

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 01/14/2026
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)
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>Based on record review and interview, the facility failed to provide a discharge summary for 2 (R # 1 and R #2) of 3 (R #1, R #2, and R #3) resident sampled for discharge. This deficient practice could likely result in the resident and/or their representative not knowing the services that the resident received while at the facility, the resident's current health status, or the resident's current medications leading to adverse outcomes for the resident. The findings are: R #1 A. Record review of the admission/discharge report dated 01/14/26 revealed R #1 was discharged on 01/07/26. B. Record review of R #1's medical record revealed the medical record did not contain a discharge summary. R #2 C. Record review of R #2's nursing progress notes dated 01/08/25 revealed R #1 was discharged on 01/07/26. D. Record review of R #2's medical record revealed the medical record did not contain a discharge summary. E. On 01/14/26 at 10:12 am, during an interview ADON confirmed that R #1 and R #2 did not have discharge summaries. ADON stated that staff should have completed the discharge summaries. The ADON also confirmed that the summaries should be in the medical record.</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