STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325105	A. Building B. Wing	11/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Taos Healthcare	1340 Maestas Road Taos, NM 87571

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on record review and interview, the facility failed to ensure the results of all investigations of allegations of abuse, neglect, and injuries of unknown source were submitted to the State Agency within 5 working days for 1(R #1) of 1(R #1) resident. If the facility is not submitting the five-day follow-up, residents are likely to be at risk of further abuse/neglect. The findings are:A. Record review of the facility's investigations revealed that a 5 day follow up had not been submitted to the state agency. B. On 09/29/25 at 5:21 pm during an interview with the facility's Administrator, he confirmed that a five day follow up had not been submitted to the state agency.

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to thoroughly investigate allegation of abuse for 1 (R #1) of 1 (R #1) resident reviewed for abuse. If staff do not thoroughly investigate allegations of abuse, then the other residents are at risk of abuse which may cause physical, emotional, and psychological harm. The findings are: A. Record review of R #1's face sheet revealed he was admitted to the facility on [DATE] and discharged to acute care hospital on [DATE] with multiple diagnoses including, but not limited to: -Acute (sudden onset) kidney failure (sudden loss of kidney function) -Hydroureter (swelling of the ureter [duct by which urine passes from the kidney to the bladder] due to urine buildup) -Obstructive (blockage) and reflux (the flow of a fluid through a vessel or valve in the body in a direction opposite to normal) uropathy (blockage in the urinary tract), unspecified -Need for assistance with personal care -Personal history of malignant (tern to describe active cancer cells or tumors) neoplasm (abnormal growth of cell) of prostate (gland located below the bladder and in front of the rectum in males) -Other artificial opening of urinary tract status (an artificial outlet from the urinary tract is an additional opening from the kidneys, ureters or urethra [The urinary system includes your kidneys, ureters, bladder and urethra. This system filters your blood, removing waste and excess water. This waste becomes urine]). B. Record review of R #1's Minimum Data Set (MDS; a collection of assessments of a resident's abilities and care needs) Brief Interview of Mental Status (BIMS; a simple test of mental/memory abilities), dated 06/14/25, revealed a score of 11, moderate cognitive impairment. C. On 09/29/25 at 5:21 pm, interview with the administrator revealed the following: -She confirmed that she is the abuse coordinator for the facility. -She confirmed that she spoke with the grandson (Family Member/FM #1) on 06/14/25 who he reported R #1 had wet blankets and the male nurse who brought the dry blankets had tucked him roughly. The Administrator confirmed that this was the Certified Nursing Assistant (CNA) #1 who was identified by R #1 of rough handling. -She confirmed the identified male nurse was CNA #1 and obtained his written statement, as well as Licensed Practical Nurse (LPN) #1 and LPN #2's written statement since they all work together that shift and was involved in R #1's care. (continued on next page)

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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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-She stated that she met with R #1 on 06/14/25 in the local acute care hospital and interviewed him about the allegation of abuse, she stated that R #1 thought the incident happened at another acute care hospital. -She stated that after interviewing CNA #1, LPN #1, and LPN #2 on 06/14/25 and concluded that R #1 was referring to the other acute care hospital. The Administrator did not proceed to investigate further. She confirmed that after she spoke with the grandson, stated that R #1 was referring to their facility, not the other acute care hospital. She confirmed that she did not think further investigation was needed. D. On 09/29/25 at 3:17 pm, during an interview, FM #1 stated the following: - R #1 told him about a male staff who came in with a bad attitude and delivered the blankets he requested. As this nurse was tucking R #1 in, the nurse was rough and pulled one of his tubes that made them send R #1 to the local acute care hospital. -He confirmed on 06/14/25 with R #1 that the incident happened at the facility he was staying at and brought it up to the administrator's attention. E. On 10/01/25 at 11:07 am, interview with CNA #1 stated the following: -He is familiar with R #1. -He stated that the first time he checked on R #1, during that shift, was around 7:00 PM and noticed that his chucks (or chux pads, disposable bed pads) was wet, as well as the gauze (a wound dressing) on his left side. He stated he notified LPN #1 and changed his chucks.