

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 03/18/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52223</p> <p>Based on record review and interview, the facility failed to implement the comprehensive care plan for 1 (R #25) of 3 (R #25, R #26, and R #27) residents reviewed for falls. This deficient practice could likely result in residents not receiving the care they need for safety, and result in residents being at risk of serious harm or injury when staff failed to identify and implement interventions to prevent R #25 from falling. The findings are:</p> <p>A. Record review of R #25's face sheet dated 12/31/2024, revealed R #25 was admitted to the facility on [DATE].</p> <p>B. Record review of R # 25's order summary report dated 12/31/24, revealed the following diagnoses:</p> <ol style="list-style-type: none"> 1. Alzheimer's Disease. 2. Blindness with right eye. 3. Unspecified hearing loss, unspecified ear. 4. Muscle weakness, generalized. 5 Difficulty walking. 6. Lack of coordination. 7. Need for assistance with personal care. <p>C. Record review of R #25 5-day MDS assessment dated [DATE], revealed the following functional abilities:</p> <ol style="list-style-type: none"> 1. Toileting hygiene: (the ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement). R #25 requires substantial/maximal assistance. (Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.) <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
---	-------	-----------

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 03/18/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Toilet transfer: The ability to get on and off a toilet or commode. R #25 requires substantial/maximal assistance.</p> <p>3. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. R #25 requires substantial/maximal assistance.</p> <p>D. Record review of R #25 care plan dated 01/01/25 revealed the following:</p> <p>1. R #25 is at risk for falls related to gait/balance and cognitive deficits. Review information on past falls and attempt to determine cause of falls. Record possible root causes. Alter remove any potential causes if possible .</p> <p>2. Care plan updated date 01/03/25, R #25 had an actual fall without injury . Continue interventions on the at-risk plan .</p> <p>3. Care plan updated date 01/04/25 R #25 had impaired cognitive function with impaired thought processes . Use task segmentation (breaking up the task) to support short term memory deficits.</p> <p>E. Record review of R #25's nursing progress notes dated 01/02/25 revealed the following:</p> <p>1. R # 25 has unsteady gait requiring supervision.</p> <p>2. R # 25 has impaired balance.</p> <p>3. R # 25 has weakness.</p> <p>4. R # 25 does not have a change in functional ability, and uses wheelchair, with staff assistance required when ambulating (walk; move about).</p> <p>F. On 03/18/25 at 9:45 AM, during an interview, the CNA #28 confirmed the following:</p> <p>1. CNA #28 assisted R #25 to the restroom just prior to R #25 being found on the floor (CNA #28 was not specific about the time or date).</p> <p>2. CNA #28 told R #25 that she was going to help another resident and advised R #25 to call for assistance when he was finished using the restroom, and left R #25 with call light to go answer another call light. CNA #28 returned after 5-6 minutes, and R #25 was on the floor of the restroom.</p> <p>3. CNA #28 stated she does not review resident care plan and receives report at the beginning of the shift and knows what to do.</p> <p>4. CNA #28 stated she does not have Kardex (is used to record important patient information).</p> <p>G. On 03/19/25 at 9:15 AM, during an interview, the DON stated the following:</p> <p>1. R #25 fell in the restroom on 01/03/25 and should have not been left alone on the toilet by staff.</p> <p>(continued on next page)</p>		

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 03/18/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Staff have access to see the care plan and that it populates in the Kardex.</p> <p>3. DON stated staff should follow care plans when working with residents.</p>

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 03/18/2025
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52223</p> <p>Based on record review, and interview, the facility failed to keep residents free from accidents for 1 (R #25) of 3 (R #25, R #26, and R #27) residents reviewed for falls, when staff left R #25 (a cognitively impaired resident who required assistance) unattended in the bathroom to help another resident.</p> <p>This deficient practice could likely result in residents being at risk of serious harm or injury. The findings are:</p> <p>A. Record review of R #25's face sheet dated 12/31/24, revealed R #25 was admitted to the facility on [DATE].</p> <p>B. Record review of R # 25's order summary report dated 12/31/24, revealed the following diagnoses:</p> <ol style="list-style-type: none"> 1. Alzheimer's Disease. 2. Blindness with right eye. 3. Unspecified hearing loss, unspecified ear. 4. Muscle weakness, generalized. 5 Difficulty walking. 6. Lack of coordination. 7. Need for assistance with personal care. <p>C. Record review of R #25 physicians orders revealed on 01/02/25, an order to have R #25's bed low bed and place mat when resident is in bed.</p> <p>D. Record review of R #25 5-day MDS assessment dated [DATE], revealed the following functional abilities:</p> <ol style="list-style-type: none"> 1. Toileting hygiene: (the ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement). R #25 requires substantial/maximal assistance. (Helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.) 2. Toilet transfer: The ability to get on and off a toilet or commode. R #25 requires substantial/maximal assistance. 3. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. R #25 requires substantial/maximal assistance. <p>(continued on next page)</p>		

