

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 05/06/2026
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 0945 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Include as part of its infection prevention and control program, mandatory training that includes written standards, policies, and procedures for the program. Based on record review and interview, the facility failed to provide infection control training (training that helps staff recognize various infection control prevention to help stop the spread of infections) for 4 (LPN #1, LPN #2, LPN #3 and CNA #1) of 4 (LPN #1, LPN #2, LPN #3 and CNA #1) staff sampled for enhanced barrier precautions (EBP; Infection control measures in nursing homes that require staff to wear gowns and gloves during high-contact care activities to prevent the spread of multidrug-resistant organisms [MDRO's bacteria or fungi that are resistant to one or more classes of antimicrobial agents]) training. This deficient practice has the potential to affect all 26 residents in the facility (residents identified by the matrix provided by the administrator on 04/29/26) and could likely result in inadequate infection control, can lead to increased spread of resistant organisms, and risk of infections among residents and staff. The findings are: A. Record review of staff training revealed: No record of EBP training for LPN #1, LPN #2 and LPN #3. No record of EBP training for CNA #1. B. On 05/05/26 at 3:25 PM, during an interview, the Regional Clinical Nurse stated that they do not have access to the training curriculum for LPN #1, LPN #2, LPN #3 and CNA #1 and cannot determine that they received EBP training.		

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

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 05/06/2026
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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to provide the required discharge or transfer information for 3 (R #38, R #40, and R #57) of 7 (R #15, R #30, R #31, R #38, R #40, R #47, and R #57) residents reviewed for discharges and hospitalizations when staff failed to: 1. Notify R #38, R #40, or R #57 and their representative(s) of the residents' discharge or transfer to the hospital in writing and in a language and manner they understand. 2. Ensure the discharge or transfer notices for R #38, R #40, or R #57 included: a. A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request. b. The name, phone number, and address (mailing and email) of the Office of the State Long-Term Care Ombudsman (an advocate for residents in nursing homes and assisted living facilities).3. Send a written copy of R #38, R #40, or R #57 discharge or transfer notices to the Ombudsman. 4. Ensure R #38 and their representative(s) receive a written notice of the bed hold policy which indicated the duration the bed would be held.5. Ensure staff completed a discharge summary that included a recapitulation of stay, summary of the resident's status, and reconciliation of medications for R #40 and R #57. These deficient practices could likely result in the residents and/or their representatives not knowing the reason for the discharge or transfer, the location of the transfer, their rights to advocate and make informed decisions regarding the residents' healthcare, or not having the most updated information for the resident's care at the time of discharge. The findings are: R #38 A. Record review of R #38's admission Record, no date, revealed R #38 was admitted to the facility on [DATE] and discharged from the facility on 02/09/26. B. Record review of R #38's elnteract Transfer Form, dated 02/09/26, revealed the following: 1. R #38 was sent to the hospital due to chest pain radiating to her left arm. 2. The form did not include: a. A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request. b. The name, phone number, and address (mailing and email) of the Office of the State Long-Term Care Ombudsman. C. Record review of R #38's medical record, no date, revealed staff did not document a Bed Hold Notification for R #38's transfer to the hospital on [DATE]. D. On 05/04/26 at 2:24 PM, during an interview, the DON confirmed the following: 1. R #38 was transferred to the hospital on [DATE]. 2. Staff did not document a transfer notification that included how to appeal the transfer or how to contact the Ombudsman when R #38 transferred to the hospital on [DATE]. (continued on next page)		

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 05/06/2026
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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. Staff did not document a Bed Hold Notification when R #38 transferred to the hospital on [DATE]. 4. Staff were expected to complete a Bed Hold Notification and a Transfer Notification that included how to appeal a transfer and how to contact the Ombudsman whenever residents were transferred or discharged from the facility. R #40 E. Record review of R #40's admission Record, no date, revealed R #40 was admitted to the facility on [DATE] and discharged on 03/14/26. F. Record review of R #40's medical record, no date, revealed the staff did not document following: 1. Discharge notice for R #40. 2. A recapitulation of stay for R #40's discharge on [DATE]. 3. Whether a home health agency was contacted to provide care for R #40. 4. Whether any DME was ordered for R #40. 5. Medications or a list of medications were provided to R #40 at the time of his discharge. 6. If R #40 had any follow-up appointments. G. On 05/01/26 at 1:41 PM, during an interview, the DON confirmed the following: 1. Staff did not provide a discharge notice. 2. Staff did not document a discharge summary that included the following: a. a recapitulation of R #40's stay, b. a final summary of R #40's status, c. a reconciliation of R #40 medications, or d. any follow-up appointments R #57 had. 3. Staff were expected to complete the above information prior to R #40's discharge. R #57 H. Record review of R #57's admission Record, no date, revealed resident was admitted to the facility on [DATE] and discharged on 04/29/26. I. Record review of R #57's medical record, no date, revealed the following: 1. Staff did not document a discharge notice for R #57. (continued on next page)		

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 05/06/2026
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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. Staff did not document when R #57 left the facility on [DATE], who R #57 left with, or what information was provided to R #57 or her family regarding her discharge on [DATE]. 3. Staff did not document R #57's status when she left the facility on [DATE]. 4. Staff did not document a recapitulation of stay for R #57's discharge on [DATE]. 5. Staff did not document whether a home health agency was contacted to provide care for R #57. 6. Staff did not document whether any durable medical equipment (DME, medical, therapeutic, or monitoring equipment prescribed by a provider for home use to manage chronic conditions or injuries) was ordered for R #57. 7. Staff did not document whether medications or a list of medications were provided to R #57 or her family at the time of her discharge. 8. Staff did not document whether R #57 had any follow-up appointments. J. On 05/04/26 at 8:59 AM, during an interview, the DON confirmed the following: 1. R #57 discharged from the facility on 04/29/26. 2. She contacted home health to provide care for R #57 after discharge. 3. She did not document information in R #57's medical record regarding home health needs for R #57. 4. Staff did not complete a discharge notice. 5. Staff did not complete a discharge summary that included a recapitulation of R #57's stay, a final summary of R #57's status, a reconciliation of R #57's medications, or any follow-up appointments R #57 had. 6. Staff were expected to complete a discharge notice and discharge summary including a recapitulation of stay, resident status, reconciliation of medications, and any follow-up appointments prior to resident's discharge, and give a copy of the documents to the resident or their representative. 7. She emails a list of residents who were discharged or transferred from the facility to the Ombudsman weekly. 8. She does not send a copy of the discharge or transfer notices to the Ombudsman.		

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 05/06/2026
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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to create an accurate baseline care plan (minimum healthcare information necessary to properly care for a resident upon their admission to the facility) within 48 hours of admission for 5 (R #20, R #38, R #46, R #47, and R #49) of 5 (R #20, R #38, R #46, R #47, and R #49) residents reviewed for baseline care plans. This deficient practice could likely result in residents not receiving the appropriate care and may place residents at risk of an adverse event (undesirable experience, preventable or non-preventable, that may cause harm to a resident because of medical care or lack of medical care) or worsening of current condition after admission. The findings are: R #20 A. Record review of R #20's admission Record, no date, revealed she was admitted to the facility on [DATE]. B. Record review of R #20's medical record revealed staff did not document a baseline care plan within 48 hours of her admission to the facility. C. On 05/05/26 at 3:50 PM, during an interview, the DON confirmed staff did not document a baseline care plan for R #20 within 48 hours of her admission to the facility and staff should complete a baseline care plan within 48 hours of admission for all residents. R #38 D. Record review of resident's admission Record, no date, revealed resident was admitted to the facility on [DATE] and discharged from the facility on 02/09/26. E. Record review of R #38's medical record, no date, revealed staff did not document a baseline care plan within 48 hours of R #38's admission on [DATE]. F. On 05/04/26 at 2:24 PM, during an interview, the DON confirmed staff did not document a baseline care plan for R #38. Staff were expected to document a baseline care plan within 48 hours of admission for all residents. R #46 G. Record review of R #46's admission Record, no date, revealed she was admitted to the facility on [DATE]. H. Record review of R #46's medical record revealed staff did not document a baseline care plan within 48 hours of her admission to the facility. I. On 05/04/26 at 1:27 PM, during an interview, the DON confirmed staff did not document a baseline care plan for R #46 within 48 hours of her admission to the facility. R #47 J. Record review of R #47's admission Record, no date, revealed R #47 was admitted to the facility on (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 05/06/2026
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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	[DATE]. K. Record review of R #47's medical record, no date, revealed staff did not document a baseline care plan within 48 hours of R #47's admission. L. On 05/01/26 at 1:58 PM, during an interview, the DON confirmed staff did not complete a baseline care plan for R #47. The DON stated the baseline care plan should have been completed within 48 hours of admission. R #49 M. Record review of R #49's admission Record, no date, revealed he was admitted to the facility on [DATE]. N. Record review of R #49's medical record revealed staff did not document a baseline care plan within 48 hours of his admission to the facility. O. On 05/04/26 at 2:14 PM, during an interview, the DON confirmed staff did not document a baseline care plan for R #49 within 48 hours of his admission to the facility.		

