

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325214	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER Laguna Rainbow Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 240 Casa Blanca Road Casa Blanca, NM 87007	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on record review and interview, the facility failed to complete and document a timely and thorough investigation regarding allegations of abuse (knowingly causing physical or mental harm or failing to provide goods and services necessary to avoid physical or mental harm) for 1 (R #1) of 3 (R #1, #2, and #3) residents reviewed for abuse and neglect allegations when staff failed to complete and submit a thorough follow-up report for an incident involving R #1. If facilities do not submit follow-up reports, then the State Agency (SA) cannot assure the residents are safe and free of abuse. The findings are: A. Record review of R #1's face sheet revealed an admission date of 08/03/24 and included a diagnoses of dementia (a group of conditions characterized by impairment of at least two brain functions, such as memory loss and judgment) with behaviors. B. Record review of a Facility Reported Incident (FRI), dated 04/06/25, revealed R #1 alleged that she was attacked by a black man on the night shift, resulting in a thumb injury. The resident was unable to provide specific details of the event or the name of the staff member involved. C. Record review of the facility's Five Day Follow-Up Report (a report sent to the State Survey Agency which includes the results of the facility's investigation into alleged violations) revealed it was undated. The facility did not provide a confirmation from the State Agency to show the report was received by the State Agency. D. Record review of the State Agency's Five Day Follow-Up documents revealed the facility's Five Day Follow-up report was received by the State Agency on 06/12/25. E. On 08/07/25 at 3:39 pm during an interview, the Director of Nursing (DON) stated she sent in the five day follow up report to the State Agency on 04/07/25. The DON did not provide a confirmation from the State Agency to show the report was received by the State Agency.</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: 325214	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER Laguna Rainbow Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 240 Casa Blanca Road Casa Blanca, NM 87007	

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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>Based on record review and interviews, the facility failed to ensure nurse aides were competent to perform their assigned duties when the facility did not provide adequate orientation and training for new and existing employees. This deficient practice is likely to result in staff not receiving the necessary training to meet the care needs of residents. A. Record review of the facility's policies revealed the facility did not have a formal policy or process in place for the onboarding, orientation, and training of new and existing staff. B. Record review of staff training and competency records for Certified Nurse Aid (CNA) #1, CNA #3, and Registered Nurse (RN) #1 revealed facility was unable to provide the records. C. On 08/14/25 at 1:32 pm, during an interview, the Assistant Director of Nursing (ADON) stated he oversaw training for CNAs. He stated there was not any onboarding process for staff prior to July of this year. D. On 08/14/25 at 1:47 pm, during an interview, the Human Resources Director (HRD) stated she was employed with this facility for three weeks, and the facility did not have a formal onboarding process in place for nursing staff prior to her employment. The HRD stated she was responsible to oversee the facility staff, and she believed the Staffing Coordinator (SC) oversaw the agency staff. E. On 08/14/25 at 2:00 pm, during an interview, the SC stated the ADON was responsible to oversee staff training and competencies. She stated the facility did not have an onboarding process in place until July 2025; however, she contacted the appropriate agency to verify CNA and Nurse licensure. F. On 08/14/25 at 2:23 pm, during an interview, the Director of Nursing (DON) stated when she started working at the facility, they lacked established policies and procedures for onboarding staff as well as for verifying staff competencies. The DON stated the ADON was responsible for all training and competency verification, but the process was still in development. The DON stated a Performance Improvement Plan (PIP) was implemented for the ADON due to failure to complete these required duties. A new MDS (Minimum Data Set) staff member has been hired to address the backlog of staff training.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325214	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER Laguna Rainbow Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 240 Casa Blanca Road Casa Blanca, NM 87007	
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 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.</p> <p>Based on record review and interview, the facility failed to ensure that all staff received abuse, neglect, and exploitation training prior to providing direct resident care. This deficient practice has the potential to increase the risk for harm to residents due to a lack of knowledge and awareness regarding resident rights and the reporting of abuse. The findings are: A. Record review of staff training and competency records for Certified Nurse Aid (CNA) #1, CNA #3, and Registered Nurse (RN) #1 revealed there was no documentation in the above noted staff records regarding Abuse, Neglect and Exploitation Training. B. On 08/14/25 at 1:32 pm, during an interview, the Assistant Director of Nursing (ADON) stated he was responsible for trainings for Certified Nurse Aides (CNAs). He stated he has been employed with this facility since February 2025 and that prior to July of this year there was not an onboarding process. The ADON stated he verified nursing staff qualifications by checking to see if their license was current and getting them set up with the online training program. He stated it was not his responsibility to verify agency staff qualifications, and he thought it was Human Resources (HR) or the Staffing Coordinator (SC) who oversaw the agency staff. C. On 08/14/25 at 2:00 pm, during an interview, the SC stated the ADON was responsible to oversee staff training and competencies. She stated the facility did not have an onboarding process in place until July 2025; however, she contacted the appropriate agency to verify CNA and Nurse licensure. D. On 08/14/25 at 2:23 pm, during an interview, the Director of Nursing (DON) stated when she started working at the facility, they lacked established policies and procedures for onboarding staff as well as for verifying staff competencies. The DON stated the ADON was responsible for all training and competency verification, but the process was still in development. E. On 08/14/25 at 3:03 pm during an interview, Registered Nurse (RN) #1 stated she had not yet received Abuse, Neglect, and Exploitation training at this facility. RN #1 confirmed that today was her second day of employment, and she had been providing direct resident care. F. On 08/14/25 at 3:15 pm during an interview, Certified Nurse Aide (CNA) #1 stated she had not yet received abuse and neglect training at this facility. The CNA confirmed that she was on her second day of employment and had already been providing direct resident care. G. On 08/14/25 at 3:33 pm during an interview, the Administrator (ADM) stated she was hired a little over a month ago, and she was aware of the issues the facility had with training and competencies. She stated she expected staff to be current on their trainings and the facility was in the process of organizing records and creating and implementing a process for tracking staff trainings.</p>		