

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325108	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/18/2025
NAME OF PROVIDER OR SUPPLIER Casa Del Sol Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2905 East Missouri Avenue Las Cruces, NM 88011	
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>41755</p> <p>Based on record review the facility failed to report the results of all the investigations of misappropriation of resident property (the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent) and allegations of abuse within five days of the incident to the State Agency for 2 (R #20 and R #58) of 2 (R #20 and R #58) residents reviewed for reporting. If the facility fails to report the results of the investigations to the State Agency within five (5) days, then corrective action may not be taken, and residents may suffer serious bodily injury due to abuse or suffer increased anxiety and financial hardship. The findings are:</p> <p>Misappropriation of Resident Property</p> <p>R #20</p> <p>A. Record review of the initial incident report, dated 02/20/25, revealed R #20 reported that 45.00 dollars was taken from her purse. R #20 was unsure when it was taken or by whom it was taken.</p> <p>B. Record review of R #20's facility 5-day follow-up report revealed the administrator completed the investigation on 03/18/25.</p> <p>C. Record review of the fax transmission report to the State Agency Incident Management, dated 03/18/25, revealed the facility did not submit the follow-up report for the allegation of abuse for R #58 within 5 days.</p> <p>D. Record review of an email from the administrator to the State Agency Surveyor, dated 03/18/25, the administrator confirmed the follow-up report for R #20's allegation of misappropriation of property was submitted to the State Agency Incident Management on 03/18/25.</p> <p>Allegations of Abuse</p> <p>R #58</p> <p>E. Record review of the initial incident report, dated 02/10/25, revealed R #58 reported that on 02/09/25, a staff member performed an improper transfer which caused her pain.</p> <p>(continued on next page)</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>F. Record review of R #58's facility 5-day follow-up report, dated 02/14/25, revealed the administrator completed the investigation on 02/14/25.</p> <p>G. Record review of an email from the administrator to the State Agency Incident Management, dated 03/11/25, revealed the facility did not submit the follow-up report for the allegation of abuse for R #58 within 5 days.</p> <p>H. Record review of an email from the administrator to the State Agency Surveyor, dated 03/18/25, the administrator confirmed the follow-up report for R #58's allegation of abuse was submitted to the State Agency Incident Management on 03/11/25.</p> <p>49313</p>		