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 03/18/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>E. Record review of R #25 care plan dated 01/01/25 revealed the following:</p> <ol style="list-style-type: none"> 1. R #25 is at risk for falls related to gait/balance and cognitive deficits. Review information on past falls and attempt to determine cause of falls. Record possible root causes. Alter remove any potential causes if possible . 2. Care plan updated date 01/03/25, R #25 had an actual fall without injury . Continue interventions on the at-risk plan . 3. Care plan updated date 01/04/25 R #25 had impaired cognitive function with impaired thought processes . Use task segmentation (breaking up the task) to support short term memory deficits. <p>F. Record review of R #25's nursing progress notes dated 01/02/25 revealed the following:</p> <ol style="list-style-type: none"> 1. R # 25 has unsteady gait requiring supervision. 2. R # 25 has impaired balance. 3. R # 25 has weakness. 4. R # 25 does not have a change in functional ability, and uses wheelchair, with staff assistance required when ambulating. <p>G. On 03/18/25 at 9:45 AM, during an interview, the CNA #28 confirmed the following:</p> <ol style="list-style-type: none"> 1. CNA #28 assisted R #25 to the restroom just prior to R #25 being found on the floor (CNA #28 was not specific about the time or date). 2. CNA #28 told R #25 that she was going to help another resident and advised R #25 to call for assistance when he was finished using the restroom, and left R #25 with call light to go answer another call light. CNA #28 returned after 5-6 minutes, and R #25 was on the floor of the restroom. 3. CNA #28 stated she does not review resident care plan and receives report at the beginning of the shift and knows what to do. 4. CNA #28 stated she does not have Kardex (is used to record important patient information). <p>H. On 03/19/25 at 9:15 AM, during an interview the DON confirmed the following:</p> <ol style="list-style-type: none"> 1. R # 25 BIMS (brief interview for mental status) score was 6 (BIMS score with lower scores indicating a decline in cognitive performance. 0-7 severe impairment) 2. CNA #28 should not have left R #25 alone on the toilet. 3. Staff have access to see the care plan and that it populates in the Kardex. 4. Staff should follow care plans when working with residents.

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 03/18/2025
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52223</p> <p>Based on record review and interview, the facility failed to ensure medical records were complete and accurate for 1 (R #25) of 3 (R #25, R #26, and R #27) residents reviewed for documentation accuracy. This deficient practice has the potential to have a negative impact on the care staff provide to meet residents' needs due to missing or inaccurate records and resident information. The findings are:</p> <p>A. Record review of R #25's face sheet dated 12/31/2024, revealed R #25 was admitted to the facility on [DATE].</p> <p>B. Record review of R # 25's order summary report dated 12/31/24, revealed the following diagnoses:</p> <ol style="list-style-type: none"> 1. Alzheimer's Disease. 2. Blindness with right eye. 3. Unspecified hearing loss, unspecified ear. 4. Muscle weakness, generalized. 5 Difficulty walking. 6. Lack of coordination. 7. Need for assistance with personal care. <p>C. Record review of R #25's Situation-Background-Assessment-Recommendation (SBAR) form dated 01/04/25 revealed the following:</p> <ol style="list-style-type: none"> 1. R #25 had a fall on 01/03/25. 2. The SBAR was not signed and complete. <p>D. Record review of R #25 care plan dated 01/03/25 revealed R #25 had an actual fall without injury . Continue interventions on the at-risk plan .</p> <p>E. Record review of R #25's progress notes revealed LPN #5 did not document R #25 fall in the progress notes.</p> <p>F. On 03/18/25 at 3:21 PM, during an interview LPN #5 confirmed that he was working with R #25 the night of his fall 01/03/25. LPN #5 confirmed that he did not document R #25's fall in the progress notes.</p> <p>(continued on next page)</p>		

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 03/18/2025
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>G. On 03/18/25 at 2:40 PM, during an interview the DON confirmed the following:</p> <ol style="list-style-type: none"> 1. Staff did not complete the SBAR note for R #25's fall. 2. Staff did not document a progress note after R #25's fall. 		