

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/19/2026
NAME OF PROVIDER OR SUPPLIER  The Suites Rio Vista		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>Based on interview and record review, the facility failed to ensure residents were free from physical abuse for 1 (R #1) of 3 (R #1, #2 and #3) residents reviewed for abuse, when facility staff intentionally struck R #1 with a pillow and a blanket while providing personal care. If the facility fails to provide an environment free from abuse, then residents are at risk for physical injury and psychological harm. The findings are: ? A. Record review of R #1's face sheet revealed an admission date of 01/11/21. B. Record review of R #1's Annual Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff), dated 08/12/25, revealed a Brief Interview for Mental Status (BIMS; a screening for cognitive impairment) score of 11, moderate impairment. C. Record review of the facility's investigative report, dated 05/18/25, revealed the following: R #1 resided long term in the facility. R #1 filed a Grievance Report on 05/17/25, which stated the Certified Nursing Aide (CNA) who provided direct care for her, slapped her with her little pillow and then with a flowered blanket on 05/14/25. Facility investigated the incident and substantiated the abuse occurred. D. On 02/18/26 at 3:42 pm during an interview, R #1 stated she remembered the incident that occurred in May 2025, when a CNA was rude and abusive towards her. She stated the CNA was in her room providing care, and the CNA hit her with her pillow and blanket. R #1 stated she told the CNA to stop hitting her with the pillow, but the CNA grabbed the blanket and began hitting her with it as well. R #1 stated the CNA also struck personal items hanging on her wall with the blanket and tried to knock her personal belongings off the wall. R #1 confirmed she felt upset over the incident and filed a grievance report with the facility. E. On 02/18/26 at 12:09 pm during an interview, the Director of Nursing (DON) stated she was not employed with the facility at the time of this incident, but she was aware of R #1's grievance dated 05/17/25. The DON stated she reviewed the record of the incident, and the CNA was identified as an agency CNA. The DON stated the agency CNA was removed from the schedule during the investigation and eventually terminated from the facility. The DON stated R #1 was assessed on 05/14/25 and again on 05/21/25, without injuries noted. The DON stated the CNA should not have struck R #1 with her pillow and blanket. F. On 02/19/26 at 12:09 pm during an interview, the Administrator stated R #1 filed a grievance report on 05/17/25 stating the abuse incident occurred on 05/14/25 or 05/15/25. The Administrator stated R #1 did not have cognitive deficits and was a very good self-advocate. The Administrator stated the CNA involved in the incident was taken off the schedule and terminated after the facility's investigation. The Administrator stated there were not any witnesses to the incident; however, he believed R #1 was cognitively intact and did not have a reason to file the report if it did not occur. The Administrator stated he followed up with R #1 after the incident, and R #1 did not have any apparent injuries or distress from the incident. The Administrator stated the CNA should not have struck R #1 with a pillow and blanket.</p>		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 325127
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