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 05/06/2026
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to develop and implement accurate, person-centered comprehensive care plans for 8 (R #13, R #15, R #28, R #30, R # 31, R #41, R #54, and R #59) of 8 (R #13, R #15, R #28, R #30, R # 31, R #41, R #54, and R #59) residents reviewed for comprehensive care plans. This deficient practice could likely result in staff being unaware of the current and actual needs of the residents and worsening of the pressure ulcers. The findings are: R #13 A. Record review of R #13's admission Record, no date, revealed R #13 was admitted to the facility on [DATE]. B. Record review of R #13's physician's orders revealed the following orders; 1. Dated 03/15/26 and discontinued 04/13/26, for hydrocodone-acetaminophen (a prescription opioid combination used to treat moderate to severe pain) 5-325 mg every 6 hours PRN for pain. 2. Dated 04/13/26, for hydrocodone-acetaminophen 5-325 mg every 4 hours as needed for pain. 3. Dated 03/16/26 for Lovenox (a prescription low molecular weight heparin (LMWH) injection used to treat and prevent deep vein thrombosis (DVT, a serious condition where a blood clot forms in a deep vein) and pulmonary embolism (PE)) injection 40mg/0.4mL once a day for DVT prophylaxis (to prevent diseases). C. Record review of R #13's admission MDS, dated [DATE], revealed staff documented R #13 was taking the following high-risk medications (drugs with a heightened risk of causing significant patient harm, or even death): 1. Anticoagulants (often called blood thinners, prevent or reduce blood clot formation by interfering with the body's coagulation process). 2. Opioid medication (powerful, regulated pain-relievers used for moderate-to-severe pain). D. Record review of R #13's care plan, dated 03/16/26, revealed staff did not document that R #13 was taking anticoagulant or opioid medications. E. On 05/04/26 at 2:21 PM, during an interview, the DON and Regional Clinical Nurse (RCN) confirmed the following: 1. R #13 had orders for anticoagulants and opioid medications. 2. Anticoagulants and opioid medications were high-risk medications. 3. Staff did not document R #13's anticoagulant or opioid medications on her care plan. 4. Staff were expected to document all high-risk medications on the care plan and include interventions for monitoring the high-risk medications. (continued on next page)		

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 05/06/2026
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R #15 F. Record review of R #15's admission Record, no date, revealed she was admitted to the facility on [DATE]. G. On 04/29/2026 at 11:32 AM, during an interview, R #15 stated her plan is to go home with home health services when she is discharged from the facility. H. Record review of R #15's physician orders revealed an order dated 03/31/206: Lantus (long-lasting insulin designed to provide a steady 24-hour release of the medication to help regulate blood sugar levels) inject 15 units subcutaneously (medication given by injection just below the skin) one time daily for diabetes mellitus. I. Record review of R #15's Care Plan revealed the following: 1. Staff did not document R #15's discharge plan. 2. Staff did not document that R #15 was taking insulin. J. On 05/05/26 at 3:33 PM, during an interview, the DON confirmed staff did not document R #15's insulin use or her discharge plan on R #15's care plan. R #28 K. Record review of R #28's admission Record, no date, R #28 was admitted to the facility on [DATE]. L. Record review of R #28's admission Assessment, dated 03/28/26, revealed R #28 had pressure ulcers (localized damage to skin and underlying tissue caused by prolonged pressure, friction, or shear, usually over bony prominences like the hips, heels, or tailbone. They range from stage 1 (discolored skin) to stage 4 (deep crater with bone/muscle exposure)) on his right and left buttocks. M. Record review of R #28's physician's orders revealed the following orders: 1. Dated 03/30/26 and discontinued 04/21/26, for wound care to the bilateral buttocks. 2. Dated 04/21/26, for zinc barrier cream (create a protective, water-resistant layer that shields skin from moisture, chafing, and irritants) to the bilateral buttocks. N. Record review of R #28's care plan, dated 04/14/26, revealed staff did not document that R #28 had pressure wounds on his buttocks or interventions in place to treat or prevent worsening of his wounds. O. On 05/04/26 at 2:48 PM, during an interview, the DON and RCN confirmed the following: 1. R #28 had pressure wounds on his buttocks when he was admitted to the facility. 2. R #28's care plan did not include that he had pressure wounds or any interventions to treat or prevent R #28's pressure wounds from worsening. (continued on next page)		

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 05/06/2026
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. Staff were expected to document all wounds and interventions to treat or prevent wounds from getting worse in the resident's care plan. R #30 P. Record review of R #30's admission Record, no date, revealed R #30 was admitted to the facility on [DATE]. Q. On 05/01/26 at 1:46 PM, during an interview, R #30 stated that staff had not discussed her discharge plan with her. R. Record review of R #30's order, dated 04/29/26, revealed enhanced barrier precautions (EBP, an infection control intervention) should be worn when providing high contact resident care. S. Record review of R #30's care plan, dated 04/14/26, revealed staff did not document R #30's discharge plan. Staff did not document EBP for R #30. T. On 05/01/26 at 1:46 PM, during an interview with the DON, she stated they don't have an SSD. The DON also stated that not all residents are getting the discharge planning when it is supposed to be done. The DON confirmed staff did not complete R #30's discharge goals or plans in the care plan. The DON confirmed staff did not document interventions for R #30's EBP. R #31 U. Record review of R #31's admission record, no date, revealed R #31 was admitted on [DATE]. V. On 04/29/26 at 10:25 AM, during an interview, R #31 stated the facility didn't have any activities that she liked. W. Record review of R #31's admission MDS, dated [DATE], revealed the following are very important: 1. Having books, newspapers and magazines. 2. Having music. 3. Being around animals. 4. Keeping up with the news. 6. Doing things with groups of people. 7. Doing favorite activities. 8. Going outside to get fresh air. 9. Participating in religious services. X. Record review of R #31's physician's order, dated 04/11/26, revealed an order to weigh R #31 (continued on next page)		

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 05/06/2026
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	weekly for four weeks, and monthly after that. Y. Record review of R #31's care plan, dated 04/14/26, revealed staff did not document R #31's activity preferences or to monitor weight as ordered. Z. On 05/01/26 at 2:00 PM, during an interview, the DON confirmed that staff did not complete R #31's activity preferences or weekly weights in her care plan. The DON stated that staff should have care planed them for R #31. R #41 AA. Record review of R #41's admission Record, no date, revealed he was admitted to the facility on [DATE]. BB. Record review of R #41's Nursing Progress notes revealed the following: 1. Skilled evaluation note, dated 02/02/26, edema present to bilateral lower extremities (BLE), mild pitting (occurs when excess fluid accumulates most commonly in the legs, feet, and ankles leaving a visible indentation [pit] when pressure is applied to the area), slight indentation. 2. Skilled evaluation note, dated 02/07/26, edema present BLE, ankles, feet, deep pitting (edema in which pressing on a swollen area produces a deep indentation that takes a long time to refill. Clinically, it is graded as 3+ or 4+ meaning the dent is noticeably deep [four to 6 millimeters or more] and persists for several seconds to minutes), indentation remains for a short time, leg looks swollen. 3. Skilled evaluation note, dated 02/12/26, edema present BLE, moderate pitting (typically corresponds to a two to four millimeter indentation that disappears within 10&ndash;25 seconds and is deeper than mild edema but not as severe as grades +3 or +4, which involve deeper pits and longer refill times), indentation subsides rapidly. 4. Skilled evaluation note, dated 02/14/26, edema present BLE, mild pitting, slight indentation. 5. Skilled evaluation note, dated 02/21/26, edema present BLE, ankles, feet, moderate pitting, indentation subsides rapidly. 6. Skilled evaluation note, dated 02/22/26, edema present BLE, ankles, feet, moderate pitting, indentation subsides rapidly. 7. Skilled evaluation note, dated 02/28/26, edema present BLE, ankles, feet, deep pitting, indentation remains for a short time, leg looks swollen. 8. Skilled evaluation note, dated 03/01/26, edema present BLE, ankles, feet, deep pitting, indentation remains for a short time, leg looks swollen. CC. Record review of R #41's Physician's Progress notes revealed the following: 1. Encounter note, date of service 02/03/26: +4 (the most severe grade of pitting edema, characterized by very deep swelling that lasts more than 2&ndash;5 minutes and causes gross distortion of the affected area) pretibial edema (swelling in the front part of the lower legs, just over the shin bones, caused by fluid accumulation in the tissues). (continued on next page)		

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 05/06/2026
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. Encounter note, date of service 02/04/26: Patient with severe dependent edema (serious form of swelling where excess fluid accumulates in the lower body due to impaired circulation, often worsened by gravity) patient is refusing to elevate legs DD. Record review of R #41's Care Plan revealed that staff did not document resident's edema and his refusal to elevate legs. EE. On 05/05/26 at 3:30 PM, during an interview, the DON confirmed staff did not document R #41's edema and refusal to elevate legs on his care plan. She stated that it should be documented on the care plan due to being a significant medical issue for R #41. R #54 FF. Record review of R #54's admission Record, no date, revealed R #54 was admitted to the facility on [DATE]. GG. On 04/29/26 at 11:01 AM, during and observation and interview, the following was revealed: 1. An oxygen concentrator (a medical device that filters ambient air, providing a 90%&ndash;95% concentrated oxygen supply for patients with low oxygen levels) was sitting next to R #54's bed. 2. R #54 said she used oxygen when she lays down in bed. HH. Record review of R #54's Convalescent Care Orders (written orders for admission to a nursing facility, detailing necessary therapies (e.g., physical therapy), medications, and wound care), dated 04/15/26, revealed an order for oxygen by nasal cannula (a lightweight, flexible device used to deliver supplemental oxygen) PRN. II. Record review of R #54's admission MDS Assessment, dated 04/24/26, revealed staff documented R #54 used oxygen intermittently (at irregular intervals). JJ. Record review of R #54's care plan, dated 04/24/26, revealed staff did not document that R #54 uses oxygen or any interventions in place for R #54's oxygen use. KK. On 05/05/26 at 9:58 AM, during an interview, the DON and RCN confirmed the following: 1. R #54 used oxygen at night. 2. Staff did not document R #54's oxygen use on her care plan. 3. Staff were expected to document oxygen use and any interventions for oxygen use in resident care plans. R #59 MM. Record review of R #59's admission record, no date, revealed R #59 was admitted on [DATE]. NN. On 04/29/26 at 11:07 AM, during an interview, R #59 stated he went to dialysis. (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 05/06/2026
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	OO. Record review of R #59's care plan, dated 04/28/26, revealed staff did not document where and how often R #59 received dialysis. PP. On 04/30/26 at 2:56 PM, during an interview, the DON confirmed staff did not document where or when R #59 went to dialysis. The DON confirmed the care plan should document R #59's dialysis information.		

