CASA DEL SOL CENTER

NAME OF PROVIDER OF SUPPLIER

Previous Versions Obsolete

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER

CORRECTION

AND PLAN OF DEFICIENCIES

STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

F 0000

Level of harm - Minimal harm or potential for actual harm

Residents Affected - Some

F 0007

Level of harm - Minimal harm or potential for actual harm

Residents Affected - Some

F 0009

Level of harm - Minimal harm or potential for actual harm

Residents Affected - Some

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 discardable 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 disclosed 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.
For information on the nursing home’s plan to correct this deficiency, please contact the nursing home or the state survey agency.

Level of harm - Minimal harm or potential for actual harm

Residents Affected - Some

**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**

F. 0609

(continued... from page 1)

For the period reviewed, the facility failed to ensure that 2 (R #1 and #2) sampled discharged residents had their Discharge Minimum Data Set (MDS) completed 7 days after discharge. This failed practice could lead to other residents being abused and other injuries of unknown origin not being reported to the State Agency. The findings are:

R #48

[NAME] Record review of R #1’s clinical record revealed that R #1 was discharged on [DATE]. No discharge MDS could be found. Based on record review and staff interview, the facility failed to ensure that 2 residents had their Discharge Minimum Data Set (MDS) completed 7 days after discharge. This practice could lead to other residents being abused and other injuries of unknown origin not being reported to the State Agency. The findings are:

R #35

[NAME] On 01/08/18 at 08:50 am, during observation in R #35’s room and interview with R #35, she complained of pain and infection risk. The findings are:

B. On 01/11/18 at 12:39 pm, during the interview, the Unit Manager confirmed the bruises to R #48 was not investigated as possible abuse and was not reported to the State. R #35

C. Record review of R #35’s Care Plan dated 12/06/17 revealed the [DIAGNOSIS REDEACTED].

D. Record review of the facility’s Risk Management System (docuserve) for R #35 revealed the following incidents:

1. On 10/11/17, R #35 had a skin tear on the left hand that was not witnessed.
2. On 11/10/17, R #35 had an un witnessed fall that resulted in bruising the left shoulder, left lower leg/heel, and left hand.
3. On 12/02/2, R #35 had an un witnessed fall that resulted in a skin tear. (The injury location was not specified.)
4. On 01/07/18, R #35 had an un witnessed fall that resulted in an abrasion and bruise. (The injury location was not specified.)

E. On 01/16/18 at 11:17 am, during an interview, the Administrator stated that the facility does not report falls unless there is a significant injury. When asked, he confirmed that the 4 incidents for R #35 were not reported to the State. Further confirmed that R #35 could not report what happened due to his cognitive (dementia) status and no witnesses.

F. Record review of the facility policy and procedure for OPS/300 Abuse Prevention, revised 09/01/13, revealed:

Policy. (Among other things) will prohibit abuse, neglect, mistreatment or exploitation of all residents. This includes, but is not limited to, freedom, from corporal punishment, involuntary seclusion, and any physical or chemical restraint not required to treat the patient's medical symptoms. The center will implement an abuse prevention program through the following:

Screening of potential hires; Training of employees (both new & ongoing training for all employees); Prevention of occurrence of specific incidents or allegations which necessitate investigation; Prompt investigation and Reporting of incidents, investigations and Center response to the results of their investigations.

Purpose: To ensure that Center staff are doing all that is within their control to prevent occurrence of abuse.

Level of harm - Potential for minimal harm

Residents Affected - Some

**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**

F. 0640

Encode each resident’s assessment data and transmit these data to the State within 7 days of assessment.

**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**

B. WING _____

A. BUILDING ______

325108

CASA DEL SOL CENTER

STREET ADDRESS, CITY, STATE, ZIP

2905 EAST MISSOURI AVENUE

LAS CRUCES, NM 88011

For the period reviewed, the facility failed to ensure that 2 (R #1 and #2) sampled discharged residents had their Discharge Minimum Data Set (MDS) completed 7 days after discharge. This failed practice could lead to other residents being abused and other injuries of unknown origin not being reported to the State Agency. The findings are:

R #48

[NAME] Record review of R #1’s clinical record revealed that R #1 was discharged on [DATE]. No discharge MDS could be found. Based on record review and staff interview, the facility failed to ensure that 2 residents had their Discharge Minimum Data Set (MDS) completed 7 days after discharge. This practice could lead to other residents being abused and other injuries of unknown origin not being reported to the State Agency. The findings are:

R #35

[NAME] On 01/08/18 at 08:50 am, during observation in R #35’s room and interview with R #35, she complained of pain and infection risk. The findings are:

A. Record review of R #35’s clinical record revealed that R #35 was discharged on [DATE]. No discharge MDS could be found.

