STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2214	A. BUILDING: _____ B. WING _____	C 11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA DE PAZ	4103 LAS CIMBRAS CT SE RIO RANCHO, NM 87124

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
8 000	Initial Comments The following deficiencies were cited during a complaint survey completed on 11/21/24 for the state requirements of NMAC 8.370.14, Regulations for Assisted Living Facilities for Adults. Census: [redacted] Complaint Intake NM [redacted] was investigated, and deficiencies were not cited. Complaint Intake NM [redacted] was investigated, and deficiencies were not cited.	8 000		
8 025	8 NMAC 370.14.25 Resident Evaluation A. A resident evaluation shall be completed by an appropriate staff member within 15 days prior to admission to determine the level of assistance that is needed and if the level of services required by the resident can be met by the facility. B. The initial resident evaluation shall establish a baseline in the resident's functional status and thereafter assist with identifying resident changes. The resident evaluation shall be reviewed and updated at a minimum of every six months or when there is a significant change in the resident's health status. C. The resident's evaluation shall be documented on a resident evaluation form and at a minimum include the following abilities, behaviors or status: (1) activities of daily living; (2) cognitive abilities; reasoning and perception; the ability to articulate thoughts, memory function or impairment, etc.; (3) communication and hearing; ability to communicate needs and understand instructions, etc.; (4) vision;	8 025	8 NMAC 370.14.25 Resident Evaluation 8.370.14.25 E The resident Evalutation shall be reviewed and if needed revised by a licensed practical nurse (LPN), Registered Nurse (RN), or physician extender (PE) A Physican Assistant (PA), or Nurse Practitioner. Casa de Paz will continue the hiring process to hire and or contract with a LPN or higher to review resident evaluations and revise if needed. We are contracting with new RN as of 12/26/24, to review resident evaluation and revise if needed.	

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8 025	Continued From page 1 (5) physical functioning and skeletal problems; (6) incontinence of bowel/bladder; (7) psychosocial well-being; (8) mood and behavior; (9) activity interests; (10) diagnoses; (11) health conditions; (12) nutritional status; (13) oral or dental status; (14) skin conditions; (15) medication use and level of assistance needed with medications; (16) special treatments and procedures or special medical needs such as hospice; and (17) safety needs/high risk behaviors; history of falls agitation, wandering, fire safety issues, etc. D. The resident evaluation shall include a history and physical examination and an evaluation report by a physician or a physician extender within six months of admission. A resident shall have a medical evaluation by a physician or a physician extender at least annually. E. The resident evaluation shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or physician extender at the time the individual service plan is reviewed, at a minimum of every six months or when a significant change in health status occurs. [8.370.14.25 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.25 E Based on record review and interview, the facility failed to ensure for [redacted] (R #s [redacted] of [redacted] residents evaluations were reviewed, and if needed, revised by a Licensed Practical Nurse (LPN), Registered Nurse (RN), or Physician Extender (PE) (A Physician assistant or Nurse Practitioner).	8 025		

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8 025	Continued From page 2 This deficient practice could likely result in the residents not receiving appropriate care/services if the resident evaluations are not reviewed or revised by an LPN, RN, or PE, and the Direct Care Staff (DCS) are not aware of what the resident's needs are. The findings are: A. Record review of R [redacted] resident file, the evaluation dated [redacted]/23 was not reviewed or revised by a licensed practical nurse, registered nurse or a physician extender. B. Record review of R [redacted] resident file, the evaluation dated [redacted]/24 was not reviewed or revised by a licensed practical nurse, registered nurse or a physician extender. C. Record review of R [redacted] resident file, the evaluation dated [redacted]/24 was not reviewed or revised by a licensed practical nurse, registered nurse or a physician extender. D. On 11/15/24 at 9:30 am during an interview with the Administrator, he revealed that the facility was not contracted with a nurse to review evaluations. E. On 11/21/24 at 1:30 PM, during the exit interview the Administrator confirmed the evaluations were not reviewed or revised by a licensed practical nurse, registered nurse or a physician extender and the facility was not contracted with a nurse.	8 025		
8 026	8 NMAC 370.14.26 Individual Service Plan	8 026		