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 05/06/2026
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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure care plan revisions occurred for 3 (R #13, R #28, and R #57) of 9 (R #13, R #15, R #28, R #30, R #31, R #41, R #54, R #57, and R #59) residents reviewed for care plan accuracy, when staff failed to:1. Ensure the IDT members participated in a care plan meeting within 7 days of the completion of the admission MDS assessment for R #13, R #28, and R #57.2. Revise R #13's care plan with the most current resident information. These deficient practices could likely result in staff being unaware of changes in care provided, and residents not receiving the care related to changes in their health status or healthcare decisions. The findings are: Timing of IDT MeetingR #13A. Record review of R #13's admission Record, no date, revealed R #13 was admitted to the facility on [DATE]. B. On 04/29/26 at 2:24 PM, during an interview, R #13 stated she had not attended an IDT meeting to discuss her care plan. C. Record review of R #13's admission MDS Assessment, dated 03/17/26, revealed the assessment was completed on 03/25/26. D. Record review of R #13's medical record, no date, revealed staff did not document that an IDT meeting was held to discuss R #13's status and care plan. E. On 05/04/26 at 2:18 PM, during an interview, the DON and Regional Clinical Nurse (RCN) confirmed the following:1. R #13's admission MDS Assessment was completed on 03/25/26.2. An IDT meeting was not conducted to discuss R #13's status and care needs.3. Staff were expected to have an IDT meeting to discuss resident care and update care plans within 7 days of the completion of the admission MDS. R #28F. Record review of R #28's admission Record, no date, revealed R #28 was admitted to the facility on [DATE]. G. On 04/30/26 at 9:25 AM, during an interview, R #28 stated he had not attended an IDT meeting to discuss his care plan. H. Record review of R #28's admission MDS Assessment, dated 03/31/26, revealed staff completed the MDS assessment on 04/14/26. I. Record review of R #28's medical record, no date, revealed staff did not document that an IDT meeting was held to discuss R #28's status and care plan. J. On 05/04/26 at 2:38 PM, during an interview, the DON and RCN confirmed the following:1. R #28's admission MDS Assessment was completed on 04/14/26.2. An IDT meeting was not conducted to discuss R #28's status and care needs. R #57K. Record review of R #57's admission Record, no date, revealed R #57 was admitted to the facility on [DATE] and was discharged on 04/29/26. L. On 04/29/26 at 11:36 AM, during an interview, R #57's Family Member (FM) stated he had not attended an IDT meeting to discuss R #57's care plan. M. Record review of R #57's admission MDS Assessment, dated 04/10/26, revealed staff completed R #57's MDS on 04/21/26. N. On 05/04/26 at 3:54 PM, during an interview, the DON and RCN confirmed the following:1. R #57's admission MDS Assessment was completed on 04/21/26.2. An IDT meeting was not conducted to discuss R #57's status and care needs. RevisionsR #13O. Record review of R #13's provider progress notes revealed the following:1. On 04/17/26 the provider documented that R #13 had an appointment for a Percutaneous Endoscopic Gastrostomy tube (PEG, a flexible feeding tube inserted through the abdomen into the stomach to deliver nutrition, fluids, and medications directly) placement on 04/23/26.2. On 04/24/26 the provider documented that R #13 had a PEG tube in place. P. Record review of R #13's physician's orders revealed an order dated 04/29/26, for Enhanced Barrier Precautions (EBP, an infection control strategy in nursing homes requiring staff to wear gowns and gloves during high-contact resident care, such as dressing, bathing, or wound care) related to PEG tube. Q. Record review of R #13's care plan, revised 04/29/26, revealed staff did not revise R #13's to include that staff were expected to follow EBP when providing high contact care for R #13 after R #13's PEG tube was placed. R. On 05/05/26 at 9:54 AM, during an interview, the DON confirmed the following:1. R #13 had a PEG tube placed while she was a resident.2. R #13 should have been on EBP after she returned to the facility with a PEG tube.3. Staff did not document in R #13's care plan that staff were to follow EBP when providing high-contact care for R #13.4. Staff were expected to revise resident care plans to include EBP.		

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 05/06/2026
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 - Some	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** Recite from complaint survey on [DATE]Based on record review and interview, the facility failed to ensure there was a system in place for the nursing staff to immediately determine code status [the residents choice as to whether or not they would like to be provided cardio- pulmonary resuscitation (CPR) in the event that they stopped breathing and/or their heart stopped] for 3 (R #30, R #31, and R #46) residents reviewed for code status, when they failed immediately document R #30's, R #31's, and R #46's code status in their medical record. This deficient practice is likely to delay potentially lifesaving measures if staff are not immediately aware of residents' preferences for resuscitation. The findings are:R #30 A. Record review of R #30's admission Record, no date, revealed R #30 was admitted to the facility on [DATE]. B. Record review of R #30's Convalescent Care Orders (CCO specialized, short-term medical instructions provided by a physician), dated [DATE], revealed full code status. C. Record review of R #30's physicians orders, dated [DATE], revealed R #30's full code status was not documented in the R #30's medical record until four days after admission. R #31 D. Record review of R #31's admission Record, no date, revealed R #31 was admitted to the facility on [DATE]. E. Record review of R #31's CCO, dated [DATE], revealed full code status. F. Record review of R #31's physicians orders, dated [DATE], revealed R #31's full code status was not documented in the R #31's medical record until two days after admission. G. On [DATE] at 11:10 AM, during an interview, the DON confirmed R #30's and R #31's code status was documented in their CCO. The DON confirmed their code status was not documented in their medical record upon admission. The DON stated the code status should be verified upon admission and documented in the medical record. R #46 H. Record review of R #46's admission record, no date, revealed she was admitted to the facility on [DATE]. E. Record review of R #46's CCO's revealed resident was a full code status. F. Record review of R #46's physicians orders revealed an order dated [DATE] for R #46's full code status. The order was not entered in the resident's medical record until two days after admission. G. On [DATE] at 3:44 PM, during an interview, the DON confirmed R #46's code status was documented in their CCO's. The DON confirmed their code status order was not entered in the medical record until two days after admission.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 05/06/2026
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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to provide an ongoing program of activities designed to meet the interests for 2 (R #31 and R #59) of 2 (R #31 and R #59) residents reviewed for activities by not providing meaningful individualized activities based upon residents' interests. If residents are not provided or encouraged to attend/participate in activities that meet their interests, then they are likely to experience an increase in boredom, isolation, and depression. The findings are: R #31 A. Record review of R #31's admission Record, no date, revealed an admission date of 04/04/26. B. On 04/29/26 at 10:25 AM, during an interview, R #31 stated there were not any activities that she was interested in. R #31 stated that there were not any church services at all. C. Record review of R #31's Annual MDS assessment dated [DATE] revealed the following activity preferences are very important: 1. Having books, newspapers and magazines. 2. Having music. 3. Being around animals. 4. Keeping up with the news. 5. Doing things with groups of people. 6. Doing favorite activities. 7. Going outside to get fresh air. 8. Participating in religious services. D. Record review of R #31's care plan dated 04/14/26 revealed R #31's care plan did not include her personal preferences from the Annual MDS Assessment. R #59E. Record review of R #59's admission record, no date, revealed he was admitted on [DATE]. F. On 04/29/26 at 11:07 AM, during an interview, R #59 stated he had not been made aware of activities in the facility. R #59 is Spanish speaking only. G. On 04/30/26 at 2:14 PM, during an interview, the AD stated she does activities at 9:30 AM and 2:00 PM. She stated at 9:30 AM, she will pass out the daily chronicle which includes puzzles and coloring pages. The AD stated that she prints them in Spanish also. The AD stated at 2:00 PM, they do a big activity. The AD stated she will do crafts, go outside, or play BINGO. The AD stated she does an assessment at admission with each resident. The AD stated that a church group goes to the facility once a month. The AD stated she plans themed activities based on current events. The AD stated that she does not plan activities based on assessments, but if a resident told her they would like to do something, she tries to get it done. The AD stated there are not any evening or weekend activities. The AD stated she provides the chronicles for residents on the weekends. The AD does not speak Spanish or have activity staff that speak Spanish.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 05/06/2026
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 0680 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure the activities program is directed by a qualified professional. Based on interview and record review the facility failed to have a qualified activity professional to direct an ongoing program of activities for 2 (R #31 and R #59) of 2 (R #31 and R #59) residents sampled for activities, when staff failed to ensure the Activities Director (AD) had the qualifications necessary to perform the duties of an AD. This deficient practice could lead to a less engaging and beneficial program for residents and could negatively impact residents' well-being and quality of life. The findings are: A. Record review of AD personnel file revealed the following: 1. A hire date of 11/06/25. 2. Her Resume did not include the following: a. A license or registration as a therapeutic recreation specialist or if she was eligible to become licensed or accredited as a therapeutic recreation specialist. b. Two years of experience in a social or recreational program within the last five years. c. Qualifications of an occupational therapist or occupational therapy assistant. d. Completion of a training course for activities professionals that was approved by the State. B. Record review of the AD Job Description, dated December 2023, revealed qualifications for an AD were: 1. Accreditation as a Certified AD; Completion of a state approved AD training course, 2. Bachelor's degree in recreation therapy or related area. Should be licensed or registered either nationally or by the State in which practicing, 3. One-year experience as an AD in long term care, 4. Two years of experience conducting social/recreational programs within the past five years, one of which was fulltime in a resident activities program in a health care setting. D. On 05/05/26 at 9:25 AM, during an interview, the Administrator stated the following: 1. The AD was recently hired and does not have a license or experience in activities. 2. The AD was scheduled to attend the [name of the state accrediting body] 40-hour course for AD on July 29, 2026. 3. The AD was supervised by the Administrator, and the Corporate AD oversees the AD's work at the facility. E. On 05/06/26 at 12:21 PM, during an interview, the Corporate AD stated the following: 1. She had recently started with the company (she did not give a specific date). 2. She was mostly a consultant for the AD. 3. She had never been to the facility.		