B. Record review of R #35’s clinical record revealed that R #35 was discharged on [DATE]. No discharge MDS could be found.

C. On 01/08/18 at 2:22 pm, during an interview, the MDS Assistant confirmed the Discharge MDS should have been completed.

Level of harm - Minimal harm or potential for actual harm

Residents Affected - Few

**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**

F. 0641

Ensure each resident receives an accurate assessment.

**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**

B. WING _____

A. BUILDING ______

325108

CASA DEL SOL CENTER

STREET ADDRESS, CITY, STATE, ZIP

2905 EAST MISSOURI AVENUE

LAS CRUCES, NM 88011

For the period reviewed, the facility failed to ensure that 2 (R #1 and #2) sampled discharged residents had their Discharge Minimum Data Set (MDS) completed 7 days after discharge. This failed practice could lead to other residents being abused and other injuries of unknown origin not being reported to the State Agency. The findings are:

R #48

[NAME] Record review of R #1’s clinical record revealed that R #1 was discharged on [DATE]. No discharge MDS could be found. Based on record review and staff interview, the facility failed to ensure that 2 residents had their Discharge Minimum Data Set (MDS) completed 7 days after discharge. This practice could lead to other residents being abused and other injuries of unknown origin not being reported to the State Agency. The findings are:

R #35

[NAME] On 01/08/18 at 08:50 am, during observation in R #35’s room and interview with R #35, she complained of pain and infection risk. The findings are:

A. Record review of R #35’s clinical record revealed that R #35 was discharged on [DATE]. No discharge MDS could be found.

B. Record review of R #35’s clinical record revealed that R #35 was discharged on [DATE]. No discharge MDS could be found.

C. On 01/08/18 at 2:22 pm, during an interview, the MDS Assistant confirmed the Discharge MDS should have been completed.
Residents Affected - Few

Residents Affected - Some

Develop and implement a complete care plan that meets all the resident’s needs, with timelines and actions that can be measured. *Establish routine center/hospice care collaboration meetings.

Bereavement service provided by hospice PRN (as needed) to help with grief and loss; support to pt.(patient)/resident and family including caregivers and other residents, before and after death.

Medicate as ordered and evaluate effectiveness.

N. Record review of R #19’s care plan 11/17/17 revealed the following:

1. Focus dated 12/23/17: Focus: (Name of R #163) is at risk for falls: history of falls.

2. Intervention dated 12/23/17 revealed: Offer/assist (Name of R #163) with urinal/commode as needed. Tab Alarm to alert staff (Name of R #163) is attempting to transfer until he is strong enough to transfer independently.

A. On the care plan for R #163, the facility failed to develop a comprehensive care plan to include a Foely catheter (a tube used to drain the bladder) for R #163.

B. Record review of the facility care plan for R #163 revealed:

1. Focus dated 12/23/17: Focus: (Name of R #163) is at risk for falls: history of falls.

2. Intervention dated 12/23/17 revealed: Offer/assist (Name of R #163) with urinal/commode as needed. Tab Alarm to alert staff (Name of R #163) is attempting to transfer until he is strong enough to transfer independently.

C. On 01/12/18 at 05:40 am during an interview, LPN #3 confirmed that R #163 did not have his full alarm with him while sitting in the lobby. LPN #3 went to R #163’s room to retrieve the alarm. The alarm could not be located. LPN #3 confirmed that he will keep an eye on R #163 until a tab alarm is located.

