

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325131	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER Spanish Trails Rehabilitation Suites		STREET ADDRESS, CITY, STATE, ZIP CODE 1610 Renaissance Blvd NE Albuquerque, NM 87107	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39509</p> <p>Based on observation, record review, and interview, the facility failed to ensure the rights of 1 (R #1) of 2 (R #1 and #2) residents when the facility administered medication to reduce the resident's sexual feelings and desires. This deficient practice could cause residents to feel repressed and unable to interact in intimate relations.</p> <p>The findings are:</p> <p>A. On 04/29/24 at 11:00 am through 3:00 pm, during observation, R #1 left his room, walked the hallway, interacted with other residents and staff, and participated in activities.</p> <p>B. Record review of R #1's face sheet, dated 04/29/24, revealed he was admitted to the facility on [DATE] with multiple diagnoses including:</p> <ul style="list-style-type: none"> - Vascular (related to blood vessels and blood flow) dementia (a chronic progressive decline in mental abilities), - Psychotic disturbance (a psychiatric condition that affects thought and behavior), - Mood disturbance (alteration of feelings), - Cognitive communication deficit (a breakdown in the link between thought and speech). <p>- R#1's face sheet also revealed the resident was his own responsible party.</p> <p>C. Record review of R #1's quarterly Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff), dated 01/20/24, revealed the following:</p> <ul style="list-style-type: none"> - Brief Interview for Mental Status (BIMS; a screening for cognitive impairment) revealed a score of 11, moderately impaired. - Mood assessment revealed a score of 1, minimal mood disturbance. <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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- The resident did not have any physical behaviors such as hitting, kicking, pushing during the look back period (the time period over which staff observe a resident to capture the resident's condition or status for the MDS assessment. Unless otherwise stated, the look back period is seven days, and only those occurrences during the look back period will be captured on the MDS.)</p> <p>- The resident had one incident of verbal behavior directed towards others, such as threatening, screaming, or cursing at others during the look back period.</p> <p>- The resident did not have any other behaviors directed towards others, such as public sexual acts, disrobing in public, pacing, hitting, or scratching during the look back period.</p> <p>D. Record review of R #1's daily care notes revealed staff documented the following:</p> <p>- On 03/17/24, staff found R #1 engaged in sexual activity with another male resident in the open doorway of resident's room. When the residents observed staff walking by, they disengaged. A certified nurses aide (CNA) assisted R #1 with his clothing, because he was unable to pull up his pants. R #1 walked away from the room and towards the nurses desk. Safety monitoring on-going and in effect, as advised.</p> <p>- On 03/18/24, R#1 appeared at baseline affect (common mood) and behavior. The resident was bright and engaging. The provider saw R #1. Safety monitoring: on-going and in effect, as indicated.</p> <p>E. Record review of R #1's therapy progress note, dated 03/19/24, revealed the psychologist documented R #1 had the capacity to consent to sexual activity. She noted, Residents of LTC (long term care) have a right of sexual expression. The psychologist did not recommend libido dampening medication for R#1.</p> <p>F. Record review of R #1's psychiatric progress note, dated 03/20/24, revealed the Nurse Practitioner (NP) evaluated R #1 and documented an urgent psychiatric medication management and assessment for R #1, with recent behaviors of engaging in oral sex with a male resident, related to concerns R #1 may not possess the decisional capacity with respect to engaging in sexual activities. Further review revealed the NP recommended to increase escitalopram to 10 milligrams (mg), because it may have beneficial effect of dampening the resident's libido.</p> <p>G. Record review of R#1's physician's orders revealed the following:</p> <p>- An order, start date 06/08/23, for escitalopram oxalate (an antidepressant medication), 5 mg. One tablet orally once a day 9:00 am. Diagnosis major depressive disorder, recurrent, severe, without psychotic features. End date 03/21/24.</p> <p>- An order, start date 03/21/24, for escitalopram oxalate, 5 mg. Two tablets (10 mg) orally once a day 9:00 am. Diagnosis major depressive disorder, recurrent, severe, without psychotic features.</p> <p>H. Record review of R #1's Medication Administration Record (MAR), dated March 2024, revealed the following:</p> <p>- Staff administered escitalopram 5 mg to R #1 daily from 03/01/24 through 03/21/24.