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 05/06/2026
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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure medical records were complete and accurate for 3 (R #13, R #38 and R #57) of 5 (R #13, R #20, R #38, R #54 and R #57) residents reviewed for accuracy of documentation, when staff failed to: 1. Document information when R #13 left the facility to have a Percutaneous Endoscopic Gastrostomy tube (PEG, a flexible feeding tube inserted through the abdomen into the stomach to deliver nutrition, fluids, and medications directly) tube placed and after she returned from having a PEG tube inserted. 2. Document administration of R #13's enteral feedings and residual amounts. 3. Thoroughly document information for circumstances leading R #38 to be transferred to the hospital on [DATE]. 4. Document information regarding R #57's discharge from the facility. These deficient practices have the potential to negatively impact the care staff provide to meet residents' needs due to inaccurate records. The findings are: R #13A. Record review of R #13's admission Record, no date, revealed R #13 was admitted to the facility on [DATE]. B. Record review of R #13's hospital discharge documents, dated 04/21/26, revealed R #13 had a PEG tube inserted and was able to start using PEG tube for feeding and medications at 3:40 PM on 04/21/26. C. Record review of R #13's physician's orders revealed the following: 1. An order dated 04/23/26, for staff to hold tube feeding for resident care and activities for up to 4 hours a day. Document how long the tube feeding was held. 2. An order dated 04/23/26, for continuous enteral feedings and water flushes for 20 hours a day. 3. An order dated 04/23/26, to document total enteral feed volume infused every 24 hours. 4. An order dated 04/23/26, to document residual volume before medication administration. Hold feeding and notify the provider if residual volume is greater than 60 mL. D. On 04/29/26 at 2:25 PM, an observation of R #13 revealed the following: 1. R #13 had a feeding pump with formula hanging next to the bed. 2. R #13's feeding pump was off and not connected to R #13's PEG tube. E. On 04/30/26 at 11:59 AM, during an observation and interview with R #13, the following was revealed: 1. R #13 stated she had her PEG for a couple of weeks (could not recall the date). 2. R #13 stated staff administer feedings through the PEG tube twice a day. 3. R #13 stated she was not sure how long she was supposed to be connected to the feeding pump every day. 4. R #13 was not connected to the feeding pump. F. On 04/30/26 observations of R #13 revealed the following: 1. At 1:38 PM, R #13 was observed sitting at common area table. R #13 was not connected to feeding tube. 2. At 3:14 PM, R #13 was observed in bed and was connected to feeding pump. G. On 05/01/2026 observations of R #13 revealed the following: 1. At 8:25 AM, R #13 was observed eating breakfast in the dining room. R #13 was not connected to feeding pump. 2. At 12:05 PM, R #13 was observed sitting at the table in the common area. R #13 was not connected to the feeding pump. H. Record review of R #13's Administration Record, dated April 2026, revealed staff did not document the following: 1. R #13's enteral feeding administration and water flushes on the following dates and times: a. 04/23/26 in the afternoon or evening b. 04/24/26 in the morning, afternoon, or evening c. 04/25/26 in the evening d. 04/26/26 in the evening e. 04/27/26 in the morning, afternoon, or evening f. 04/28/26 in the morning, afternoon, or evening g. 04/29/26 in the morning, afternoon, or evening h. 04/30/26 in the morning, afternoon, or evening. 3. R #31's total enteral feed volume infused between 04/23/26 to 04/30/26. 4. Checking R #13 residual volume on the following dates: a. 04/24/26 b. 04/27/26 c. 04/28/26 d. 04/29/26 e. 04/30/26. I. Record review of R #13's medical record, no date, revealed staff did not document the following: 1. When R #13 left the facility to have a PEG tube inserted. 2. When R #13 arrived at the facility after having PEG tube inserted. 3. An assessment of R #13's status after PEG tube was inserted. 4. How long R #13's enteral feeding was held each day. 5. The residual volume R #13 had each day. J. On 05/01/26 at 12:49 PM, during an interview, LPN #16 confirmed the following: 1. She disconnected R #13 from the feeding pump in the mornings and reconnected her to the feeding pump after lunch. 2. She did not document in R #13's medical record how long R #13 was (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 05/06/2026
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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	disconnected from her enteral feedings.3. She was unable to determine how much enteral feed volume R #13 had received each day since R #13 received her feeding tube on 04/21/26.4. She was unable to determine how long R #13's enteral feedings had been held each day since she received her feeding tube on 04/21/26.5. She checked R #13's residual volume before reconnecting her to the feeding pump.6. She did not document in R #13's medical record that R #13's residual volume was checked or the amount of residual volume R #13 had.7. R #13 had orders to be connected to the feeding pump for 20 hours a day.8. R #13 had orders to check R #13's total enteral feed volume each day.9. R #13 had orders to check R #13's residual volume with medications. K. On 05/04/26 at 1:51 PM, during a joint interview with the DON, Dietitian, and Regional Clinical Nurse , the following was confirmed:1. Staff did not document R #13's enteral feeding administrations, volumes, or residuals as ordered.2. Staff were expected to document resident enteral feeding administration, volumes, and residuals.3. Staff did not document how long R #13 was off the feeding pump daily. 4. Staff were expected to document how much time R #13 was off the feeding pump daily. R #38L. Record review of R #38's admission Record, no date, revealed resident was admitted to the facility on [DATE] and discharged from the facility on 02/09/26. M. Record review of R #38's eInteract Transfer Form, dated 02/09/26, revealed R #38 was sent to the hospital due to chest pain rated at a 10 and radiating to resident's left arm. N. Record review of R #38's medical record, no date, revealed staff did not document:1. Situation leading to R #38 being transferred to the hospital on [DATE].2. Who was contacted regarding R #38's chest pain.3. Who was notified that R #38 was transferred to the hospital. O. On 05/04/26 at 2:24 PM, during an interview, the DON confirmed the following:1. R #38 went to the hospital on [DATE] due to chest pain.2. Staff did not document in the medical record regarding the situation that let R #38 to be sent to the hospital, who ordered for R #38 to be sent to the hospital, or who was notified that R #38 was sent to the hospital.3. Staff were expected to document a change in condition progress note that included the what the change in condition was, what provider was contacted and any orders that were received, and who was notified about the resident's situation and transfer to the hospital. R #57P. Record review of R #57's admission Record, no date, revealed R #57 was admitted to the facility on [DATE] and discharged on 04/29/26. Q. Record review of R #57 medical record, no date, revealed staff did not document the following:1. When R #57 discharged from the facility.2. R #57's status at the time of discharge.3. Who R #57 discharged with.4. Any education that was provided to R #57 or her family.5. Any medication or equipment that was sent with R #57 when she discharged . R. On 05/04/26 at 8:59 AM, during an interview, the DON confirmed the following:1. R #57 discharged on 04/29/26.2. She was unable to determine what time R #57 left the facility, who R #57 was discharged with, if any medications or equipment was sent with R #57, or what education was provided to R #57 or her family.3. Staff were expected to document information regarding resident discharge in the medical record.4. Staff were expected to document resident status, who resident discharged with, what medications or equipment were provided, and any education provided at discharge.		

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 05/06/2026
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to maintain an infection prevention and control program for 4 (R #13, R #30, R #49, and R #54) of 5 (R #13, R #28, R #30, R #49, and R #54) residents reviewed for Transmission Based Precautions (additional infection control measures used in healthcare settings alongside Standard Precautions. They prevent the spread of known or suspected pathogens) when staff failed to:EBP A. Record Review of the [Name of Federal Agency] Enhanced Barrier Precautions in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs), dated 03/20/24, revealed the following: 1. MDRO transmission is common in long term care (LTC) facilities. 2. EBP refers to an infection control intervention designed to reduce transmission of MDRO that employs targeted gown and glove use during high contact resident care activities. a. Examples of high-contact care activities include: i. Dressing ii. Bathing/showering iii. Transferring iv. Changing linens v. Providing hygiene vi. Changing briefs or assisting with toileting vii. Device care or use: Central line, urinary catheter, feeding tube, or tracheostomy viii. Wound Care: any skin opening requiring a dressing 3. EBP are indicated for residents with wounds or indwelling medical devices, even if the resident is not known to be infected or colonized with a MDRO. R #13 B. Record review of R #13's admission Record, no date, revealed R #13 was admitted to the facility on [DATE]. C. review of R #13's physician's orders revealed an order dated 04/29/26, for Enhanced Barrier Precautions (EBP, an infection control strategy in nursing homes requiring staff to wear gowns and gloves during high-contact resident care, such as dressing, bathing, or wound care) related to Percutaneous Endoscopic Gastrostomy tube (PEG, a flexible feeding tube inserted through the abdomen into the stomach to deliver nutrition, fluids, and medications directly). (continued on next page)		

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 05/06/2026
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	D. On 04/29/26 at 2:25 PM, an observation and interview with R #13, revealed the following: 1. R #13 had a feeding pump with formula hanging next to the bed. 2. R #13's stated she had a feeding tube. 3. An EBP sign was on R #13's door. 4. PPE was located outside the room next to R #13's room (about 8 feet away from R #13's door). 4. R #13 stated staff did not wear a gown when transferring her to her wheelchair, showering her, or connecting her enteral feedings to her feeding tube. R #30 E. Record review of R #30's admission record, no date, revealed R #30 was admitted to the facility on [DATE]. F. Record review of R #30's physician's orders revealed the following: 1. An order dated 04/29/26, EBP related to an open wound to the right foot. 2. An order dated 04/05/26 for daptomycin (used to treat serious infections caused by gram-positive bacteria, including MRSA), intravenous 500 mg, use 993 mg intravenously one time a day for osteomyelitis (serious infection and inflammation of the bone). G. On 04/29/26 at 12:15 PM, during an observation of R #30's room, revealed the following: 1. An EBP sign was observed on the wall next to R #30's room. 2. PPE was not observed to be located outside R #30's room. H. On 04/29/26 at 12:15 PM, during an interview, the IP confirmed the following: 1. She had placed the EBP sign near R #30's room earlier that day. 4. There was no PPE located outside R #30's room. 5. R #30 should have had an EBP sign and PPE since she was admitted . I. On 04/29/26 at 12:45 PM, during an observation and interview with R #30, revealed an intravenous stand next to her bed. R #30 stated she had an infection and took IV antibiotics for the infection. R #30 stated that staff wear gloves when they are administering her IV antibiotics. R #30 stated staff did not wear gowns. R #30 stated when staff provide wound care they wear gloves and a mask but do not wear gowns. R #49 J. Record review of R #49's admission Record, no date, revealed R #54 was admitted to the facility on (continued on next page)		

