STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325130	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Neighborhood IN Rio Rancho	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)
F 0571 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Limit the charges against residents' personal funds for items or services for which payment is made under Medicare or Medicaid. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50207 Based on interview and record review, the facility failed to ensure that they did not impose a charge against the personal funds for items or services already being billed for (R #1 and R #3) of 3 (R #1, R #3 and R #4) residents reviewed when staff billed the residents instead of billing the hospice agency for supplies and medications. This deficient practice is likely to cause undue financial strain for the residents. The findings are: A. Record review of R #1's Admission Record revealed R #1 was admitted to the facility on [DATE]. B. Record review of R #1's medical orders revealed an order dated 10/08/23 to admit R #1 to hospice effective 10/08/23. C. Record review of R #1's billing statements from the facility revealed the following: 1. A charge dated 06/01/24 for an oxygen concentrator (a medical device that delivers concentrated oxygen to a person via cannula (a medical device/plastic tube that delivers oxygen to a person through their nostrils) for $75.00, 2. A charge dated 07/01/24 for an oxygen concentrator for $75.00, 3. Charges dated 07/28/24 for a cannula for $1.25 and a humidifier for $4.73, 4. A charge dated 08/05/24 for a cannula for $1.25, 5. A charge dated 08/11/24 for a cannula for $1.25, 6. A charge dated 08/18/24 for a cannula for $1.25, 7. A charge dated 09/01/24 for an oxygen concentrator for $75.00, 8. A charge dated 10/01/24 for an oxygen concentrator for $75.00, 9. A charge dated 12/01/24 for an oxygen concentrator for $75.00, 10. Charges dated 12/31/24 for three medications for a total amount of $19.56. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325130	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Neighborhood IN Rio Rancho	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)
F 0571 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	D. On 03/19/25 at 1:22 pm, during an interview with [NAME] Specialist (BS), she confirmed she billed R #1 for the oxygen concentrator, canula and medications. She further stated she was waiting for a list of items that are covered by hospice. E. On 03/18/25 at 4:25 pm, during an interview with the Hospice Agency Clinical Services Director (HACSD), she confirmed hospice does cover oxygen concentrators, cannulas, humidifiers, and the medications that were charged to R #1 was because these items were relate to R #1's terminal diagnosis. R #3 F. Record review of R #3's Admission Record revealed R #3 was admitted to the facility on [DATE]. G. Record review of the hospice agency's admission form dated 10/22/24, revealed R #3 started hospice on 10/22/24. H. Record review of R #3's billing statements from the facility revealed the following: 1. A charge dated 12/08/24 for wipes for $9.61, 2. A charge dated 12/16/24 for adult briefs for $23.04, 3. A charge dated 12/22/24 for a medication of $0.54. I. On 03/19/25 at 1:22 pm, during an interview with [NAME] Specialist (BS), she confirmed she billed R #3 for wipes, adult briefs and medication. BS further stated she was waiting for a list of items that are covered by hospice.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325130	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Neighborhood IN Rio Rancho	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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50207 Based on record review and interview, the facility failed to notify the Power of Attorney (POA; legal authorization for a designated person to make decisions about another person's property, finances, and/or medical care) for 1 (R #1) of 3 (R #1, R #2, and R #5) residents when injuries or incidents occurred. If the facility is not notifying the resident's POA when the resident has an injuries or incident occur, then the POA is not able to make decisions related to treatment and advocate for the resident's care. The findings are: A. Record review of R #1's Admission Record revealed R #1 was admitted to the facility on [DATE], with the following diagnoses: 1. Chronic heart failure, 2. Anxiety (feelings of fear or apprehension) disorder due to known physiological condition, 3. Insomnia (disorder where a person has persistent difficulty falling asleep, staying asleep, or quality of sleep), unspecified, 4. Adjustment disorder (emotional or behavioral reaction to a stressful event or change in a person's lift) with depressed mood (feelings of sadness, loss of interest, and difficulty with thinking, memory, eating, and sleeping). B. Record review of R #1's quarterly Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff) dated 10/25/25 revealed a Brief Interview for Mental Status (BIMS; a screening for cognitive impairment) score of 00, severe impairment. C. On 03/18/25 at 10:33 am, during an interview with R #1's POA and daughter, she stated she went to the facility on [DATE] to visit R #1 when she noticed a bandage on R #1's wrist that went from her wrist to her elbow. She stated R #1 also had a bandaid on