

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325111	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/01/2024
NAME OF PROVIDER OR SUPPLIER  The Village at Northrise - Desert Willow I		STREET ADDRESS, CITY, STATE, ZIP CODE 2884 North Road Runner Parkway 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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Plan the resident's discharge to meet the resident's goals and needs.</p> <p>47510</p> <p>Based on interview and record review, the facility failed to develop a care plan on the resident's individualized discharge goals and needs for 3 (R #11, R #12, and R #13) of 3 (R #11, R #12, and R #13) residents reviewed for discharge planning. This deficient practice is likely to prevent a safe transition from the facility to the resident's post-discharge setting. The findings are:</p> <p>A. Record review of R #11's care plan, dated 01/19/24, revealed staff did not care plan R #11's discharge goals and needs.</p> <p>B. Record review of R #12's care plan, dated 03/06/24, revealed staff did not care plan R #12's discharge goals and needs.</p> <p>C. Record review of R #13's care plan, dated 04/01/24, revealed staff did not care plan R #13's discharge goals and needs.</p> <p>D. On 05/01/24 at 2:39 PM, during an interview, Social Services (SS) confirmed she did not document the residents' discharge goals or needs in the care plans. SS confirmed she did not have documentation of the residents' discharge goals or needs in the residents' charts.</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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