STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325214	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laguna Rainbow Nursing Center	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interviews, the facility failed to ensure food was stored, prepared, and served under sanitary conditions, when they failed to:Ensure staff served beverages to residents in a clean manner and without the staff members hands touching the rim of the cup.Ensure there are no expired cans in the kitchen. Ensure food and beverage items are stored appropriately and not left open to air. Ensure there is no accumulated residue on condiment containers in the kitchen. This deficient practice is likely to affect all 43 residents identified on the resident census list provided by the Administrator on 03/09/26. If food is not stored, prepared, and served under sanitary conditions, then residents are at an increased risk of contracting foodborne illness.The findings are:Beverage Service: A. On 03/09/26 at 12:33 pm, during an observation of dining service, Registered Nurse (RN) #1 was observed serving a drink to a resident with his bare hands touching the rim of the cup. At 12:35 pm, RN #1 was observed serving another resident a drink while using his bare hands to touch the rim of the cup. B. On 03/09/26 at 12:37 pm, during an interview, RN #1 stated he has been employed at the facility for six months and has not received any specific training related to dining service and distributing drinks to residents. RN #1 stated a cup should never be gripped from the top and should always be given to the resident by holding the side of the cup. C. On 03/11/26 at 2:04 pm, during an interview, the Food Service Director (FSD) stated it is her expectation those assisting residents with dining service do not touch the rim of the cup when serving. The FSD stated cups should be served to residents by holding the side of the cup, and not the top of the cup where residents drink from. The FSD also stated if cups are gripped from the top, it can present a risk for cross contamination and infection when a resident drinks from the cup. Kitchen: D. On 03/12/26 at 11:33 am, during a follow-up tour of the kitchen, the following was observed: Twenty-one, 12-ounce (oz) cans of Stokely's Golden Sweet Whole Kernel Corn with the expiration date of 12/28/2025 located in the dry storage. One, 6-pound (lb.) container of Bountiful Harvest frozen sliced strawberries was cracked with the strawberries left open to air located in the freezer. One, 1-gallon container of Shamrock Farms whole milk with an expiration date of 03/10/26 was unable to be sealed and located in the refrigerator. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	One, 1-gallon container of [NAME] Golden Italian dressing had large amounts of spilled dressing on the side of the container located in the refrigerator. One, 1-gallon container of Sweet Baby Ray's barbecue sauce had large amounts of spilled sauce on the side of the container located in the refrigerator. E. On 3/12/26 at 11:50 am, during an interview, the Dietary Manager (DM) stated frozen foods should be discarded after one year in the freezer and staff are expected to check the food expiration dates weekly. The DM also stated staff are required to discard expired food and serving expired food can cause residents to become sick. The DM confirmed the kitchen should not contain expired food or beverage items, food and beverages should be stored appropriately, and spilt liquids should be cleaned.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to ensure a resident's Level 1 Preadmission Screening and Resident Review (PASARR; a federal requirement to help ensure individuals with a mental disorder or intellectual disabilities are not inappropriately placed in nursing homes for long term care) was reviewed for accuracy and completion for 4 (R #2, R #5, R #8 and R #31) of 4 (R #2, R #5, R #8 and R #31) residents reviewed. If the facility fails to review PASARR screenings for accuracy and completion, then residents with serious mental illness or intellectual disability may receive inappropriate placement and care. The findings are: R #2: A. Record review of R #2's face sheet, revealed R #2 was initially admitted into the facility on [DATE] with a diagnosis of depression (a mood disorder that causes a persistent feeling of sadness and loss of interest). B. Record review of R #2'sˆMinimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff)ˆdated 01/15/26 revealed R #2 was diagnosed with depression. C. Record review of R #2's PASARR Level 1 Identification Screen, dated 07/29/24, revealed the following: Section C (Identification of Mental Illness Evaluation Criteria) revealed Question #1, regarding whether R #2 had a diagnosis or suspected mental illness, was marked No. Further review revealed R #2's diagnosis of depression was not accurately reflected on the PASARR dated 07/29/24. R #5: D. Record review of R #5's face sheet revealed R #5 was initially admitted into the facility on [DATE] with the following diagnosis: Depression. E. Record review of R #5's PASARR Level 1 Identification Screen, dated 01/10/26, revealed staff documented R #5 did not have a diagnosis or suspected mental illness. F. Record review of R #5's Minimum Data Set, dated [DATE], revealed the following: R #5 has a diagnosis of depression, R #5 receives an anti-depressant (medication to relieve the symptoms of depression). R #8: G. Record review of R #8's PASARR Level 1 Identification Screen, dated 02/05/26, revealed R #8 did not have a diagnosis or suspected mental illness. H. Record review of R #8's face sheet, revealed R #8 was admitted into the facility on [DATE] with the following diagnosis: (continued on next page)