D. On 01/17/18 10:20 AM during an interview, the Unit Manager confirmed that R #163 is care planned for the tab alarm. R #9

E. On 01/08/18 at 1:19 pm, during an interview, R #9's Family Member stated that R #9 could not lift the large pink mugs that the facility gives residents water in because they are too heavy for her to lift. R #9 had brought the cup in CNA #4 stated they brought in a while ago. The cup had water in it. [NAME] On 01/11/18 at 02:47 pm, during an interview, the MDS coordinator confirmed that R #9 is not care planned for not being able to use the pink mugs or for the using the cup the family had been brought in for her use. The MDS Coordinator also confirmed that R #9 should have been care planned for her cup That's how you individualize the care plan.

F. On 01/10/18 at 11:55 am, during an interview, Social Worker (SW) was asked about the attendance of Hospice at care plan meetings, the SW stated, I was just informed that I need to invite them. When asked how long she had been in her position she stated, 3 months.
**F 0656**

**Level of harm - Minimal harm or potential for actual harm**

Residents Affected - Some

(continued... from page 3)

Q. On 01/10/18 at 12:02 pm, during record review of the physician orders [REDACTED] #19's care plan stated the responsibilities (care for hospice and the facility, she stated, I never do to do with specific responsibilities). When asked how the nurses and CNAs know what hospice is providing to the residents and what they should be providing residents, MDSA stated They would look at the orders. When asked to confirm that R #19's physician's orders [REDACTED] R #30.

R. Record review of the MDS dated [DATE] revealed R #30 needs the assistance of one person while in the wheel chair, needs the assistance of two staff for dressing, needs the assistance of one person to eat, needs the assistance of two staff for toileting, hygiene, and bathing.

S. Record review of the Care Plan dated 11/06/17 revealed no interventions addressing assistance while in the wheel chair, dressing, to eat, toileting, hygiene, and bathing.

T. On 01/11/18 at 4:27 pm, during an MDSA confirmed that she forgot to address the ADLs in the interventions. R #49.

U. Record review of care plan for R #49 indicated she was admitted to facility on 12/06/17. The care plan last revised 01/02/18 revealed Foley catheter is not included in the plan.

V. On 01/11/18 at 04:15 pm, during an interview, the MDSA affirmed R #49 was not cared for planning for having a Foley catheter. The MDSA stated, She (R #49) should have been cared for planning for that.

W. On 01/11/18 at 04:17 pm, during an interview, the DON stated, Yes, she (R #49) should have been cared for planning for her Foley catheter.

X. Record review of the MDS dated [DATE] revealed: Resident had an indwelling catheter.

R #56.

Y. Record review of the MDS dated [DATE] revealed R #56 needed the assistance of two staff for bed mobility, transfers, toileting, dressing, and bathing.

Z. Record review of the Care Plan dated 12/20/17 revealed no interventions addressing the assistance while in the wheel chair, dressing, to eat, toileting, hygiene, and bathing.

[A(NAME) On 01/12/18 at 11:07 am, during an interview, the MDSA confirmed that she forgot to address the ADLs in the interventions.

**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.

Based on observation, record review and interview, the facility failed to ensure care plans were updated for 2 (R #30 & #36) of 2 (R #30 & #36) sampled residents reviewed for dental issues and dietary assessments. For R #36, the facility failed to update a care plan to address the resident's progressive dental issues. For R #30, the facility failed to update the care plan after the Registered Dietitian's (RD) assessment. This deficient practice could lead to staff not being aware of the resident's needs and these needs not being addressed. The findings are:

R #30

[NAME] On 01/06/18 at 08:50 am, during observation in R #36's room and interview with R #36, she complained of pain and pointed to her lower front teeth. There were several missing teeth and broken teeth in the upper jaw. The lower teeth in front have markedly receded, gums swollen and bloody, and there is heavy accumulation of white exudate (some thick white fluid) in some areas. There was malodor first appreciated at the door of the room, stronger as the surveyor came close to the resident who was in the far bed.

B. Record review of the documentation in the medical record for R #36, by the RDH (Registered Dental Hygienist) coming to facility revealed:

1. 01/31/17 Periodontal (gums and tissues around the teeth) classification is generalized active, severe periodontitis (chronic inflammation that typically unrelieved gingivitis) and that results in progressive destruction of the periodontal ligament, formation of pockets around the teeth, and resorption (process of breakdown of bone tissue) of alveolar bone (bone that contains tooth sockets) chiefly in a horizontal direction with loosening or loss of teeth).