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Staff administered escitalopram 10 mg daily from 03/22/24 through 03/30/24.</p> <p>J. Record review of R #1's MAR, dated April 2024, revealed staff administered escitalopram 10 mg daily 04/01/24 through 04/29/24.</p> <p>K. On 04/26/24 at 9:20 am during phone interview, CNA #1 stated she was assigned to the 400 unit on 03/17/24. She stated as she walked the hallway she saw R#1 standing in the doorway of R #2's room, and R #2 sat in his wheelchair. CNA #1 stated she observed R #2 performing oral sex on R #1. CNA #1 stated she approached the two men and asked politely that they go into the room and close the door, rather than engage in a sex act in the open doorway. CNA #1 stated R#1 turned away, and she assisted him to pull up his pants. CNA #1 stated R#2 returned to his room. She stated the engagement was consensual on both residents part, in her opinion. CNA #1 stated she and R #1 walked down the hallway together towards the nurses station. She stated, as they walked, R #1 made positive comments about his sexual contact with R #2. CNA #1 further stated she informed the unit nurse of her observations and interventions. CNA #1 also stated both residents carried on for the rest of the day as if nothing happened.</p> <p>L. On 04/29/24 at 10:30 am during phone interview with the NP, she described R #1 as childlike and immature. She stated R #1 would not be able to consent to a sexual encounter, in her opinion. She stated an increase in his anti-depressant medications would be beneficial in limiting his present and future sexual desires, thus limiting the possibility of a future sexual interaction.</p> <p>M. On 04/29/24 at 10:50 am during phone interview with the psychologist, she stated R #1 had dementia. She stated this condition did not limit him from granting consent and engaging in sexual activities. She stated she felt it was his right to be able to engage in sexual activities, provided the other party was also able to consent.</p> <p>N. On 04/30/24 at 9:30 am during interview with the facility's Medical Director (MD), he stated he met with R#1 a few days following the March sexual encounter. The MD stated R#1 was unable to recall the incident. The MD stated he felt R #1 could not be responsible for his actions and could not give consent to engage in a sexual act with another resident, because R #1 was unable to recall the encounter. The MD stated he reviewed R#1's medication regimen, he reviewed the recommendations of NP, and he considered current medical literature. He stated anti-depressants can have a side effect of reducing sexual drive. He stated he determined he would accept and implement NP's recommendation to increase in R#1's escitalopram to 10 mg to help manage the resident's sexual drive.</p> <p>O. On 04/29/24 at 11:30 am during interview with Assistant Director of Nursing (ADON), she stated she spoke with R #1 and R #2 on 03/17/24. She stated both residents indicated they understood their behaviors and felt safe.</p> <p>P. On 04/30/24 at 11:10 am during interview with Director of Nursing (DON), she stated there have been no other interactions between R #1 and R #2 since the incident on 03/17/24.</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39509</p> <p>Based on record review and interview, the facility provided an anti-depressant (a medication that treats the symptoms of depression and sadness) medication for 1 (R #1) of 2 (R #1 and #2) at an excessive dose and without adequate indications for its use. This deficient practice is likely to result in resident being overmedicated leading to greater risk of developing side effects such as drowsiness, weight gain, nausea, fatigue. The findings are:</p> <p>A. Record review of R #1's face sheet, dated 04/29/24, revealed he was admitted to the facility on [DATE] with multiple diagnoses including:</p> <ul style="list-style-type: none"> - Vascular (related to blood vessels and blood flow) dementia (a chronic progressive decline in mental abilities), - Psychotic disturbance (a psychiatric condition that affects thought and behavior), - Mood disturbance (alteration of feelings), - Cognitive communication deficit (a breakdown in the link between thought and speech). <p>B. Record review of R #1's quarterly Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff), dated 01/20/24, revealed the following:</p> <ul style="list-style-type: none"> - Brief Interview for Mental Status (BIMS; a screening for cognitive impairment) revealed a score of 11, moderately impaired. - Mood assessment revealed a score of 1, minimal mood disturbance. - The resident did not have any physical behaviors such as hitting, kicking, pushing during the look back period (the time period over which staff observe a resident to capture the resident's condition or status for the MDS assessment. Unless otherwise stated, the