her face. R #1's POA stated that she was not informed of any new injuries, and she wanted to know the cause, so she asked the staff that were working that day, but nobody knew what happened. She said one staff member looked through the electronic medical record but could only tell her that a staff member documented that she bandaged R #1 on 01/31/25. R #1's POA stated the facility's communication used to be better, she said the staff at the facility would inform her of everything that happened, but since the new management company took over, things have gone downhill and she is not informed about anything anymore. D. Record review of R #1's electronic health record (EHR) revealed the following: 1. A Change of Condition form dated 01/31/25 that listed a skin wound or ulcer as the change of condition, but no cause of injury is stated. 2. A Total Body Skin assessment dated [DATE] revealed R #1 has two new wounds. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325130	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Neighborhood IN Rio Rancho	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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	E. On 03/19/25 at 3:00 pm, during an interview with the Director of Nursing (DON), she confirmed R #1's POA was not notified of the injuries that R #1 incurred on 01/31/25. The DON stated that the nurse on duty should notify POAs when residents are injured. 51616

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325130	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Neighborhood IN Rio Rancho	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)
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** 49827 Based on record review and interview, the facility failed to ensure the assessment was accurate for 1 (R #2) of 1 (R #2) resident reviewed. This deficient practice could likely result in the residents' preferences and care needs not being met accurately. The findings are: A. Record review of R #2's admission record revealed R #2 was originally admitted to the facility on [DATE] and readmitted on [DATE] after a hospital stay with the following diagnoses: 1. Hemiplegia (paralysis of the arm, leg, and trunk on the same side of the body) and Hemiparesis (weakness or paralysis on one side of the body) following cerbral (brain) infarction (condition where blood flow to the brain is interrupted, causing brain tissue damage) affecting left non-dominant side. 2. Atherosclerotic heart disease (a condition where the coronary arteries, which supply blood to the heart, become narrowed or blocked due to the buildup of plaque [fatty deposits]). 3. Altered mental status, unspecified. 4. Strange and inexplicable behavior. 5. Cardiac (heart) Arrythmia (irregular heartbeat). 6. Major depressive disorder (a mental health disorder characterized by persistently depressed mood or loss of interest in activities). 7. Vascular dementia (a type of cognitive decline caused by damage to the blood vessels in the brain), unspecified severity with other behavioral disturbances. B. Record review of local police report dated 12/15/24 revealed that staff heard a loud scream and entered R #2's room to observe R #2 going after another staff member. C. Record review of R #2's annual MDS assessment dated [DATE], section E0200 Behaviors, revealed R #2 had not exhibited any physical and verbal behavioral symptoms directed towards others. D. On 03/19/25 at 1:00 pm during an interview with Minimum Data Set (MDS) Coordinator, she confirmed that any alteration in behavior should have be brought to her attention. She confirmed that the Annual MDS for R #2 dated 12/19/24 should have contain information on behaviors and that the MDS was not accurate.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325130	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Neighborhood IN Rio Rancho	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)
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** 49827 Based on record review and interview, the facility failed to ensure staff revised the care plan for 3 (R #2, R #3 and R #5) of 4 (R #1, R #2, R #3, and R #5) residents reviewed when staff failed to update care plans to include hospice care or fall protocol . This deficient practice is likely to result in residents' care and needs not being addressed. The findings are: R #2 A. Record review of R #2's admission record revealed R #2 was originally admitted to the facility on [DATE], and readmitted on [DATE] after a hospital stay with the following diagnoses: 1. Hemiplegia (paralysis of the arm, leg, and trunk on the same side of the body) and Hemiparesis (weakness or paralysis on one side of the body) following cerbral (brain) infarction (condition where blood flow to the brain is interrupted, causing brain tissue damage) affecting left non-dominant side. 2. Atherosclerotic heart disease (condition where the coronary arteries, which supply blood to the heart, become narrowed or blocked due to the buildup of plaque [fatty deposits]). 3. Altered mental status, unspecified. 4. Strange and inexplicable behavior. 5. Cardiac (heart) Arrythmia (irregular heartbeat). B. Record review of R#2's facility Nursing progress note revealed the following: 1. dated 02/25/25, revealed R #2 had a fall with injuries. 