2. 03/15/17 Patient's Oral (sic) hygiene was: Non-Existent. Patient presented with Slight Hemo (bleeding) (sic) level. Gingival (gum) tissues were generalized: inflamed. Inadequate oral hygiene home care. Active case of chronic periodontitis.

3. 11/08/17 Patient (R #36) presented with generalized Moderate Hemo (bleeding) (sic) level. Inadequate oral hygiene home care. Gingival (gum) tissues were generalized: inflamed. Active case of chronic periodontitis.

C. Record review of the MDS (Minimum Data Set) dated 12/06/17 revealed: Section L: Obvious or likely cavity or broken care. Gingival (gum) tissues were generalized inflamed/erythemic (swelling/redness). Active case of chronic periodontitis.

D. On 01/10/18 at 10:10 am, during an interview with CNA #1, she stated, (Name of R #36) should be addressed. She does not let us do oral care. When asked what else do you do to try and help with oral care, CNA #1 shrugged.

E. On 01/10/18 at 10:10 am, during an interview with CNA #2, she stated, I don't know what her mouth is like. She does not let us do oral care.

F. On 01/11/18 at 10:49 am, during an interview, the MDS Coordinator stated, (Name of R #36) last annual MDS was (YEAR). We just saw broken teeth.

[NAME] On 01/11/18 10:49 am, during an interview, the MDS Assistant stated, We didn't see any blood, pus or swelling. We just saw broken teeth.

H. On 01/11/18 at 01:05 pm. during an interview and record review the Registered Dental Hygienist records (see finding B. above) with the DON, she stated, I would have expected the resident's oral health to have reflected in the assessments and resorption (process of breakdown of bone tissue) of alveolar bone (bone that contains tooth sockets) chiefly in a horizontal direction with loosening or loss of teeth).

I. Record review of the care plan for R #36 revealed:

Focus: Resident exhibits or is at risk for oral health or dental care problems as evidenced by broken, loose and carious teeth. Revised 9/11/17.

G. On 01/02/18 revealed Foley catheter is not included in the plan.

T. On 01/11/18 at 4:27 pm, during an interview, the MDSA confirmed that she forgot to address the ADLs in the interventions.

**F 0658**

**Level of harm - Minimal harm or potential for actual harm**

Residents Affected - Some

Ensure services provided by the nursing facility meet professional standards of quality.

**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**

Based on record review, interview, and observation, the facility failed to ensure staff met professional standards of quality during medication pass when they 1) failed to reconcile a medication with the MAR (Medication Administration Record) and follow up reconciling with the physician order for [REDACTED] #, #20, #23, #27, #37, #38, #42, R #52, and R #56 residents, and failed to question and follow a DO NOT CRUSH pharmacy label prior to crushing an
LEVEL OF HARM - MINIMAL HARM OR POTENTIAL FOR ACTUAL HARM

