

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/03/2025
NAME OF PROVIDER OR SUPPLIER  The Neighborhood IN Rio Rancho		STREET ADDRESS, CITY, STATE, ZIP CODE  900 Loma Colorado Blvd NE 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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50207</b></p> <p>Based on record review and interview, the facility failed to prevent an accident for 1 (R #1) of 1 (R #1) residents reviewed for falls when the facility failed to ensure proper use of mechanical lift (a device designed to help staff move a resident from one place to another within a room or from one position to another) which resulted in R #1 falling and sustaining injuries that required treatment at the hospital. The findings are:</p> <p>A. Record review of R #1's face sheet revealed R #1 was admitted to the facility on [DATE] with multiple diagnoses including:</p> <ol style="list-style-type: none"> <li>1. Acute kidney failure,</li> <li>2. Inclusion body myositis (a progressive muscle disease that causes muscle inflammation, weakness, and atrophy),</li> <li>3. Permanent atrial fibrillation (abnormal heartbeat despite previous attempts to restore normal heart rhythm),</li> <li>4. Muscle weakness, generalized.</li> <li>5. Other reduced mobility.</li> </ol> <p>B. Record review of R #1's quarterly Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff) dated 10/18/24, revealed the following:</p> <ol style="list-style-type: none"> <li>1. A Brief Interview for Mental Status (BIMS; a screening for cognitive impairment) score of 15, cognitively intact.</li> <li>2. R #1 was dependent and required the assistance of two or more staff to complete transfer activities.</li> </ol> <p>C. Record review of R #1's Change of Condition Note, dated 10/23/24, revealed the resident was transferred to the emergency room by Emergency Medical Services (EMS) for an evaluation related to a fall from a Hoyer sling.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>D. Record review of the facility's Initial Incident Report, dated 10/23/24, revealed staff used a Hoyer lift to transfer R #1, and the hoyer sling broke which caused R #1 to fall.</p> <p>E. Record review of R #1's Post Fall Evaluation, dated 10/25/24, revealed the following:</p> <ol style="list-style-type: none"> <li>1. On 10/23/24 at 7:50 am, R #1 had a witnessed fall in his room while being transferred by staff.</li> <li>2. R #1 suffered a skin tear and bruising from the fall.</li> </ol> <p>F. Record review of the facility's Follow-Up Report, dated 10/24/24, revealed the conclusion that the Certified Nurses Aides (CNAs) should have used two staff members while using the Hoyer lift to transfer R #1. Staff also documented there was some negligence (failure to take proper care in doing something).</p> <p>G. On 01/02/25 at 2:15 pm during an interview with R #1, he stated he remembered falling from the Hoyer sling, and he was glad he wasn't really hurt.</p> <p>H. On 01/03/25 at 11:45 am during an interview with the Administrator (ADM), she stated she was the only staff member that would remember the incident. She stated the Hoyer sling was not visibly worn at the time of the incident, but there was only one CNA operating the lift when R #1 fell on [DATE]. The ADM stated there should always be two staff members operating the mechanical lift.</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep all essential equipment working safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50207</p> <p>Based on record review and interview, the facility failed to ensure patient care equipment was in safe operating condition for 1 (R #1) of 1 (R #1) residents reviewed. This deficient practice likely resulted in a Hoyer sling (a specialized fabric that connects onto the mechanical lift and supports a person's weight when transferring from one position to another using a mechanical lift) breaking and causing R #1 to fall and sustain injuries. The findings are:</p> <p>A. Record review of R #1's face sheet revealed R #1 was admitted to the facility on [DATE] with multiple diagnoses including:</p> <ol style="list-style-type: none"> <li>1. Acute kidney failure,</li> <li>2. Inclusion body myositis (a progressive muscle disease that causes muscle inflammation, weakness, and atrophy),</li> <li>3. Permanent atrial fibrillation (abnormal heartbeat despite previous attempts to restore normal heart rhythm),</li> <li>4. Muscle weakness, generalized.</li> <li>5. Other reduced mobility.</li> </ol> <p>B. Record review of R #1's quarterly Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff), dated 10/18/24, revealed the following:</p> <ol style="list-style-type: none"> <li>1. A Brief Interview for Mental Status (BIMS; a screening for cognitive impairment) score of 15, cognitively intact.</li> <li>2. R #1 was dependent and required the assistance of two or more staff to complete transfer activities.</li> </ol> <p>C. Record review of R #1's Change of Condition Note, dated 10/23/24, revealed the resident was transferred to the emergency room by Emergency Medical Services (EMS) for an evaluation related to a fall from a Hoyer sling.</p> <p>D. Record review of the facility's Initial Incident Report, dated 10/23/24, revealed staff used a Hoyer lift to transfer R #1, and the Hoyer sling broke which caused R #1 to fall.</p> <p>E. Record review of the facility's policy and procedure for Patient Care-Related Electrical Equipment, revised October 2024, revealed the Maintenance Manager was to develop a maintenance schedule based on manufacturer and regulatory requirements, as well as, perform regular inspections and testing.</p> <p>(continued on next page)</p>		

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F 0908  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	F. On 01/03/25 at 11:45 am during an interview with the Administrator (ADM), she stated the Hoyer sling was not visibly worn at the time of the incident on 10/23/24. She confirmed that the Hoyer sling did break which caused R #1's fall on 10/23/24. The Administrator confirmed that Maintenance staff was suppose to be checking the condition of equipment but was not able to indicate when the hoyers were last checked prior to this incident.		