

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325132	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/08/2024
NAME OF PROVIDER OR SUPPLIER Las Cruces Wellness & Rehabilitation LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 175 N Roadrunner Parkway Las Cruces, NM 88011	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47510</p> <p>Based on record review and interview, the facility failed to revise the care plan for 1 (R #11) of 4 (R #11, R #12, R #13, and R #14) resident reviewed for care plans when they failed to revise R #11's care plan to include refusals for offloading (minimizing or removing weight placed on an area to prevent and heal ulcers) and repositioning. This deficient practice could likely result in staff being unaware of changes in care provided, and residents not receiving the care related to changes in their health status or healthcare decisions. The findings are:</p> <p>A. Record review of R #11's medical record revealed the following:</p> <ol style="list-style-type: none"> 1. R #11 was admitted on [DATE]. 2. R #11 had a Stage III pressure ulcer [Full thickness tissue loss. Subcutaneous (under the skin) fat may be visible, but bone, tendon, or muscle are not exposed. Slough (the yellow/white material in the wound bed) may be present but does not obscure the depth of tissue loss] present on admission. <p>B. On 04/05/24 at 2:51 PM, during an interview, the Wound Care Nurse #11 (WCN) said R #11 did not like being repositioned. WCN #11 said R #11 would refuse to be repositioned. WCN #11 was not specific about when R #11 refused to be repositioned.</p> <p>C. On 04/05/24 at 2:57 PM, during an interview with CNA #11, she stated she would turn R #11 on her side. CNA #11 stated R #11 called to her shortly after being repositioned and wanted to be but back on her back. CNA #11 confirmed R #11 did not like to be repositioned and would often refuse.</p> <p>D. On 04/08/24 at 11:00 AM, during an interview with the WCN #12, she stated R #11 was not compliant with offloading.</p> <p>E. Record review of R #11's care plan, dated 11/01/23, revealed staff did not document the following:</p> <ol style="list-style-type: none"> 1. R #11's refusals for offloading and repositioning. 2. What staff should do when R #11 refuses. <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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>F. On 04/08/24 at 1:50 PM, during an interview, the DON stated R #11 was not compliant with offloading. The DON confirmed staff did not care plan R #11's refusals and noncompliance with offloading. The DON said R #11's refusals and noncompliance should be care planned.</p>