STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325127	A. Building B. Wing	07/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Suites Rio Vista	2410 19th Street, SE Rio Rancho, NM 87124

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 - Few	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** 39509 Based on record review and interview, the facility failed to ensure that medical records were complete and accurate for 1 (R #1) of 1 (R #1) resident reviewed. This deficient practice will likely result in staff not knowing residents' daily care events, changes, and needs. The findings are: A. Record review of R #1's face sheet dated 07/05/24 revealed R #1 was admitted to the facility on [DATE] with multiple diagnoses including but not limited to: -Diabetes (a chronic disease in which the body fails to process blood sugars) Type 2 -Spinal Stenosis (Deterioration of the backbones and spinal discs) Cervical (neck) region -Spinal Stenosis Lumbar (lower back) region -Flaccid (not firm) Neuropathic (nerve) Bladder (condition of the bladder due to nerve damage) -Retention (holding or having difficulty passing) of Urine -Repeated Falls -R #1 was discharged from the facility on 06/10/24. B. Record review of R #1's physician orders revealed the following: 06/07/24 A physician ordered to admit R #1 to the facility for Skilled Care Services (a level of care which indicated a need for additional care and monitoring) due to Severe Cervical Stenosis. C. Record review of daily care nursing notes indicate the following: - On 06/06/24: no notation of R #1's admission, condition upon admission, R #1 needs at the time of admission or any notation of skilled care provided to R #1. - On 06/07/24: no notation of R #1's admission, condition upon admission, R #1 needs at the time of admission or any notation of skilled care provided to R #1. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- On 06/08/24: no notation of R #1's admission, condition upon admission, R #1 needs at the time of admission or any notation of skilled care provided to R #1. -On 06/09/24: a notation of R #1's need for assistance with ADL's (Activities of Daily Living) (those activities that are necessary for any persons health and welfare such as eating, voiding, moving, dressing) and pain issues. A Comprehensive Skilled Assessment was also completed by the day shift nurse. - On 06/10/24: a notation by nurse that R #1 was drowsy and sleepy, and slow to respond. Her blood sugar was measured as 68 (normal blood sugar measurement is 80 to 130). R #1 was given medication to increase blood sugar with mild improvement. - On 06/10/24: A notation by nurse practitioner that R #1's status was declining and she was given medication to increase blood sugar with mild improvement. Per note, R #1 was transferred from the facility to the hospital emergency room for evaluation. D. On 07/10/24 at 10:00 am during interview with Director of Nursing (DON), she reviewed R #1's medical record, including daily notes and physician orders. DON noted that, per orders, R #1 was admitted to receive skilled care, which was to include close and frequent monitoring of her condition and changes in her condition. DON stated that R #1's medical record was lacking in daily notation and that the record should have been more complete and thorough. DON stated that R #1's daily notes were inadequate to describe R #1's daily status, care, and progress. DON also confirmed that R #1's medical record failed to provide daily skilled care notes, failed to provide a clear understanding of her daily care, daily pain needs and notation of a change of condition on the date of her transfer to the hospital.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39509 Past non-compliance Based on interview, record review, and observation, the facility failed to ensure patient care equipment was in safe operating condition for 1 (R #2) of 1 (R #2) resident reviewed. This deficient practice likely resulted in the collapsing of the shower gurney (a special bed made to be used in a shower) while R #2 was on the gurney and being transferred from his room to the shower room. If the facility does not ensure that residents' equipment is safe and operating, then residents are at risk of injury. The findings are: A. Record review of R #2's face sheet revealed R #2 was admitted to the facility on [DATE] with multiple diagnoses including: -Quadriplegia (limited use of all limbs) -Traumatic Brain Injury (injury of the brain causing significant brain damage) B. On 07/09/24 at 4:00 pm during interview with Licensed Practical Nurse (LPN) #1, she stated that on 07/09/24 during the early afternoon, R #2 had fallen. She stated R #2 was being assisted to the shower by his assigned CNA (Certified Nurses Aide) when the shower gurney the resident was being transferred in collapsed. R #2 fell to the floor. LPN #1 stated R #2 was checked for injuries and was sent to hospital for further evaluation. C. On 07/09/24 at 4:15 pm during an interview with CNA #1, she stated that she assisted R #2 to transfer from his bed to a facility shower gurney. CNA #1 then pushed R#2 on the gurney from his room into the shower room. She stated that R #2 is quadriplegic and required total assistance when moving to the shower. CNA #1 stated that while she was pushing the shower gurney into the shower room, a pin that supports the head of the gurney was missing, and the head fell down that caused R #2 to slip from the shower gurney to the ground. D. On 07/09/24 at 4:15 pm during observation of the shower gurney, CNA #1 demonstrated that the shower gurney was made of heavy tubes assembled to a bed. The shower gurney had a heavy, thick foam mattress that sat on the gurney. The head of the shower gurney could be released by taking out a pin, which caused the head to fall towards the floor. CNA #1 stated the pin was missing and had been lost at the time of the accident on 07/09/24, but the bed had since been repaired. E. On 07/10/24 at 9:20 am, during interview with R #2, he recalled the incident of his fall and stated he was being transferred from his room to the shower. He stated he was assisted to the shower gurney, and as he entered the shower area, the head of the bed suddenly fell . He said he remained on the cushion and slipped onto the floor, nearly hitting his head. He stated he was not hurt during the fall and that the cushion protected him from being hurt, but that he was quite frightened by the event. (continued on next page)

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	F. On 07/10/24 at 10:00 am during interview with Assistant Director of Nursing (ADON), she acknowledged that the fall had occurred due to a failure of the shower equipment. That the equipment had since been repaired and was now in working order. She also stated that all staff had been educated to be sure to check the shower gurney before placing residents on the gurney to be sure that all parts are in place and secured. ADON also confirmed that she had been going around a monitoring the equipment to ensure that it was in safe and working order. G. On 07/10/24 at 10:30 am during interview with Administrator (ADM), he confirmed that the shower gurney had collapsed which caused R #2 to fall to the ground with no injuries. He stated the gurney had since been repaired and staff educated. He stated other equipment in the building had also been checked and all equipment repaired as needed and all staff had been educated regarding care and maintenance of all facility equipment. H. Record review and staff interview confirmed that a re-education was being conducted with all staff starting 07/09/24 and as staff were coming onto shift related to the safety of equipment including the shower gurneys.