Residents Affected - Some

LEVEL OF HARM - MINIMAL HARM OR POTENTIAL FOR ACTUAL HARM

Residents Affected - Some

RESIDENTS AFFECTED - MINIMAL HARM OR POTENTIAL FOR ACTUAL HARM

LEVEL OF HARM - MINIMAL HARM OR POTENTIAL FOR ACTUAL HARM

Residents Affected - Some

LEVEL OF HARM - MINIMAL HARM OR POTENTIAL FOR ACTUAL HARM

Residents Affected - Some

LEVEL OF HARM - MINIMAL HARM OR POTENTIAL FOR ACTUAL HARM

Residents Affected - Some

LEVEL OF HARM - MINIMAL HARM OR POTENTIAL FOR ACTUAL HARM

Residents Affected - Some

LEVEL OF HARM - MINIMAL HARM OR POTENTIAL FOR ACTUAL HARM

Residents Affected - Some

LEVEL OF HARM - MINIMAL HARM OR POTENTIAL FOR ACTUAL HARM

Residents Affected - Some

LEVEL OF HARM - MINIMAL HARM OR POTENTIAL FOR ACTUAL HARM

Residents Affected - Some

LEVEL OF HARM - MINIMAL HARM OR POTENTIAL FOR ACTUAL HARM

Residents Affected - Some

LEVEL OF HARM - MINIMAL HARM OR POTENTIAL FOR ACTUAL HARM

Residents Affected - Some

LEVEL OF HARM - MINIMAL HARM OR POTENTIAL FOR ACTUAL HARM

Residents Affected - Some

LEVEL OF HARM - MINIMAL HARM OR POTENTIAL FOR ACTUAL HARM

Residents Affected - Some

LEVEL OF HARM - MINIMAL HARM OR POTENTIAL FOR ACTUAL HARM

Residents Affected - Some

LEVEL OF HARM - MINIMAL HARM OR POTENTIAL FOR ACTUAL HARM

Residents Affected - Some

LEVEL OF HARM - MINIMAL HARM OR POTENTIAL FOR ACTUAL HARM

Residents Affected - Some

LEVEL OF HARM - MINIMAL HARM OR POTENTIAL FOR ACTUAL HARM

Residents Affected - Some

LEVEL OF HARM - MINIMAL HARM OR POTENTIAL FOR ACTUAL HARM

Residents Affected - Some

LEVEL OF HARM - MINIMAL HARM OR POTENTIAL FOR ACTUAL HARM

Residents Affected - Some
Name of provider of supplier: CASA DEL SOL CENTER
Street address, city, state, zip: 2905 EAST MISSOURI AVENUE
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.

<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 0679</td>
<td>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</td>
</tr>
</tbody>
</table>

F 0679
Level of harm - Minimal harm or potential for actual harm
Residents Affected - Some

F 0689
Level of harm - Minimal harm or potential for actual harm
Residents Affected - Few

Based on observation, record review and interview, the facility failed to ensure residents were adequately supervised for 1 (R #163) of 1 (R #163) residents reviewed for tab alarm. This deficient practice has the potential for residents to be at risk for falls which may result in bruising, skin tears or broken bones. The findings are:

1. Focus dated 12/23/17: Focus: (Name of R #163) is at risk for falls: history of falls.
2. Intervention dated 12/23/17 revealed: Offer/assist (name of R #163) with urinal/commode as needed. Tab Alarm to alert staff (name of R #163) is attempting to transfer until he is strong enough to transfer independently.

B. On 01/12/18 at 05:39 am, during observation, it was noted that R #163 did not have his tab alarm on him while sitting in his wheelchair in the lobby.
C. On 01/12/18 at 5:43 am, during an interview, LPN #3 confirmed that R #163 did not have his pull alarm connected to him while he was sitting in the lobby in his wheelchair. LPN #3 went to R #163's room to retrieve the alarm. The alarm could not be located. LPN #3 reported that he will keep an eye on R #163 until a tab alarm is located.
D. On 01/17/18 at 10:20 am, during an interview, the Unit Manager confirmed R #163 is care planned for the tab alarm.
Residents Affected - Few

harm

level of harm - actual

P. On 01/01/18 at 10:20 am, during an interview with CNA #2 she stated, (Name of R #14) is dependent, we do everything for her. I feed her, she doesn't feed herself. She does not have dentures.

Q. On 01/10/18 at 12:35 pm, during an interview, R #30 was sitting in the main dining room at a table with a CNA encouraging her to eat. The resident seemed to enjoy the meal without coughing up each bite. (This indicated she did not have trouble eating a regular diet and did not need pureed food.)

R. On 01/11/18 at 11:03 am, during an interview with the MDS (Minimum Data Set) Coordinator, and the MDS Assistant, the MDS Coordinator stated, I see (Name R #14) is on weight review list and is still going down in weight. I did not know she was notifying the physician the resident was no longer feeding herself. I was not aware of her weight loss. I was not aware of the diet change.

S. On 01/11/18 at 08:32 am, during an interview with CNA #3 when asked about the care plan indicating nutrition risk due to not feeding herself.

T. On 01/11/18 at 08:32 am, during an interview with CNA #3 when asked about the care plan indicating nutrition risk due to not feeding herself.

U. On 01/11/18 at 08:32 am, during an interview with CNA #3 when asked about the care plan indicating nutrition risk due to not feeding herself.