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8 026	Continued From page 3 An ISP shall be developed and implemented within 10 calendar days of admission for each resident residing in the facility. A. The ISP shall address those areas of need as identified in the resident evaluation and through staff observation. (1) The ISP shall detail the services that are provided by the facility as well as the services to be provided by other agencies. (2) The resident evaluation and the ISP shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or a physician extender. (3) The ISP shall be reviewed and or revised at a minimum of every six months or when there is a significant change in the resident's health status. B. The ISP shall include the following: (1) a description of identified needs as noted in the resident evaluation; (2) a written description of all services to be provided; (3) who will provide the services; (4) when or how often the services will be provided; (5) how the services will be provided; (6) where the services will be provided; (7) expected goals and outcomes of the services; (8) documentation of the facility's determination that it is able to meet the needs of the resident; (9) the level of assistance that the resident will require with activities of daily living and with medications; (10) a crisis prevention/intervention plan when indicated by diagnosis or behavior; and (11) current orders for all medications, including those authorized for PRN usage. [8.370.14.26 NMAC - N, 7/1/2024]	8 026		

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8 026	Continued From page 4 This REQUIREMENT is not met as evidenced by: 8.370.14.26 A (2) Based on record review and interview, the facility failed to ensure for [redacted] (R [redacted] R [redacted] and R[redacted] of [redacted] (R #[redacted] R #[redacted] and R[redacted] residents, whose Individual Service Plans (ISPs) were reviewed for compliance, that the residents' ISPs were reviewed and, if needed, revised by a licensed practical nurse, registered nurse or a physician extender. This deficient practice could likely cause harm to the resident if the Direct Care Staff (DCS) are unaware of resident needs identified in the evaluation and Individual Service Plan and cannot provide adequate care. The findings are: A. Record review of R[redacted] ISP dated [redacted]/23, revealed the ISP was not reviewed or revised by a licensed practical nurse, registered nurse or a physician extender. B. Record review of R[redacted] ISP dated [redacted]/24, revealed the ISP was not reviewed or revised by a licensed practical nurse, registered nurse or a physician extender. C. Record review of R[redacted]s recent ISP dated [redacted]/24 revealed the ISP was not reviewed or revised by a licensed practical nurse, registered nurse or a physician extender. D. On 11/15/24 at 9:30 am during an interview with the Administrator, he revealed that the facility was not contracted with a nurse to review ISPs. E. On 11/21/24 at 1:30 pm, during the Exit	8 026		

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8 026	Continued From page 5 Conference, the Administrator confirmed the ISPs for R[redacted], R[redacted] and R[redacted] were not reviewed or revised by a licensed practical nurse, registered nurse or a physician extender, and the facility was not contracted with a nurse.	8 026		
8 032	8 NMAC 370.14.32 Reporting of Incidents A. The facility shall insure that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 8.370.9 NMAC. (1) The facility shall also report any incident or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within 24 hours or by the next business day, if it is a weekend or a holiday. (2) The facility shall not delay a report to the complaint hotline while an internal investigation is conducted. B. The facility is responsible for conducting and documenting the investigation of all incidents within five business days and shall submit a copy of the investigation report to the licensing authority. A copy of the report and the documentation, including the date and time that it was submitted to the licensing authority, shall be maintained on file at the facility. The investigation shall include the following: (1) a narrative description of the incident; (2) the result of the facility's investigation shall be recorded on the state approved incident report form for the current year, pursuant to 8.370.9 NMAC; and (3) plans for further actions in response to the incident. [8.370.14.32 NMAC - N, 7/1/2024]	8 032		

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8 032	Continued From page 6 This REQUIREMENT is not met as evidenced by: 8.370.14.32 B Based on record review and interview, the facility failed to conduct and document the investigation of the incident dated [redacted]/23 within five (5) business days and submit a copy of the investigation report to the Licensing Authority. This deficient practice could likely result in the residents to be at risk of harm, injury, and/or death if there an unusual occurrence or suspected abuse or neglect and it is not investigated and reported to the Licensing Authority. The findings are: A. On 11/15/24 at 9:28 AM, a record review of the facility's incident report dated [redacted]/23 revealed: 1. R[redacted] had an unwitnessed fall with a [redacted] and was sent to the hospital on [redacted]. 2. The facility reported the incident to the licensing authority on [redacted] 3. The facility conducted an internal investigation to rule out possible abuse and neglect but did not submit a 5-day follow-up report to the licensing authority. B. On 11/15/24 at 1:15 PM, the Administrator confirmed there was not a 5-day follow-up report submitted to the licensing authority.	8 032		