed R #32 had an appointment for hearing aid fitting dated 06/29/23.C. On 12/08/25 at 10:11 am during an observation and interview with R #32 in his room, a pair hearing aids were on top of his bedside table. R #32 stated that he does not wear his hearing aids because they do not fit him. R #32 stated he told multiple staff (he does not recall the names) that his hearing aids do not fit him and requested if he can get a new one and never receive any response or actions from the facility. R #32 stated that he needs his hearing aids to enjoy some activities provided in the facility. D. On 12/10/25 at 1:36 pm, during an interview, Patient Care Associate (PCA) #2, confirmed R #32's hearing aids are on top of his bedside table. PCA #2 confirmed that R #32 has hard of hearing and would benefit from a proper fitting hearing aid.E. On 12/11/25 at 3:48 pm, during an interview, Social Services Supervisor (SSS) stated I do not recall if R #32 needs hearing aids, but I know he has hard of hearing. The nursing staff has to let me know if any residents in the facility is needing services like hearing aids, otherwise I won't know.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325104	A. Building B. Wing	12/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The NM Behavioral Health Institute at Las Vegas	3695 Hot Springs Boulevard Las Vegas, NM 87701

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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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to provide food that accommodates resident allergies, intolerances, and preferences for 1 (R #8) of 1 (R #8) resident observed for food preferences. This deficient practice is likely to result in food intolerance and/or an allergic reaction to the food being served to the residents. The findings are:A. Record review of R #8's face sheet revealed R #8 was admitted into the facility on [DATE].B. Record review of R #8's meal card (card that identifies what to serve or not serve each resident) revealed R #8 is not to have chocolate and is allergic to peas. C. On 12/09/25 at 11:31 am, during an observation of dining, R #8 was served his lunch meal, on his plate was pasta that contained peas. Also noted on his tray was a bowl of chocolate pudding. R #8 stated to staff that he could not eat that because he is allergic to peas and chocolate.D. On 12/09/25 at 11:33 am during an interview with Certified Nurse Aide (CNA #1), she stated R #8's meal ticket stated R#8 has an allergy to peas and cannot have chocolate. She confirmed that these two foods were served to R #8 and should not have been.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325104	A. Building B. Wing	12/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The NM Behavioral Health Institute at Las Vegas	3695 Hot Springs Boulevard Las Vegas, NM 87701

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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, and interview, the facility failed to ensure resident records were accurate for 1 (R #15) of 3 (R #12, R #15, and R #77) residents reviewed for catheter care (proper cleaning and maintenance of a catheter). This deficient practice could likely cause staff confusion and residents to get care and services that are not needed. The findings are: A. Record review of R #15's admission Record revealed he was admitted to the facility on [DATE] with the following diagnoses:1. Unspecified bilateral hearing loss (reduction of hearing ability in both ears),2. Type 2 diabetes mellitus (DM2, a condition that results from insufficient production of insulin, causing high blood sugar),3. Post-traumatic stress disorder (PTSD; a mental health condition triggered by a terrifying event, causing flashbacks, nightmares, and severe anxiety),4. Calculus in bladder (bladder stones; hard mineral deposits that form in the bladder),5. Benign prostatic hyperplasia with lower urinary tract symptoms (a condition in older men where the prostate gland enlarges leading to urinary issues),6. Personal history of urinary tract infection (UTI; an infection in any part of the urinary system, which includes the kidneys, ureters, bladder, and urethra).B. Record review of R #15's current physician orders revealed an order dated 04/28/25 to change R #15's catheter monthly and prn (as needed). C. Record review of R #15's Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff) assessment dated [DATE] revealed R #15 does not utilize a catheter of any kind.D. On 12/08/25 at 12:00 pm, during an observation and interview with R #15, revealed R #15 did not have a catheter and stated that he hasn't had one of those in a long time.E. Record review of R #15's progress notes revealed a health status note dated 07/25/25 where R #15's physician wanted the catheter removed and physically removed the catheter.F. On 12/11/25 at 9:37 am, during an interview with the Director of Nursing (DON), she confirmed that R #15's order was never discontinued and should have been.