V. On 01/11/18 at 08:32 am, during an interview with CNA #3 when asked about the care plan indicating nutrition risk due to not feeding herself.
For information on the nursing home’s plan to correct this deficiency, please contact the nursing home or the state survey agency.

Page 7 of 10
CASA DEL SOL CENTER
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION
NAME OF PROVIDER OF SUPPLIER
CASA DEL SOL CENTER
STREET ADDRESS, CITY, STATE, ZIP
2005 E MISSOURI AVENUE
LAS CRUCES, NM 88001

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-0756
Level of harm - Minimal harm or potential for actual harm
Residents Affected - Some

(continued... from page 7)

stimulating hormone) concentration is not available in the resident record. Recommendation: Please consider monitoring a serum (part of the blood) TSH concentration on the next convenient lab day then annually. There is no physician response or signature on the form.

3. Pharmacist Consult Report (MONTH) 1, (YEAR) through (MONTH) 24, (YEAR) revealed: a) medication used to control TSH concentration (medicine was used to control TSH concentration) not used in the past 60 days. 1 [MEDICATION NAME] medication used to treat nausea and vomiting pn N/V (nausea/vomiting). Recommendation: Please continue discontinuing due to lack of use.

R #22
E. Record review of R #22 physician's orders (REDACTED).
F. Record review of the Pharmacy Consultation Report book revealed no documentation for the pharmacy review for the month of (MONTH) (YEAR).
[NAME] On 01/11/17 at 2:30 pm, during an interview, the DON presented R #22's Pharmacy Consultation Report for (MONTH) (YEAR). The DON confirmed that the record had not previously been sent to R #22's physician until the DON sent it that day.
H. Record review of R #22's Pharmacy Consultation Report recommendation for a gradual dose reduction in R #22's [MEDICATION NAME] 40 mg to [MEDICATION NAME] 20 mg every day.

F-0757
Level of harm - Minimal harm or potential for actual harm
Residents Affected - Some

Ensure each resident's drug regimen must be free from unnecessary drugs.

**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**

Based on observation, record review, and staff interview, the facility failed to adequately monitor [MEDICATION NAME] (an anti-coagulation) sampled resident injections for [MEDICATION NAME] (an anti-coagulation) injections for [MEDICATION NAME] (an anti-coagulation) medication error rate was not 5% or greater. The medication error rate was 11.11%, when

1. Levetiracetam (medication used to control [MEDICAL CONDITION]) was crushed and given via gastrostomy tube ([DEVICE]) (a medicine that is in the stomach used to give medications and fluids) and given from a bubble pack labeled DO NOT CRUSH. 2 gave half (20 mg/milligram a metric unit of measure) the ordered dose of [MEDICATION NAME] (40 mg) (a medication used to control stomach acid) was administered for 1 (R #23) of 9 (R #6), 20 (R #20), 23 (R #7), 37 (R #8), 52 (R #42), and 56 (R #56) residents sampled during medication pass monitoring, and

3. a medication ProAir HFA (a canister of medication inserted to open the air way) was given in different form than was requested on the doctor's order (Medication Administration Record) (ProAir Mist Inhaler to open the airway) for 1 (R #20) of 9 (R #6), 20 (R #20), 23 (R #7), 37 (R #8), 52 (R #42), and 56 (R #56) residents sampled during medication pass monitoring.

These deficient practices could result in not determining before a medication is administered if it can be safely crushed, of not matching a medication from the medication cart to the MAR indicated (REDACTED). The findings are:

R #20
[NAME] On 01/11/18 at 1:27 pm, during observation of the medication pass, RN (Registered Nurse) #1 was observed to give R #20 a Proair 90 mcg HFA canister; the resident then gave herself 2 puffs orally.
B. Record review of the MAR indicated [REDACTED].
C. Record review of the convalescent order dated 02/15/17 revealed: [MEDICATION NAME] (Proair HFA) 8/.5 Gm Inhaler, 2 puff (sic) B1 (inhaled) three times a day as need for shortness of breath.
D. On 01/17/18 at 11:58 am. the UM (Unit Manager) stated, We could not find convalescent care orders for R #20 that had the original order for the Proair HFA[NAME] I had to get a copy from the hospital. The order was for Proair HFA, somehow that

F. Record review of the Pharmacy Consultation Report book revealed no documentation for the pharmacy review for the month of

H. Record review of R #22's [MEDICATION NAME] 40 mg to [MEDICATION NAME] 20 mg every day.

F-0759
Level of harm - Minimal harm or potential for actual harm
Residents Affected - Some

Ensure medication error rates are not 5 percent or greater.