2. Dated 03/03/25 revealed R #2 returned from hospital after fall resulting in right hip fracture and surgical repair. C. Record review of R #2's Care Plan dated 07/16/24 revealed .at risk for falls due to: Generalized Weakness. Care Plan did not include date of fall on 02/25/25 which resulted in hip fracture. There were no additional updates or interventions added. D. On 03/19/25 at 3:15 pm, during an interview with the Director of Nursing (DON), she confirmed R #2's care plan was not revised to include the fall R #2 had sustained that caused R #2 to break her hip or added new interventions for the 02/25/25 fall, she confirmed after R #2's fall the care plan should have been updated to include a fall protocol with interventions and prevention. R #3 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325130	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Neighborhood IN Rio Rancho	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	E. Record Review of R #3's admission record revealed R #3 was originally admitted to the facility on [DATE] and readmitted on [DATE] with the following diagnoses: 1. Atherosclerotic heart disease (condition where the coronary arteries, which supply blood to the heart, become narrowed or blocked due to the buildup of plaque [fatty deposits]). 2. Chronic atrial fibrillation (heart rhythm disorder where the upper chambers of the heartbeat irregularly and rapidly that last for more than a week). 3. Acute congestive heart failure (a sudden, life-threatening condition where the heart struggles to pump enough blood to meet the body's needs, leading to fluid buildup and symptoms like shortness of breath and swelling). 4. Chronic Kidney disease (a condition in which the kidneys gradually lose their ability to filter waste products from the blood). 5. Type 2 Diabetes Mellitus (a chronic condition characterized by high blood sugar levels due to the body's inability to use insulin effectively or produce enough insulin). 6. Benign prostatic Hyperplasia (a non-cancerous condition where the prostate gland grows larger than normal, potentially causing urinary problems) F. Record review of R #3's hospice admission order form (a form completed by a hospice nurse to identify diagnosis, activity, diet, allergies and medication orders) revealed resident was admitted to hospice on 10/22/24. G. Record review of R #3 significant change Minimum Data Set (MDS) assessment dated [DATE] revealed R #3 receives hospice in the facility. H. Record review of R #3's care plan dated 07/09/24 and revised on 01/02/25 revealed the care plan was not revised to reflect hospice care. I. On 03/19/25 at 12:59 pm during an interview with the Director of Nursing (DON), she confirmed the following: 1. R #3 is currently receiving hospice services 2. R #3's care plan was not updated prior to 01/02/25 to include hospice services which originally began on 10/22/24. 3. R #3's care plan revised on 01/02/05 does not meet her expectations for interventions regarding R #3's care for hospice needs. R #5 J. Record review of R #5's admission record revealed R #5 was admitted to the facility on [DATE] with the following diagnoses: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325130	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Neighborhood IN Rio Rancho	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	1. Alzheimer's disease, 2. Depression and anxiety disorders, 3. Generalized epilepsy and epileptic syndromes (seizure disorder), 4. Disorientation, unspecified, 5. Unspecified psychosis (mental disorder), not due to a substance or known condition. K. Record review of R #5's electronic health record (EHR) revealed a Long Term Care Form dated 02/20/25 completed by the hospice agency stated routine hospice care to start on 02/20/25. L. Record review of R #5's MDS assessment dated [DATE] revealed R #5 was receiving hospice care in the facility. M. Record review of R #5's care plan dated last revised on 07/19//24 did not identify that R #5 was receiving hospice services. N. On 03/19/25 at 3:00 pm, during an interview with the DON, she confirmed R #5's care plan did not contain any information regarding R #5 being on hospice. She stated her expectation is for all residents that are on hospice to have a comprehensive care plan that includes interventions for hospice. 50207

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325130	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Neighborhood IN Rio Rancho	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)
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49827 Based on interview and record review, the facility failed to ensure nursing staff were competent to provide nursing and related services. This deficient practice could affect all 53 residents in the facility (residents were identified by Resident Matrix provided by the Administrator on [DATE]). This deficient practice could likely result in CNA's (Certified Nurse Assistant) and RN's (registered nurses) working with residents without adequate knowledge to do so; likely resulting in injury or inappropriate care being provided to the residents. The findings are: A. Record review of the facility's Agency Use Policy (policy and procedures for using nursing staff who are contracted through a third-party agency) revised on ,d+[DATE], revealed the facility will ask the agency to fax to the facility the completed LN (Licensed