look back period is seven days, and only those occurrences during the look back period will be captured on the MDS.) - The resident had one incident of verbal behavior directed towards others, such as threatening, screaming, or cursing at others during the look back period. - The resident did not have any other behaviors directed towards others, such as public sexual acts, disrobing in public, pacing, hitting, or scratching during the look back period <p>C. Record review of R #1's daily care notes revealed staff documented the following:</p> <ul style="list-style-type: none"> - On 03/17/24, staff found R #1 engaged in sexual activity with another male resident in the open doorway of the resident's room. When the residents observed staff walking by, they disengaged. A certified nurses aide (CNA) assisted R#1 with his clothing, because he was unable to pull up his pants. R #1 walked away from the room and towards the nurses desk. Safety monitoring on-going and in effect, as advised. <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- On 03/18/24, R #1 appeared at baseline affect (common mood) and behavior. The resident was bright and engaging. The provider saw R #1. Safety monitoring on-going and in effect, as indicated.</p> <p>D. Record review of R #1's psychiatric progress note, dated 03/20/24, revealed the Nurse Practitioner (NP) evaluated R #1 and documented an urgent psychiatric medication management and assessment for R #1, with recent behaviors of engaging in oral sex with a male resident, related to concerns R#1 may not possess the decisional capacity with respect to engaging in sexual activities. Further review revealed the NP recommended to increase escitalopram to 10 milligrams (mg), because it may have beneficial effect of dampening the resident's libido. The progress note did not indicate any increase in R#1's level of depression.</p> <p>E. Record review of R #1's physician's orders revealed the following:</p> <p>- An order, start date 06/08/23, for escitalopram oxalate (an antidepressant medication), 5 milligrams (mg). One tablet orally once a day 9:00 am. End date 03/21/24. Diagnosis major depressive disorder, recurrent, severe, without psychotic features.</p> <p>- An order, start date 03/21/24, for escitalopram oxalate, 5 mg. Two tablets orally once a day 9:00 am. Diagnosis major depressive disorder, recurrent, severe, without psychotic features.</p> <p>F. Record review of R #1's Medication Administration Record (MAR), dated March 2024, revealed the following:</p> <p>- Staff administered escitalopram 5 mg to R #1 daily from 03/01/24 through 03/21/24.</p> <p>- Staff administered escitalopram 10 mg daily from 03/22/24 through 03/30/24.</p> <p>G. Record review of R #1's MAR, dated April 2024, revealed staff administered escitalopram 10 mg daily 04/01/24 through 04/29/24.</p> <p>H. On 04/29/24 at 10:30 am during phone interview with NP, she stated R #1 was childlike and immature, and in her opinion, R #1 would not be able to make an informed decision regarding any adult needs, including medical decisions. She stated she evaluated and assessed R #1, and she did not think he could consent to a sexual encounter. NP stated she did not feel R #1's BIMS was an accurate reflection of his ability to make decisions. She stated an increase in R #1's anti-depressant medications would be beneficial in limiting his present and future sexual desires, thus limiting the possibility of a future sexual interaction.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>I. On 04/30/24 at 9:30 am during interview with the facility's Medical Director (MD), he stated he reviewed R #1's medication regimen, he reviewed the recommendations of NP, and he considered current medical literature. He stated anti-depressants can have a side effect of reducing sexual drive. He stated he determined he would accept and implement NP#1's recommendation to increase R #1's escitalopram to 10 mg to help manage R #1's sexual drive. MD stated R #1's prescribed antidepressant was for depression and not for management of sexual behavior. He acknowledged R #1 did not have past history of sexual acting out. MD stated that based on his evaluation, R #1 was unable to form a decision to consent to a sexual interaction. MD also stated R #1 was unable to make an informed decision about any other care needs, including medical needs. MD stated R #1 was his own decision maker and he did not have a guardian (a person appointed to make important decisions on behalf of another) appointed to him.</p> <p>J. On 05/01/24 at 11:10 am, during an interview with Director of Nursing (DON), she stated R #1 was pleasant and interactive. She could not describe any change in the resident's recent behavior that indicated a change in his mental status. She did not believe he was any more depressed than he was on 03/17/24. The DON reviewed R #1's medical record and stated R#1 was his own decision maker.</p>		