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 05/06/2026
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	[DATE]. K. Record review of R #49's nursing admission evaluation dated 04/23/26 revealed the following: Urinary section: Foley catheter intact draining reddish urine. Skin integrity section: resident has a wound dressing in place to left great toe. L. Record review of R #49's physician's orders revealed that staff did not document an order for EBP. M. On 04/29/26 during an interview with CNA #1 she stated the following: 1. She is the CNA working with R #49. 2. He is not on EBP at this time. 3. If someone is on EBP there are signs on their door and PPE outside of the room. 4. She confirmed R #49 did not have a sign on his door and no PPE was set up for staff to use when caring for him. R #54 N. Record review of R #54's admission Record, no date, revealed R #54 was admitted to the facility on [DATE]. O. Record review of R #13's physician's orders revealed an order dated 04/29/26, for Enhanced Barrier Precautions (EBP, an infection control strategy in nursing homes requiring staff to wear gowns and gloves during high-contact resident care, such as dressing, bathing, or wound care) related to Percutaneous Endoscopic Gastrostomy tube (PEG, a flexible feeding tube inserted through the abdomen into the stomach to deliver nutrition, fluids, and medications directly). P. On 04/29/26 at 10:52 AM, an observation and interview with R #54, revealed the following: 1. She had Peripherally Inserted Central Catheter (PICC line, a thin, flexible tube inserted into a vein in the upper arm and threaded to a large vein near the heart for long-term intravenous (IV) treatment) so staff could give her antibiotics due to an infection on her foot. 2. There was no EBP sign observed on R #54's door or outside her door. 3. There was no PPE located outside R #54's door. 4. R #54 stated staff did not wear a gown when administering antibiotics through her PICC line or changing her catheter. Q. On 04/29/26 at 12:15 PM, an observation and interview with the Infection Preventionist (IP), revealed the following: 1. An EBP sign was observed on the wall next to R #54's room. (continued on next page)		

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 05/06/2026
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. PPE was not observed to be located outside R #54's room. 3. The IP confirmed she had placed the EBP sign near R #54's room earlier that day. 4. The IP confirmed there was no PPE located outside R #54's room. 5. The IP confirmed R #54 should have had an EBP sign and PPE since she was admitted . R. 04/29/26 between 12:33 PM and 12:41 PM, an observation of R #54's room, revealed the following: 1. The ADON entered R #54's room wearing a mask and gloves. 2. The ADON was not wearing when he entered R #54's room. 3. The ADON exited R #54's room at 12:41. He was wearing a mask and gloves. 4. The ADON was not wearing a gown when he exited R #54's room. S. On 04/29/26 at 12:45 PM, during an interview, R #54 stated the following: 1. The ADON changed the dressing on her PICC line. 2. The ADON wore gloves and a mask when changing the dressing on her PICC line. 3. The ADON did not wear a gown when changing the dressing on her PICC line. T. On 05/04/26 at 10:53 AM, during an interview, the IP confirmed the following: 1. An EBP sign and PPE should be placed outside the rooms of all residents who have wounds, foley catheters, or PICC lines. 2. Staff were expected to wear a gown and gloves whenever they have close contact with resident's on EBP. 3. Close contact included transferring residents, changing residents, showering residents, performing wound care, or handling indwelling devices including foley catheters and PICC Lines. Nasal Cannula R #54 U. On 04/29/26 at 11:01 AM, during an observation and interview, the following was revealed: 1. An oxygen concentrator (a medical device that filters ambient air, providing a 90%&ndash;95% concentrated oxygen supply for patients with low oxygen levels) was sitting next to R #54's bed. 2. R #54 said she used oxygen when she lays down in bed. 3. R #54's nasal cannula did not have a date indicating when it was last changed. (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 05/06/2026
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. R #54 was not sure when her nasal cannula was last changed. V. On 04/29/26 at 11:24 AM, during an interview, the ADON confirmed the following: 1. R #54's nasal cannula did not have a date when it was last changed. 2. He was unable to determine when R #54's nasal cannula was changed. 3. Staff were expected to change all nasal cannulas on Sunday evenings. 4. Staff were expected to label the nasal cannula with the date it was changed.		

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 05/06/2026
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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on interview and record review, the facility failed to ensure that residents were aware of the process to file a grievance for 1 (R #30) or 1 (R #30) resident sampled for missing items. If the facility does not ensure that residents know how to file grievances, then residents are likely to feel that their issues and/or concerns are not taken seriously. The findings are: A. On 04/29/26 at 12:38 PM, during an interview, R #30 stated staff did not tell her how to file a grievance. B. On 05/01/26 at 10:06 AM, during an interview with the Administrator, he stated the grievance process is gone over during resident council meetings. The Administrator stated if residents do not go to resident counsel that SSD will go over how to file a grievance with the resident. The Administrator stated the facility does not currently have an SSD. The Administrator stated if a resident tells staff they are missing items, he would talk to the resident and file a grievance for them. C. On 05/01/26 at 10:23 AM, during an interview, the AD stated she thought she was supposed to file grievances for the residents. The AD stated if a resident told her they had a missing item she would let them know she would file a grievance for them. The AD stated she had not gone over how to file a grievance during resident council or with residents individually.		

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 05/06/2026
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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure residents did not receive psychotropic medications (group of drugs that affect behavior, mood, thoughts, or perception) unless the medication was medically necessary for 2 (R #28 and R #54) of 5 (R #13, R #15, R #28, R 46, and R #54) residents reviewed for unnecessary medications, when staff failed to ensure PRN psychotropic medications were not prescribed for longer than 14 days without a written rationale from the provider. This deficient practice could likely result in residents receiving medications longer than needed without a rationale from the provider causing a higher risk of adverse side effects (unwanted, harmful, or abnormal result). The findings are: R #28A. Record review of R #28's admission Record, no date, revealed R #28 was admitted to the facility on [DATE]. B. Record review of R #28's physician's order, dated 04/27/26, revealed an order for alprazolam (a psychotropic medication used to treat anxiety disorder) 1 mg every 8 hours PRN for anxiety/agitation. The order did not have an end date. C. Record review of R #28's medical record, no date, revealed the provider did not document a clinical rationale for why R #28 needed PRN alprazolam for longer than 14 days. D. On 05/04/26 at 2:50 PM, during an interview, the DON and Regional Clinical Nurse (RCN) confirmed the following:1. R #28 had an order for alprazolam 1 mg PRN.2. R #28's PRN alprazolam order was ordered indefinitely.3. R #28's medical record did not have a rationale from the provider for why he needed PRN alprazolam longer than 14 days. R #54E. Record review of R #54's admission Record, no date, revealed R #54 was admitted to the facility on [DATE]. F. Record review of R #54's physician's order, dated 04/22/26, revealed an order for alprazolam 0.25 mg PRN every 24 hours at bedtime for anxiety. The order did not have an end date. G. Record review of R #54's medical record, no date, revealed the provider did not document a clinical rationale for why R #54 needed PRN alprazolam for longer than 14 days. H. On 05/05/26 at 10:08 AM, during an interview, the DON and RCN confirmed the following:1. R #54 had an order for PRN alprazolam 0.25 mg.2. R #54's PRN alprazolam order was ordered indefinitely.3. R #54's medical record did not have a rationale for why she needed PRN alprazolam longer than 14 days.4. Staff were expected to ensure PRN psychotropic medications were not ordered for longer than 14 days without a clinical rationale documented in the medical record by the provider.		

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 05/06/2026
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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to implement an effective discharge planning process for 2 (R #40 and R #57) of 6 (R #15, R #30, R #31, R #40, R #47, and R #57) residents reviewed for discharge, when staff failed to: 1. Conduct IDT discharge planning for R #40 and R #57. 2. Update comprehensive care plans and discharge plans with treatment preferences and needs for R #40 and R #57.3. Document a discharge plan of care that included treatment preferences and needs for R #57. These failures have the potential for unsafe discharge and an increased risk of resident harm. The findings are: R #40 A. Record review of R #40's admission Record, no date, revealed R #40 was admitted to the facility on [DATE] and discharged on 03/14/26. B. Record review of R #40's progress note, dated 03/14/26, revealed R #40 was insistent on going home. The provider was notified and gave approval for R #40 to be discharged . C. Record review of R #40's care plan, dated 03/03/26, revealed staff did not document a discharge plan for R #40. D. Record review of R #40's Discharge MDS, dated [DATE], revealed staff documented R #40 discharged from the facility on 03/14/26. E. Record review of R #40 medical record, no date, revealed the following: 1. Staff did not document R #40's discharge plans. 2. Staff did not document conversations with R #40 regarding discharge plans. 3. Staff did not document a post discharge plan of care for R #40. F. On 05/01/26 at 1:41 PM, during an interview, the DON confirmed staff did not have R #40's discharge plan. The DON confirmed staff did not conduct an IDT meeting with R #40 to plan for discharge. The DON confirmed that staff should complete discharge plans in the care plan. The DON stated discharge planning should start on admission. R #57 G. Record review of R #57's admission Record, no date, revealed R #57 was admitted to the facility on [DATE] and discharged on 04/29/26. H. On 04/29/26 at 11:36 AM, during an interview, R #57's Family Member (FM) stated the following: 1. Staff asked him to go to the facility on [DATE] for a meeting to discuss R #57 care. 2. When he arrived 04/21/26, there were no staff available for the meeting. 3. He went to the facility on [DATE] and the DON and Business Office Manager (BOM) told him R (continued on next page)		