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Depression I. Record review of R #8's Minimum Data Set, dated [DATE], revealed the following: R #8 has a diagnosis of depression, R #8 receives an antidepressant medication. R #31: J. Record review of R #31's PASARR Level 1 Identification Screen, dated 08/26/25, revealed R #31 did not have a diagnosis or suspected mental illness. K. Record review of R #31's face sheet revealed R #31 was admitted into the facility on [DATE] with the following diagnosis: Depression. L. Record review of R #31's Minimum Data Set, dated [DATE], revealed the following: R #31 has a diagnosis of depression, R #31 receives an antidepressant medication. M. On 03/12/26 at 2:55 pm, during an interview, the Administrator (ADM) confirmed R #2, R #5, R #8, and R #31 had diagnoses of depression. The ADM stated the facility failed to reflect these mental health diagnoses on the residents' PASARRs, despite the diagnoses requiring inclusion on the PASARRs. The ADM also stated R #2, R #5, R #8, and R #31 should have updated PASARRs to include the diagnosis of depression.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observations, record review, and interviews, the facility failed to properly secure and store medications located in the facility medication cart and medication storage room, when:The facility did not lock a medication cart (moveable equipment used for the storage, transport, and administration of medications) while staff were not present.The facility did not ensure the medication refrigerator temperatures were properly maintained within the appropriate temperature range (36 to 46 degrees Fahrenheit).If the facility fails to secure medication carts or properly store medications, residents may experience unauthorized access to medications and the risk of medications becoming unusable for administration, thereby not receiving the full therapeutic benefit of their medications.The findings are: Medication Cart:A. On 03/09/26 at 1:52 pm, during an observation of the facility medication carts located at the nurse's station, one medication cart was unlocked and left unattended. B. On 03/09/26 at 1:55 pm, during an interview, the Registered Nurse (RN) #1 stated medication carts should always be locked when unattended. He further stated if medication carts are left unlocked, residents and visitors may have access to medications, which could present a serious risk to their health if the medications are taken. C. On 03/11/26 at 2:19 pm, during an interview, the Director of Nursing (DON) stated it is her expectation medication carts are locked at all times while unattended. The DON stated if the medication carts are left unlocked, anyone has access to the medications, and there is always a risk of adverse effects depending on the medication the person would take. Medication Storage Room Refrigerator Temperature:D. Record review of the facility medication storage room's refrigerator temperature logs, dated 01/01/26 through 02/28/26, revealed the following:Dated 01/29/26, a temperature reading of 65 degrees Fahrenheit (F; a scale of temperature on which water freezes at 32 degrees and boils at 212 degrees under standard conditions).Dated 01/31/26, a temperature reading of 48 degrees F.Dated 02/01/26, a temperature reading of 48 degrees F. E. On 03/09/26 at 2:40 pm, during an observation of the medication room, the medication refrigerator temperature was observed to be 50 degrees F on the built-in refrigerator thermometer, and portable thermometer stored in the refrigerator. F. On 03/09/26 at 2:41 pm, during an interview, Certified Medication Aide (CMA) #1 stated the temperature of the refrigerator for medications should be around 42 degrees F, but not more than 46 degrees F. The CMA #1 confirmed both refrigerator thermometers indicated the refrigerator was 50 degrees F. He stated if medications are not stored at proper temperature, they can expire, become ineffective, and be unusable for administration to residents. G. On 03/11/26 at 2:19 pm, during an interview, the Director of Nursing (DON) stated it is her expectation the medication storage room refrigerator temperature should be within appropriate range, and the temperature should be documented on the log daily. The DON confirmed the appropriate medication refrigerator temperature should be 36 to 46 degrees Fahrenheit, and 50 degrees Fahrenheit was too warm. The DON stated if medications aren't stored at the correct temperature, they can become ineffective and unusable for residents.

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to ensure resident's medical records contained documentation regarding education, offering, or administration of the COVID-19 (an acute respiratory disease in humans characterized mainly by fever and cough and capable of progressing to severe symptoms and in some cases death, especially in older people and those with underlying health conditions) vaccination (treatment with a vaccine to produce immunity to a particular infections disease or pathogen) for 2 (R #4, and R #12) of 5 (R #4, R #6, R #12, R #18, and R #27) residents reviewed. This deficient practice is likely to result in residents not being provided information regarding opportunity for vaccination, and further result in increased risk of infection.The findings are:R #4: A. Record review of R #4's face sheet revealed R #4 was admitted into the facility on [DATE]. B. Record review of the facility COVID-19 consent and education documentation, provided by the facility on 03/11/26, revealed R #4 did not have a COVID-19 vaccination consent and education form completed, indicating R #4 was not offered a COVID-19 vaccination. R #12:C. Record review of R #12's face sheet revealed R #12 was admitted into the facility on [DATE]. D. Record review of the facility COVID-19 consent and education documentation, provided by the facility on 03/11/26, revealed R #12 did not have a COVID-19 vaccination consent and education form completed, indicating R #12 was not offered a COVID-19 vaccination. E. On 03/11/26 at 10:51 am, during an interview, the Infection Preventionist (IP) stated during the time of the COVID-19 vaccine administrations, R #4 and R #12's Power of Attorney (POA; legal authorization for a designated person to make decisions about another person's property, finances, or medical care) were unavailable to provide consent to receive the vaccine, but R #4 stated he did not want the vaccination. The IP stated R #4 would be able to sign the consent form declining the COVID-19 vaccine, but that did not happen. The IP confirmed neither R #4 nor R #12 had completed COVID-19 consent and education forms and should have. F. On 03/11/26 at 2:19 pm, during an interview, the Director of Nursing (DON) stated it is her expectation every resident be educated and offered the COVID-19 vaccination. She stated the consents forms are scanned and placed into the resident's chart. The DON stated multiple attempts should be made to contact resident's POA to provide education and offer the vaccination. The DON confirmed neither R #4 nor R #12 had completed COVID-19 consent and education forms and should have.