Nurse) competency evaluation on each individual. In addition, the verification of licensure and/or certification and background check results for all agency staff must be given/faxed to the facility. The facility must provide the necessary orientation to enable the registry personnel to carry out their responsibilities. B. On [DATE] at 3:17 pm during an interview with Certified Nurse Aid (CNA) #3, he confirmed he is a contracted agency staff. He stated he did not receive any training's or orientation from the facility prior to working at the facility. C. On [DATE] at 3:41 pm during an interview with CNA #5, she confirmed she is a contracted agency staff. She stated she did not receive any trainings or orientation from the facility prior to working at the facility. D. On [DATE] at 12:30 pm during an interview with Registered Nurse (RN) #3, he confirmed he is a contracted agency nurse. RN #3 confirmed he was working his first shift since 6:30 am [[DATE]]. He reported that he did not have any training or orientation with the facility prior to starting his shift and was only given a brief tour when he arrived. RN #3 stated he was given a code to sign into a tablet, but did not have access to the residents' electronic health records until approximately 12:30 pm [[DATE]]. RN #3 confirmed he was working on the floor as the only nurse with a Certified Medication Aide (CMA) and he was dependent upon the CMA to access resident medical records for him due to not having access. E. On [DATE] at 1:00 pm during an interview with the administrator (ADM), she confirmed the facility does not complete any training or orientation for agency staff prior to working their first shift. The ADM stated the expectation is that the contracting agency completes all required verifications and trainings. The agency staff should arrive at the facility ready to work. The Administrator confirmed that she did not have any record of staff training or background checks for agency staff. F. On [DATE] at 2:25 pm during an interview with the scheduler and central supply (S/CS), she confirmed the facility does not provide any training or orientation to agency contracted staff. G. [DATE] at 2:23 pm during interview with Human Resources (HR), she confirmed that the facility did not have to keep records for agency staff. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325130	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Neighborhood IN Rio Rancho	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)
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Findings for R #2: H. Record review of R #2's admission record revealed R #2 was originally admitted to the facility on [DATE], and readmitted on [DATE] after a hospital stay with the following diagnoses: 1. Hemiplegia (paralysis of the arm, leg, and trunk on the same side of the body) and Hemiparesis (weakness or paralysis on one side of the body) following cerbral (brain) infarction (condition where blood flow to the brain is interrupted, causing brain tissue damage) affecting left non-dominant side. 2. Atherosclerotic heart disease (condition where the coronary arteries, which supply blood to the heart, become narrowed or blocked due to the buildup of plaque [fatty deposits]). 3. Altered mental status, unspecified. 4. Strange and inexplicable behavior. 5. Cardiac (heart) Arrythmia (irregular heartbeat). I. Record review of R #2's care plan dated [DATE] revealed R #2 was at risk for falls due to generalized weakness. Interventions include staff to assist as needed with transfers and ADLs (activities of daily living). J. Record review of Minimum Data Set (MDS) assessment dated [DATE], revealed that R #2 has upper and lower extremity impairment on one side. Assessment also indicated that R #2 needed substantial/maximal assistance (helper does more than half the effort) for upper body dressing and dependent (helper does all the effort) for lower body dressing. K. Record review of a written statement by CNA #6, acquired by facility during an investigation conducted on [DATE], revealed CNA #6 was not aware that R #2 had left-sided weakness and had told R #2 to put her arms in the sleeves of her shirt by herself. R #2 began to cry an stated that she couldn't [dress herself] and that's why she needed help. R #2 began to swing at the CNA. CNA #6 wrote in her statement that she didn't know the resident wasn't able to dress herself. L. Record review of the employee record for CNA #6 confirmed that she was agency staff. The record also identified that training for abuse, neglect and misappropriation had not been completed, dementia care assessment 1 was expired, enhanced barrier precautions training not started, long term care essential clinical assessment was not started, CNA acute care training was expired, psychiatric and mental health nursing was expired. Findings related to R #3: M. Record review of R #3's admission record revealed R #3 was originally admitted to the facility on [DATE] and readmitted on [DATE] with the following diagnoses: 1. Atherosclerotic heart disease (condition where the coronary arteries, which supply blood to the heart, become narrowed or blocked due to the buildup of plaque [fatty deposits]). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325130	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Neighborhood IN Rio Rancho	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)