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 05/06/2026
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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	#57's insurance wouldn't cover her care at the facility after 04/27/26. 4. The DON and BOM told him R #57 could stay if he agreed to pay \$217 per day. 5. Staff had not met with him to discuss discharge plans or what was needed for R #57 to have a safe discharge home. 6. He could have gotten things ready at home if staff had notified him earlier about when R #57 would need to be discharged . 7. He was going to pick R #57 up from the facility at 5:00 PM on 04/29/26. I. Record review of R #57's care plan, revised 04/17/26, revealed staff did not document a discharge plan for R #57. J. Record review of R #57's medical record, no date, revealed the following: 1. Staff did not document R #57's discharge plans. 2. Staff did not document conversations with R #57 or her family regarding discharge plans. 3. Staff did not document a post discharge plan of care for R #57. K. On 05/04/26 at 8:59 AM, during an interview, the DON confirmed the following: 1. R #57 was supposed to have a care plan meeting on 04/21/26 to discuss discharge plans. 2. The Social Services Worker was not at the facility on 04/21/26 and they did not have a care plan meeting for R #57. 3. R #57's FM came to the facility on [DATE] and was told R #57's last day for insurance to fully cover R #57's care would be 04/28/26 (contradicting R #57's FM, see finding H). 4. R #57's FM said he would pick her up on 04/28/26. 5. On 04/28/26, R #57's FM was unable to pick R #57 up but said he would pick her up in the evening on 04/29/26. 6. An IDT meeting did not take place to discuss R #57's discharge. 7. Discharge planning began upon admission. 8. Staff did not document R #57's discharge plans in R #57's care plan. 9. Staff were expected to have an IDT meeting with the residents and their families to make plans for a safe discharge. 10. Staff were expected to document discharge plans in the resident's care plan.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 05/06/2026
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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure a comprehensive MDS assessment was completed within 14 calendar days after admission for 1 (R #28) of 3 (R #15, R #28, and R #41) residents reviewed for pressure ulcers. This deficient practice could likely result in residents' needs not being met. The findings are: A. Record review of R #28's admission Record, no date, revealed R #28 was admitted to the facility on [DATE]. B. Record review of R #28's admission MDS Assessment, dated 03/31/26, revealed staff completed the MDS on 04/14/26 (not within 14 days of resident's admission on [DATE]). C. On 05/04/26 at 2:48 PM, during a joint interview, the DON and Regional Clinical Nurse confirmed R #28's admission MDS Assessment was not completed within 14 days of his admission on [DATE]. Staff were expected to complete admission MDS Assessments within 14 days of admission.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 05/06/2026
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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to complete and transmit an MDS assessment after discharge for 1 (R #4) of 1 (R #4) residents reviewed for MDS assessment. This failed practice could lead to the facility not reporting information in a timely manner (within 14 days) to the Federal Agency. The findings are: A. Record review of R #4's admission Record, no date, revealed R #4 was admitted to the facility on [DATE] and discharged from the facility on 12/06/25. B. Record review of R #4's medical record, no date, revealed staff did not document a Discharge MDS Assessment after R #4 discharged from the facility on 12/06/25. C. On 05/04/26 at 2:55 PM, during a joint interview, the DON and Regional Clinical Nurse confirmed the following:1. R #4 was discharged from the facility on 12/06/25.2. R #4's medical record did not have a Discharge MDS Assessment. 3. Staff were expected to complete a Discharge MDS Assessment after residents were discharged from the facility.		

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 05/06/2026
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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure the MDS was accurate for 1 (R #15) of 7 (R #13, R #15, R #28, R #30, R #31, R #41 and R #57) residents reviewed for accurate MDS assessments. This deficient practice could likely result in the facility not having an accurate assessment of the residents' needs. The findings are: A. Record review of R #15's admission Record, no date, revealed she was admitted to the facility on [DATE]. B. Record review of R #15's physician orders revealed an order dated 03/31/26: Lantus (long-lasting insulin designed to provide a steady 24-hour release of the medication to help regulate blood sugar levels) inject 15 units subcutaneously (medication given by injection just below the skin) one time daily for diabetes mellitus. D. Record review of R #15's admission MDS assessment dated [DATE] revealed the following: 1. Under the insulin section of the MDS, staff documented R #15 received insulin for the previous two days since her admission to the facility. 2. Under the high-risk drug classes of the MDS staff did not document that R #15 was receiving insulin. E. On 05/05/26 at 4:26 PM, during an interview, with the MDS Coordinator she confirmed that R #15 was receiving insulin and that staff should have documented the insulin on the high-risk drug section of the MDS.		

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 05/06/2026
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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to provide services that meet professional standards of practice for 2 (R #30 and R #31) of 2 (R #30 and R #31) residents randomly reviewed, when staff failed to monitor R #30's and R #31's weight as ordered. This deficient practice could likely result in staff being unaware of weight gain/loss. The findings are: R #30 A. Record review of R # 30's admission Record, no date, revealed R #30 was admitted to the facility on [DATE]. B. Record review of R #30's physician's orders revealed R #30 was at risk for malnutrition (a condition that occurs when your body does not get the right balance of nutrients, calories, or energy to function properly), weigh weekly for four weeks, and monthly after that. C. Record review of R #30's weight summary, no date, revealed R #30 was weighed on 03/30/26 and 04/19/26. Staff did not document any other weights for R #30. D. On 05/04/26 at 12:38 PM, during an interview, the DON confirmed staff did not perform weekly weights for R #30. The DON stated that her expectation is R #30 would be weighed as ordered. R #31 E. Record review of R # 31's admission record, no date, revealed R #31 was admitted to the facility on [DATE]. F. Record review of R #31's physician's orders revealed R #31 was at risk for malnutrition, weigh weekly for four weeks, and monthly after that. G. Record review of R #31's weight summary, no date, revealed R #31 was weighed on 04/04/26 and 04/19/26. Staff did not document any other weights for R #30. H. On 05/04/26 at 12:41 PM, during an interview, the DON confirmed staff did not perform weekly weights for R #31. The DON stated that her expectation is R #31 would be weighed as ordered.		

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 05/06/2026
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure residents received quality treatment and care for 1 (R #48) of 5 (R #15, R #28, R #41, R #48, and R #49) residents reviewed for edema and wound care, when staff failed to identify edema (swelling caused by excess fluid trapped in body tissues, commonly affecting the legs, feet, ankles, hands, or abdomen. It is often a symptom of underlying issues like heart failure, kidney disease, liver cirrhosis, or venous insufficiency) in R #48's legs. This deficient practice could likely lead to resident's needs not being met and/or a worsening of their medical condition and prognosis. The findings are: A. Record review of R #48's admission Record, no date, revealed the following R #48 was admitted to the facility on [DATE]. B. On 04/29/26 at 11:21 AM, during an observation and interview with R #48, the following was revealed:1. R #48's legs appeared to be swollen.2. R #48 stated he had had swelling in both of his legs since he was in the hospital prior to arriving at the facility.3. R #48 stated he did not know what staff were doing for the edema in his legs. C. On 05/01/26 at 10:10 AM, during an observation and interview with R #48, the following was revealed:1. R #48's legs both appeared swollen and looked like they did on 04/29/26.2. R #48 stated he didn't know what staff were doing for his edema. D. On 05/01/26 at 10:14 AM, during an interview and observation, LPN #16 confirmed the following: 1. She was not aware R #48 had edema.2. She went in to R #48's room to assess him and stated the following: a. R #48 had 3+ pitting edema (a type of swelling, typically in the legs, ankles, or feet, where applying pressure to the area leaves a lingering indentation or pit. The pitting is rated on a scale from 1+ (2mm indentation that disappear rapidly) to 4+ (8mm indentation that lasts for 2-5 minutes)) to the left leg. b. R #48 right leg and foot had closer to 4+ pitting edema.3. R #48 did not have orders to treat edema. E. Record review of R #48's admission Assessment, dated 04/27/26, revealed staff document R #48 did not have edema. F. Record review of R #48's nursing progress notes revealed nursing staff did not document an assessment of R #48 between 04/28/26 and 05/01/26. G. Record review of R #48's physician's progress notes revealed the following:1. On 04/29/26 at 4:59 PM, the provider documented R #48 had severe acute kidney injury (a sudden, often reversible, episode of kidney damage or failure occurring within hours to a few days) while in the hospital. R #48 required three dialysis (a life-sustaining medical treatment that filters waste, toxins, and excess fluid from the blood when kidneys are failing) treatments while in the hospital. R #48 did not have edema. 2. On 05/01/26 at 11:30 AM, the provider documented R #48 had 3+ pitting edema in both legs. The plan was to order furosemide (a loop diuretic used to treat fluid retention from heart, liver, or kidney conditions). H. Record review of R #48's physician's orders, dated 05/01/26, revealed an order for furosemide 20 mg once a day for edema. I. On 05/04/26 at 2:32 PM, during an interview, the DON confirmed the following:1. Nursing staff did not document any assessments in R #48's medical record between 04/28/26 and 05/01/26.2. On 05/01/26, the provider documented that R #48 had 3+ pitting edema in both legs.3. On 05/01/26, the provider ordered furosemide to treat R #48's edema.4. Staff were expected to complete a head-to-toe assessment (a comprehensive physical examination used by healthcare professionals to evaluate a patient's overall health status, covering every body system from head to toe) on all residents at least daily and document the assessment in the medical record.		