**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**

Based on record review, interview, and observation, the facility failed to ensure their medication error rate was not 5% or greater. The medication error rate was 11.11%, when

1. Levetiracetam (medication used to control [MEDICAL CONDITION]) was crushed and given via gastrostomy tube ([DEVICE]) (a medicine that is in the stomach used to give medications and fluids) and given from a bubble pack labeled DO NOT CRUSH. 2 gave half (20 mg/milligram a metric unit of measure) the ordered dose of [MEDICATION NAME] (40 mg) (a medication used to control stomach acid) was administered for 1 (R #23) of 9 (R #6), 20 (R #20), 23 (R #7), 37 (R #8), 52 (R #42), and 56 (R #56) residents sampled during medication pass monitoring, and

3. a medication ProAir HFA (a canister of medication inserted to open the air way) was given in different form than was requested on the doctor's order (Medication Administration Record) (ProAir Mist Inhaler to open the airway) for 1 (R #20) of 9 (R #6), 20 (R #20), 23 (R #7), 37 (R #8), 52 (R #42), and 56 (R #56) residents sampled during medication pass monitoring.

These deficient practices could result in not determining before a medication is administered if it can be safely crushed, of not matching a medication from the medication cart to the MAR indicated (REDACTED). The findings are:

R #20
[NAME] On 01/11/18 at 1:27 pm, during observation of the medication pass, RN (Registered Nurse) #1 was observed to give R #20 a Proair 90 mcg HFA canister; the resident then gave herself 2 puffs orally.
B. Record review of the MAR indicated [REDACTED].
C. Record review of the convalescent order dated 02/15/17 revealed: [MEDICATION NAME] (Proair HFA) 8/.5 Gm Inhaler, 2 puff (sic) B1 (inhaled) three times a day as need for shortness of breath.
D. On 01/17/18 at 11:58 am. the UM (Unit Manager) stated, We could not find convalescent care orders for R #20 that had the original order for the Proair HFA[NAME] I had to get a copy from the hospital. The order was for Proair HFA, somehow that

F. Record review of the Pharmacy Consultation Report book revealed no documentation for the pharmacy review for the month of

H. Record review of R #22's [MEDICATION NAME] 40 mg to [MEDICATION NAME] 20 mg every day.
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(NAME OF PROVIDER OF SUPPLIER)

CASA DEL SOL CENTER

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 0759

Level of harm - Minimal harm or potential for actual harm

Residents Affected - Some

Provide timely, quality laboratory services/tests to meet the needs of residents.

F 0770

Level of harm - Minimal harm or potential for actual harm

Residents Affected - Some

Provide and implement an infection prevention and control program.

F 0880

Level of harm - Minimal harm or potential for actual harm

Residents Affected - Some

Provide and implement policies and procedures for flu and pneumonia vaccinations.

F 0883

Level of harm - Minimal harm or potential for actual harm

Residents Affected - Few

[continued... from page 8]
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER
325108

(X2) MULTIPLE CONSTRUCTION
A. BUILDING _____
B. WING _____

(X3) DATE SURVEY COMPLETED
01/17/2018

NAME OF PROVIDER OF SUPPLIER
CASA DEL SOL CENTER

STREET ADDRESS, CITY, STATE, ZIP
2905 EAST MISSOURI AVENUE
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)

F 0883

Level of harm - Minimal harm or potential for actual harm

Residents Affected - Few

(continued... from page 9)

NAME] Record review of R #36's Medical Record revealed R #36 received her last influenza vaccination on 10/04/16.
B. Record review of R #36's physician's orders [REDACTED].
C. On 01/11/18 at 3:53 pm, during an interview, the Infection Control Nurse (ICN) confirmed R #22's did not have an order for [REDACTED].
D. On 01/16/18 at 8:50 am, during an interview, the ICN confirmed R #36 did not have her flu shot until after surveyor inquired about it.