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	2. Chronic atrial fibrillation (heart rhythm disorder where the upper chambers of the heartbeat irregularly and rapidly that last for more than a week). 3. Acute congestive heart failure (a sudden, life-threatening condition where the heart struggles to pump enough blood to meet the body's needs, leading to fluid buildup and symptoms like shortness of breath and swelling). 4. Chronic Kidney disease (a condition in which the kidneys gradually lose their ability to filter waste products from the blood). 5. Type 2 Diabetes Mellitus (a chronic condition characterized by high blood sugar levels due to the body's inability to use insulin effectively or produce enough insulin). 6. Benign prostatic Hyperplasia (a non-cancerous condition where the prostate gland grows larger than normal, potentially causing urinary problems) N. Record review of R #3's hospice admission order form (a form completed by a hospice nurse to identify diagnosis, activity, diet, allergies and medication orders) revealed resident was admitted to hospice on [DATE]. O. Record review of the nurse progress note dated [DATE], revealed Sent patient to hospital this morning, Was acting aggressive, confused and lethargic. He did slap one of the techs and refused a blood sugar and medication. Ambulance took patient to [Name of hospital]. Note was written by RN #1. P. On [DATE] at 2:59 pm during interview with the Administrator, she confirmed that the nurse that sent R #3 to the hospital was unaware that he was on hospice and he should not have been sent out. The Administrator confirmed that RN #1 was an agency nurse. 51616

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325130	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Neighborhood IN Rio Rancho	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)
F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50207 Based on record review and interview, the facility failed to ensure hospice services met professional standards for 2 (R #3 and R #5) of 3 (R #1, R #3, and R #5) residents reviewed for hospice services by: 1. Not having an order for hospice services for R #5 2. Not having a qualifying diagnosis for R #3. 3. Not having hospice plans of care for R #3 and R #5. 4. Not communicating with hospice regarding a change in condition for R #3. These deficient practices are likely to result in the resident not receiving the services that she needs. The findings are: R #3 A. Record review of R #3's admission record revealed R #3 was originally admitted to the facility on [DATE] and readmitted on [DATE] with the following diagnosis: 1. Atherosclerotic heart disease (condition where the coronary arteries, which supply blood to the heart, become narrowed or blocked due to the buildup of plaque [fatty deposits]). 2. Chronic atrial fibrillation (heart rhythm disorder where the upper chambers of the heartbeat irregularly and rapidly that last for more than a week). 3. Acute congestive heart failure (a sudden, life-threatening condition where the heart struggles to pump enough blood to meet the body's needs, leading to fluid buildup and symptoms like shortness of breath and swelling). 4. Chronic Kidney disease (a condition in which the kidneys gradually lose their ability to filter waste products from the blood). 5. Type 2 Diabetes Mellitus (a chronic condition characterized by high blood sugar levels due to the body's inability to use insulin effectively or produce enough insulin). 6. Benign prostatic Hyperplasia (a non-cancerous condition where the prostate gland grows larger than normal, potentially causing urinary problems) B. Record review of R #3's hospice admission order form (a form completed by a hospice nurse to identify diagnosis, activity, diet, allergies and medication orders), revealed: 1. R #3 was admitted to hospice on 10/22/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325130	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Neighborhood IN Rio Rancho	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)
F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. R #3 was admitted to hospice care with a diagnosis listed as unspecified illness. C. Record review of R #3's Electronic Health Record (EHR) revealed the hospice plan of care was not available. D. Record review of nurse progress notes dated 12/29/24 revealed registered nurse (RN) #1 sent R #3 to the emergency room (ER) for unusual behavior and that RN #1 was unaware R #3 was on hospice. E. On 03/18/25 at 11:07 am during an interview with R #3's family member, he confirmed RN #1 was not aware R #3 was on hospice and that the family member informed RN #1 of R #3's hospice care when he asked why hospice was not notified. F. On 03/18/25 at 12:38 pm during an interview with R #3's hospice nurse, she stated the facility did not notify the hospice agency about R #3 condition prior to transporting him to the hospital on 12/29/24 and was notified from the family member. G. Record review of R #3's Medical Record revealed R #3 returned to the facility on [DATE] with COVID as his hospice qualifying diagnoses. H. Record review of R #3 EHR revealed a diagnosis of COVID dated 12/23/24 and resolved on 02/10/25. I. Record review of the facility's End of life Guidelines revised 05/2023 