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 05/06/2026
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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to maintain acceptable parameters of nutritional status for 1 (R #13) of 1 (R #13) residents sampled for tube feeding (enteral nutrition, delivers essential nutrients, fluids, and medications directly into the stomach or small intestine for individuals unable to take adequate nutrition by mouth), when staff failed to:1. Monitor R #13's weight as ordered.2. Monitor R #13's enteral feedings as ordered.3. Monitor R #13's residual volume (the amount of formula, water, and digestive secretions remaining in the stomach, often checked to assess tube feeding tolerance and aspiration risk) as ordered. These deficient practices could likely result in residents losing weight without the facility being aware and causing worsening of medical conditions. The findings are:A. Record review of R #13's admission Record, no date, revealed R #13 was admitted to the facility on [DATE]. B. On 04/30/26 at 11:59 AM, during an interview, R #13 stated the following:1. She had her Percutaneous Endoscopic Gastrostomy tube (PEG, a flexible feeding tube inserted through the abdomen into the stomach to deliver nutrition, fluids, and medications directly) for a couple of weeks (could not recall the date).2. Staff administer feedings through the PEG tube twice a day.3. She was not sure how long she was supposed to be connected to the feeding pump every day. C. Record review of R #13's hospital discharge documents, dated 04/21/26, revealed R #13 had a PEG tube inserted. R #13 was able to start using PEG tube for feeding and medications at 3:40 PM on 04/21/26. D. Record review of R #13's physician's orders revealed the following:1. An order dated 04/23/26, for staff to hold tube feeding for resident care and activities for up to 4 hours a day. Document how long the tube feeding was held. 2. An order dated 04/23/26, for continuous enteral feedings and water flushes for 20 hours a day. 3. An order dated 04/23/26, to document total enteral feed volume infused every 24 hours. 4. An order dated 04/23/26, to document residual volume before medication administration. Hold feeding and notify the provider if residual volume is greater than 60 mL.5. An order dated 03/22/26, for weekly weight checks for 4 weeks and monthly after the 4 weeks. E. Record review of R #13's weights revealed the following:1. On 03/15/26, weight 131 pounds.2. On 04/05/26, weight 114.5 pounds.3. On 04/19/26, weight 113 pounds. F. Record review of R #13's administration record, dated March 2026, revealed staff documented the following:1. For R #13's order to weigh weekly for 4 weeks: a. 03/22/26, Code 5 (Hold/See Nurse Note) b. 03/29/26, Code 9 (Other/See Nurse Note) G. Record review of R #13's Nursing progress notes revealed the following:1. On 03/22/26, staff documented weight pending.2. On 03/29/26, staff did not document regarding R #13's weight.3. On 04/12/26, staff documented weight pending.4. On 04/19/26, staff did not document regarding R #13's weight.5. Staff did not document R #13's total time off the feeding pump daily as ordered. H. Record review of R #13's Administration Record, dated April 2026, revealed the following:1. For R #13's order to weigh weekly for 4 weeks: a. 04/12/26, Code 7 (Not Administered/See Progress Note) b. 04/19/26, staff did not document anything. c. 04/26/26, Code 92. Staff did not document enteral feeding administration and water flushes on the following dates and times: a. 04/23/26 in the afternoon or evening b. 04/24/26 in the morning, afternoon, or evening c. 04/25/26 in the evening d. 04/26/26 in the evening e. 04/27/26 in the morning, afternoon, or evening f. 04/28/26 in the morning, afternoon, or evening g. 04/29/26 in the morning, afternoon, or evening h. 04/30/26 in the morning, afternoon, or evening3. Staff did not document total enteral feed volume infused between 04/23/26 to 04/30/26.4. Staff did not document checking R #13's residual volume on the following dates: a. 04/24/26 b. 04/27/26 c. 04/28/26 d. 04/29/26 e. 04/30/26 I. On 05/04/26 at 1:51 PM, during a joint interview with the DON, Dietitian, and Regional Clinical Nurse, the following was confirmed:1. R #13's medical record showed that she had lost 16.5 pounds between admission on [DATE] and 04/05/26.2. The Dietitian stated that they were unsure how much weight R #13 actually lost because staff documented a weight from the hospital documents. Staff did not weigh R #13 upon admission.3. Staff were expected to weigh residents and enter actual weights in the (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 05/06/2026
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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	medical record.4. Staff did not weigh R #13 weekly as ordered.5. Staff did not weigh R #13 after PEG tube placement on 04/21/26.6. Staff were expected to weigh all residents weekly.7. Staff did not document R #13's enteral feeding administrations, volumes, or residuals as ordered.8. Staff were expected to document resident enteral feeding administration, volumes, and residuals.9. Staff did not document how long R #13 was off the feeding pump daily. 10. Staff were expected to document how much time R #13 was off the feeding pump daily.		

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 05/06/2026
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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to provide respiratory care in accordance with professional standards for 1 (R #54) of 3 (R #54) residents reviewed for respiratory care when the staff failed to ensure R #54 had an order for oxygen therapy. This deficient practice is likely to result in staff not being aware of residents' respiratory status and worsening of their condition. The findings are: A. Record review of R #54's admission Record, no date, revealed R #54 was admitted to the facility on [DATE]. B. On 04/29/26 at 11:01 AM, during an observation and interview, the following was revealed:1. An oxygen concentrator (a medical device that filters ambient air, providing a 90%-95% concentrated oxygen supply for patients with low oxygen levels) was sitting next to R #54's bed.2. R #54 stated she used oxygen when she lays down in bed. C. Record review of R #54's Convalescent Care Orders (CCOs, written orders for admission to a nursing facility, detailing necessary therapies (e.g., physical therapy), medications, and wound care), dated 04/15/26, revealed an order for oxygen by nasal cannula (a lightweight, flexible device used to deliver supplemental oxygen) PRN. D. Record review of R #54's admission MDS Assessment, dated 04/24/26, revealed staff documented R #54 used oxygen intermittently (at irregular intervals). E. Record review of R #54's medical record, no date, revealed staff did not document an order for R #54 to use oxygen. F. On 05/05/26 at 9:58 AM, during an interview, the DON and RCN confirmed the following:1. R #54 used oxygen at night.2. Staff did not document an order for R #54's to use oxygen.3. R #54 had a CCO for PRN oxygen use.4. Staff were expected to document CCOs for oxygen use in the medical record when a resident arrived.		

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 05/06/2026
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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and observation the facility failed to effectively manage pain (use of different techniques and medication to reduce and control the amount of pain a person experiences) for 2 (R #20 and R #46) of 2 (R #20 and R #46) residents reviewed for pain, when the facility failed to assess and monitor pain levels for R #20 and 46. This deficient practice could likely result in residents experiencing unnecessary or uncontrolled pain causing residents to experience a decline in physical and emotional health. The findings are: R #20 A. Record review of R #20's admission Record, no date, revealed the following:1. R #20 was admitted to the facility on [DATE].2. R #20's diagnoses include: wedge compression fracture of the third lumbar vertebra (a type of compression fracture where one side of the vertebra [series of small bones forming the backbone] collapses, resulting in a wedge shape. Most common in the lumbar region [lower back] of the spine, particularly in older adults with weakened bones). B. On 04/29/26 at 3:51 PM, during an interview and observation, R #20 stated the following:1. She fell at home and broke my back again. 2. Her pain level is currently 50 on zero to ten pain scale (0 indicates no pain and 10 is the worst pain imaginable). Resident was lying in bed, calm and did not appear to be in any acute distress. C. Record review of R #20's Convalescent Care Orders (CCO; discharge orders from the hospital for residents entering long-term care facilities) revealed the following: 1. Acetaminophen (pain relieving and fever reducing medication) 650 mg orally as needed for fever or mild pain (typically rated 1 to 3 on the pain scale and is nagging and annoying discomfort that does not significantly interfere with daily activities). 2. Ibuprofen (nonsteroidal anti-inflammatory drug that is used to relieve pain, fever, and inflammation) 600 mg orally three times a day as needed for moderate pain (typically rated 4 to 6 on a 0-10 pain scale and is a noticeable and persistent level of discomfort that interferes with daily activities but is generally manageable). 3. Oxycodone-acetaminophen (Percocet, combination narcotic medication used to treat moderate to severe pain) 10-325 mg 1 tablet orally every four hours as needed for moderate to severe pain (typically rated 7-10 on pain scale and pain significantly limits a person's ability to perform normal daily activities, maintain social relationships, and interferes with sleep) of 4-10 on pain scale. D. Record review of R #20's Progress notes revealed the following: 1. 04/23/26 at 9:00 AM: ibuprofen 600 mg given, staff did not document resident's pain level. 2. 04/23/26 at 10:06 AM: staff documented ibuprofen 600 was effective, staff did not document resident's pain level. 3. 04/25/26 at 4:57 AM: ibuprofen 600 mg given, staff documented patient requested and did not document resident's pain level. 4. 04/25/26 at 6:34 AM: staff documented ibuprofen 600 was effective, resident resting with eyes closed, respirations easy, no distress observed. Staff did not document resident's pain level. 5. 04/25/26 at 8:37 PM: acetaminophen 650 mg given for pain level of 6. 6. 04/25/26 at 11:10 PM: staff documented unknown for acetaminophen 650 mg effectiveness. 7. 04/26/26 at 7:18 AM: Percocet 10-325 mg given, staff did not document resident's pain level. 8. 04/26/26 at 12:47 PM: staff documented Percocet was effective staff did not document resident's pain scale. 9. 04/26/26 at 6:26 PM: ibuprofen 600 mg given, staff did not document resident's pain level. 10. 04/26/26 at 7:54 AM: staff documented ibuprofen 600 was effective, staff did not document resident's pain level. 11. 04/27/26 at 9:01 AM: ibuprofen 600 mg given, staff did not document resident's pain level. 12. 04/27/26 at 12:18 PM: staff documented ibuprofen 600 was effective, staff did not document resident's pain level. 13. 04/28/26 at 12:30 AM: ibuprofen 600 mg given for back pain, staff did not document resident's pain level. 14. 04/28/26 at 5:51 AM: staff documented ibuprofen 600 was effective, staff did not document resident's pain level. 15. 04/28/26 at 9:24 AM: ibuprofen 600 mg given for back pain, staff did not document resident's pain level. 16. 04/28/26 at 12:55 PM: staff documented ibuprofen 600 was effective, staff did not document resident's pain level. 17. 04/28/26 at 9:19 AM: ibuprofen 600 mg given for back pain, staff did not document resident's pain level. 18. 04/28/26 at 12:54 PM: staff documented ibuprofen 600 was effective, staff did not document (continued on next page)		

