

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  04/07/2026
NAME OF PROVIDER OR SUPPLIER  Northrise Wellness & Rehabilitation		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)		
F 0678  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.  **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure there was a functional system in place to ensure staff could initiate/not initiate CPR (Cardiopulmonary Resuscitation lifesaving technique, aims to blood and oxygen flowing through the body) during an emergency for 1 (R #1) of 2 (R #1 and R #2) resident reviewed for hospitalization, when staff failed to honor the code status (type of emergency treatment a person would or would not receive if their heart or breathing were to stop) wishes of R #1's POA. This deficient practice could likely cause confusion among the nursing staff who may not be aware of which residents are Full-Code (if the person's heart stopped beating, or stopped breathing, all resuscitation procedures will be provided to keep them alive) and those residents who wish to be a DNR (Do Not Resuscitate) (No code, allow natural death), then residents are likely to receive the incorrect initiation of CPR (Cardio Pulmonary Resuscitation, lifesaving technique, aims to blood and oxygen flowing through the body) during an emergency. The findings are:A. Record review of the intake report dated [DATE] revealed CPR was initiated against POA's wishes of DNR. B. Record review of R #1's nursing progress notes revealed the following:R #1 was admitted on the evening of [DATE]XXX[DATE] at 8:29 pm, ADON was the admitting nurse.R #1 had a POA.Wished to be DNRXXX[DATE] at 8:22 am, staff went to check on R #1 and found her unresponsive.Emergency Medical Service (EMS) were called.Staff applied AED (is a portable, medical device designed to analyze heart rhythms and deliver an electrical shock to restore normal rhythm during sudden cardiac arrest) pads but no shock was advised and was not used.EMS began CPR and transported R #1 to the local hospital. C. Record review of R #1's physician's orders revealed R #1 did not have a DNR order. D. Record review of R #1's medical record revealed staff did not document R #1 POA's DNR request. E. On [DATE] at 3:33 pm, during an interview the ADON confirmed the following:He was the admitting nurse for R #1R #1's POA did state that R #1 wished to be DNR.R #1 POA stated that he had the DNR form in his car but never returned with.He did not document in R #1's medical record the DNR.He did not contact the provider for R #1 DNR order.He needs documentation about DNR status from the resident or POA in order for him to initiate a DNR, even if the POA expresses wishes of DNR. F. On [DATE] at 2:18 pm, during an interview the DON confirmed that the admitting nurse should have contacted the doctor to get the DNR status. Also, staff should have entered the DNR in medical record.		

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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