revealed the following: 1 When hospice services are involved, the facility and hospice are jointly responsible for developing a coordinated plan of care (POC) for the residents that guides both providers and is based upon their assessments and the resident's needs and goals. The coordinated POC must identify which provider (hospice or facility) is responsible for various aspects of care. The facility is required to update its POC just as Hospices need to update their POC. 2. The hospice and the facility should have a process by which they can exchange information from their respective plans of care reviews, assessment updates, and patient and family conferences, when updating the plan of care (POC) and evaluating outcomes of care. 3 The facility's services must be consistent with the plan of care (POC) developed in coordination with the hospice. The facility continues responsibility for providing the residents' overall care and comfort. 4. The care plan incorporates the hospice philosophy of care. The care plan includes interventions and orders to manage pain and other uncomfortable symptoms. Procedures exist to ensure that the resident receives timely, pertinent nonpharmacologic and pharmacological interventions for optimal palliation. The hospice and facility need to collaborate to train facility staff in managing the residents' symptoms and utilizing any special equipment. 5. The facility should notify the hospice when the resident experiences a significant change in physical, mental, social, or emotional status, or needs to be transferred from the facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325130	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Neighborhood IN Rio Rancho	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)
F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	6. In order to ensure that each provider meets its responsibilities, it is essential the facility and hospice have a means to communicate how all needed services, professionals, medical supplies, Durable medical equipment (DME) drugs and biologicals will be made available to the resident 24 hours a day, seven days a week, including who may receive and/or write orders for care, in accordance with State/Federal requirements. J. Record review of R #3 hospice agreement 1. Section 3.1.2 Hospice shall assess the resident in accordance with hospice's criteria for admission to the hospice program and shall notify the resident and facility whether the resident meets such criteria. a. Exhibit E hospice criteria for admission is the terminal prognosis of six months or less if the disease follows its normal course. 2. Section 3.2.13 The facility shall immediately notify hospice when a significant change in a patients physical, mental, social or emotional status occurs, a life threatening condition has appeared, a need to transfer the patient from the facility arises, or the patient dies. 3. Section 3.31 Hospice and facility shall jointly develop and agree upon the patient's Plan of Care (POC). Hospice and facility each shall maintain a copy of each patients' POC in the respective clinical records maintained by each party. Hospice and facility shall designate a registered nurse responsible for coordinating the implementation of the POC for each patient. K. On 03/19/25 at 12:59 pm during an interview with the Director of Nursing (DON), she confirmed the following: 1. R #3 is currently receiving hospice services 2. R #3's current hospice admission order form dated 01/02/24, COVID diagnoses does not meet her expectations as a qualifying diagnosis for hospice care. 3. The facility does not have a record of R #3's hospice POC. 4. R #3's care plan was not updated prior to 01/02/25 to include hospice services which originally began on 10/22/24. 5. R #3's care plan revised on 01/02/05 does not meet her expectations for interventions regarding R #3's care for hospice needs. R #5 L. Record review of R #5's admission record revealed R #5 was admitted to the facility on [DATE] with the following diagnoses: 1. Alzheimer's disease, 2. Depression and anxiety disorders, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325130	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Neighborhood IN Rio Rancho	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)
F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. Generalized epilepsy and epileptic syndromes, (seizures-uncontrolled jerking and loss of consciousness) 4. Disorientation, unspecified, 5. Unspecified psychosis, not due to a substance or known condition. M. Record review of R #5's electronic health record (EHR) revealed a Long Term Care Form dated 02/20/25 completed by the hospice agency stated routine hospice care to start on 02/20/25. N. Record review of R #5's Electronic Health Record (EHR) revealed there was no hospice plan of care. O. Record review of R #5's current medical orders revealed there is no order for hospice services. P. On 03/19/25 at 3:00 pm, during an interview with the DON, she confirmed R #5's EHR did not contain any information regarding R #5 being on hospice. She stated that her expectation is for all residents that are on hospice to have an order for hospice, a pertinent diagnosis, a coordinated care plan, and it should be included in the agency's care plan and confirmed none of that is in place for R #5. 51616