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 05/06/2026
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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident's pain level. E. Record review of R #20's Nurse Administration Record (NAR; electronic document where nursing staff document) dated April 2026 revealed that staff did not document their numerical assessment of R #20's pain level between 04/21/26 and 04/30/26. F. Record review of R #20's physician's orders revealed the order for Percocet was discontinued on 04/30/26. G. On 05/01/26 at 10:34 AM, during an interview and observation, R #20 stated the following: 1. Her pain level is currently 100 on zero to ten pain scale. Resident was wheeling herself out of the restroom, resident stated she needed to find the nurse as soon as possible so she could get two cigarettes to smoke before she went to physical therapy. 2. She was not aware the Percocet order had been discontinued because no one had discussed the discontinuation with her. R #46H. Record review of R #46's admission Record, no date, revealed the following:1. R #46 was admitted to the facility on [DATE].2. R #20's diagnoses include: multiple fractures of ribs. I. On 04/30/26 at 4:23 PM, during an interview, R #46 stated her pain was currently 5 on zero to ten pain scale. J. Record review of R #46's Convalescent Care Orders (CCO; discharge orders from the hospital for residents entering long-term care facilities) revealed an order for hydrocodone-acetaminophen (combination narcotic medication used to treat moderate to severe pain) 5-325 mg 1 tablet orally every four hours as needed for moderate to severe pain of 4-10 on pain scale. K. Record review of R #46's Progress notes revealed the following: 1. 04/25/26 at 2:50 AM: hydrocodone-acetaminophen 5-325 mg given, staff documented patient requested but staff did not document resident's pain level. 2. 04/25/26 at 3:49 AM: staff documented hydrocodone-acetaminophen 5-325 mg was effective, but staff did not document resident's pain level. 3. 04/25/26 at 9:46 AM: hydrocodone-acetaminophen 5-325 mg given, staff documented resident was having pain to her ribs and her pain level was 9. 4. 04/25/26 at 1:29 PM: staff documented hydrocodone-acetaminophen 5-325 mg was effective, but the resident's pain level was still 4. 5. R #46's pain was not assessed again for over 4 hours.6. 04/25/26 at 5:21 PM: hydrocodone-acetaminophen 5-325 mg given, staff documented resident was having pain to her ribs and her pain level was 8.7. R #46's pain was not assessed again for over 5 hours.8. 04/25/26 at 11:09 PM: staff documented hydrocodone-acetaminophen 5-325 mg was ineffective, but staff did not her pain level or give her any other pain medication. 9. Resident's pain was not assessed again, and resident was not given pain medication for over 11 hours. 10. 04/26/26 at 10:29 AM: hydrocodone-acetaminophen 5-325 mg given but staff did not document her pain level. 11. 04/26/26 at 11:37 AM: staff documented hydrocodone-acetaminophen 5-325 mg was effective but did not document her pain level. 12. 04/27/26 at 1:45 AM: acetaminophen 650 mg given for rib pain, but staff did not document her pain level.13. R #46's pain level was not assessed again for over 4 hours. 14. 04/27/26 at 6:39 AM: staff documented acetaminophen 650 mg was effective but did not document her pain level. 15. R #46's pain level was not assessed again for over 7 hours. 16. 04/27/26 at 1:58 PM: hydrocodone-acetaminophen 5-325 mg given but staff did not document her pain level. 17. 04/27/26 at 5:20 PM: staff documented hydrocodone-acetaminophen 5-325 mg was effective but did not document her pain level. 18. 04/27/26 at 6:39 PM: hydrocodone-acetaminophen 5-325 mg given, staff documented resident was having pain to her ribs and her pain level was 10.19. 04/27/26 at 8:34 PM: staff documented hydrocodone-acetaminophen 5-325 mg was effective but did not document her pain level.20. 04/28/26 at 1:25 AM: hydrocodone-acetaminophen 5-325 mg given, staff documented resident was having pain to her ribs and her pain level was 6.21. 04/28/26 at 5:39 AM: staff documented hydrocodone-acetaminophen 5-325 mg was effective but did not document her pain level.22. 04/28/26 at 7:03 AM: hydrocodone-acetaminophen 5-325 mg given, staff documented resident was having pain to her ribs and pain was radiating to her back, her pain level was 5.23. 04/28/26 at 9:45 AM: staff documented hydrocodone-acetaminophen 5-325 mg was effective but did not document her pain level.24. 04/28/26 at 11:06 AM: hydrocodone-acetaminophen 5-325 mg given but staff did not document her pain level. 25. 04/28/26 at 12:58 PM: staff documented hydrocodone-acetaminophen 5-325 mg was effective but did not document her pain level.26. 04/28/26 at 4:11 PM: hydrocodone-acetaminophen 5-325 mg given, staff documented resident was having pain (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 05/06/2026
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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	to her ribs and her pain level was 8.27. 04/28/26 at 5:01 PM: staff documented hydrocodone-acetaminophen 5-325 mg was effective but did not document her pain level.28. R #46's pain level was not assessed again for over 9 hours. 29. 04/29/26 at 1:54 AM: hydrocodone-acetaminophen 5-325 mg given, staff documented resident was having pain to her ribs and her pain level was 6.30. 04/29/26 at 4:31 AM: staff documented hydrocodone-acetaminophen 5-325 mg was effective but did not document her pain level. L. On 05/05/26 at 3:50 PM, during an interview, the DON confirmed that staff did not assess and document R #20's and R #46's pain level and the numerical pain level should be documented to determine if residents' pain is adequately managed.		

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 05/06/2026
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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. Based on interview and record review, the facility failed to ensure ongoing communication and collaboration with the dialysis (clinical purification of blood as substitute for normal kidney functioning) center for 1 (R #59) of 1 (R #59) residents reviewed for dialysis, when staff failed to: 1. Obtain orders for dialysis treatment. 2. Monitor R #59 for complications before and after dialysis treatments. 3. Provide ongoing communication, coordination, and collaboration between the facility and dialysis staff. If the facility is unaware of the status, condition or complications that arise during dialysis treatment, then residents are likely to not receive the appropriate monitoring and care they need. The findings are: A. Record review of R #59's admission Record, no date, revealed an admission date of 04/26/26 with a diagnosis of end stage renal disease (the final, permanent stage of kidney failure where kidney function declines to below 10-15%, making it impossible for the body to filter waste and fluid). B. On 04/29/26 at 10:52 AM, during an interview with R #59, he stated he was leaving for a dialysis appointment. C. Record review of R #59's physicians orders, no date, revealed there was no order for R #59's dialysis. D. Record review of R #59's dialysis communication sheet revealed the following: 1. On 04/27/26 the facility completed pre-dialysis information, and the dialysis center completed dialysis information. The form did not include any post dialysis information, monitoring, or assessments. 2. On 04/29/26 the facility did not complete dialysis communication sheet. 3. On 05/01/26 the facility did not complete dialysis communication sheet. 4. On 05/04/26 the facility did not complete dialysis communication sheet. E. Record review of R #59's medical record, no date, revealed staff did not document the communication process with the dialysis provider that included the following: 1. How communication will occur. 2. Who is responsible for communicating. 3. Where the communication and responses will be documented in the medical record. F. On 05/04/26 at 12:36 PM, during an interview, the DON confirmed there was not an order for R #59's dialysis. The DON confirmed the post dialysis communication on 04/29/26 was not completed. There was no other documentation of dialysis communication completed. The DON confirmed that staff did not document in R #59's medical record communication, coordination, or collaboration between the facility and dialysis provider.		

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 05/06/2026
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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, and interview, the facility failed to ensure drug records were in order and account of all controlled drugs for 1 (R #54) of 1 (R #54) residents randomly reviewed for medication storage, when staff failed to document dispensed narcotics. This deficient practice could likely result in an inaccurate accounting of resident narcotics. The findings are: A. Record review of R #54's admission Record, no date, R #54 was admitted to the facility on [DATE]. B. Record review of R #54's physician's order, dated 04/22/26, revealed an order for oxycodone (used to treat moderate to severe pain) 5 mg, give one tablet every 4 hours. C. On 05/04/26 at 2:32 PM, during an observation, R #54 control substance log for oxycodone 5 mg, showed staff documented that there should be 50 capsules. Observation of the medication card revealed there were only 48 capsules. D. On 05/04/26 at 2:32 PM, during an interview, LPN #8 stated that she had given R #54 two doses of oxycodone 5 mg before her appointment at 1:06 PM. LPN #8 stated she got busy and did not document that she had given R #54 the medication. E. On 05/04/26 at 2:43 PM, during an interview, the DON stated that the controlled substance log should be updated and current at the time narcotics are dispensed.		

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 05/06/2026
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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. Based on record review and interview, the facility failed to ensure staff implemented comprehensive antibiotic stewardship practices (a set of commitments and actions designed to optimize the treatment of infections while reducing the adverse events associated with antibiotic use) for 1(R #15) of 1 (R #15) resident's reviewed for antibiotic use when they failed to provide an end date for R #15's antibiotics. This deficient practice could likely result in the inappropriate use of antibiotics that can lead to antibiotic resistance (significant risk associated with long-term antibiotic use when bacteria change to resist antibiotics that used to effectively treat them) and multi-drug resistant organisms (pathogens, primarily bacteria, that have developed resistance to multiple antibiotics, making them less susceptible to standard treatments) The findings are: A. Record review of R #15's physician's orders revealed the following:1. an order dated 04/14/26 for amoxicillin 500 mg by mouth three times daily for tooth infection. The order was end-date was entered as indefinite (no date to stop taking medication). 2. The order for amoxicillin 500 mg was discontinued on 04/30/26. B. Record review of R #15's Medication Administration Record (MAR) dated April 2026 revealed R #15 was given amoxicillin from April 14th through April 30th. C. Record review of R #15's progress notes for April 2026, revealed no documentation determining the need for R #15 to be on amoxicillin indefinitely. D. On 05/05/26 at 3:38 PM, during an interview with the DON and Regional Clinical Nurse (RCN) the following was confirmed:1. R #15's amoxicillin was given longer than the typical standard order of 7-10 days.2. R #15's amoxicillin should have been entered with an end date.3. Staff usually run a report for new antibiotic orders, when reviewed staff should have determined that R #15's amoxicillin order required an end date.		