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure a psychotropic medication (medication used to treat mental health conditions) consent form was completed and signed by the resident or resident representative prior to medication administration for 1 (R #4) of 1 (R #4) resident reviewed for unnecessary psychotropic medications. If a resident and/or their representative are not informed of the risks and benefits of the medication, they may not be able to make an informed decision regarding treatment.The findings are:A. Record review of the facility's psychotropic medication use policy, last revised in July 2022, revealed a psychotropic medication is any medication that affects brain activity associated with mental processes and behavior. Further review revealed anti-psychotics (medications that treat psychosis-related conditions and symptoms), anti-depressants (medications that treat depression), anti-anxiety medications (medications that treat anxiety), and hypnotics (medications used to induce or maintain sleep) were all considered psychotropic medications. B. Record review of R #4's face sheet revealed R #4 was admitted into the facility on [DATE] with the following diagnoses: Manic episode (extreme changes in mood),Anxiety disorder (a feeling of worry, nervousness, or unease about something with an uncertain outcome),Post-Traumatic Stress Disorder (PTSD; a mental health condition triggered by a terrifying event, causing flashbacks, nightmares, and severe anxiety). C. Record review of R #4's physician orders revealed the following: 8/24/25: Gabapentin (nerve pain medication and anticonvulsant) 100 mg (milligram). Give 1 capsule by mouth three times daily for anxiety/seizure (a disorder in which nerve cell activity in the brain is disturbed, causing seizures) disorder. D. Record review of R #4's psychotropic medication consent forms, dated 03/12/26, revealed the following:A consent form for Gabapentin was not completed nor available. E. On 03/12/26 at 2:00 pm, during an interview, the Director of Nursing (DON) stated any medication listed as a psychotropic should have a consent form. The DON stated R #4 did not have a consent form completed for Gabapentin use, and a consent form should have been completed. The DON stated the lack of a psychotropic consent form affected resident rights, as residents have the right to know what medications they are receiving and to be informed of potential side effects.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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** Based on record review and interview, the facility failed to ensure staff revised the care plan for 1 (R #8) of 1 (R #8) resident reviewed, when:The facility staff failed update R #8's plan of care to include an accurate advanced directive code status (a patient's preferences regarding medical interventions in the event of a medical emergency, such as cardiac arrest).This deficient practice is likely to result in residents' care and needs not being addressed if care plans are not updated.ˆ The findings are: A. Record review of R #8's face sheet revealed R #8 was admitted to the facility on [DATE] with diagnoses:generalized idiopathic epilepsy with status epilepticus, (seizures that happen repeatedly with no identifiable cause),depression (depression; a mood disorder that causes a persistent feeling of sadness and loss of interest),hypertension (HTN; high blood pressure),hypothyroidism (the thyroid is not making enough thyroid hormone), B. Record review of R #8's Medical Orders for Scope of Treatment (MOST; a legal document which outlines the care the resident wants when they become incapacitated and unable to speak for themselves) form, dated 02/11/2026, revealed R #8's code status was Do Not Resuscitate (DNR; lifesaving measures are not desired). C. Record review of R #8's current care plan, dated 02/13/2026, revealed R #8's active code status was not included in the care plan. R #8's care plan only stated the facility will educate R #8 and R #8's Power of Attorney (POA; legal authorization for a designated person to make decisions about another person's property, finances, or medical care) regarding health directives and have the physician complete a MOST form. D. On 03/10/2026 at 2:14 pm, during an interview, the Director of Nursing (DON) stated it is her expectation resident's advanced directives are included in the resident's care plan. The DON confirmed R #8's care plan did not include R #8's advanced directive code status and should have.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. Based on observation and interview, the facility failed to ensure the outdoor trash bin was covered to minimize odors and prevent pests or rodents. If staff fail to keep outdoor trash bins closed, the environment may become unsanitary, increasing the risk of pest infestation and disease transmission to residents.The finding are:A. On 03/12/26 at 11:37 am, during an observation, the outdoor trash bin was left open, with only one side of the lid able to be closed and the other side broken.B. On 03/12/26 at 11:50 am, during an interview, the Dietary Manager stated the outdoor trash bin lid is broken, and they have been trying to fix the lid for the last six months. She stated pests or rodents can get into the trash and it is a hazard to staff and residents.