

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>325033</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/13/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>RIO RANCHO CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4210 SABANA GRANDE SE RIO RANCHO, NM 87124</b>	
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 0677  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide care and assistance to perform activities of daily living for any resident who is unable.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on record review and interview, the facility failed to provide ADL (activities of daily living) assistance with bathing and showers for 8 (R#1, 2, 8, 10,11,12,13, and 14 ) of 8 (R#1, 2, 8, 10,11,12,13, and 14 ) resident reviewed. These deficient practices have the potential to affect the dignity and health of the residents. The findings are Findings for R #1: A. Record review of R#1 physician History and Physical dated [DATE] reveals she was admitted to the facility on [DATE] with the following Diagnoses: [REDACTED]. Acute Kidney Injury (recent onset damage to the kidneys and their function), Dehydration (diminished bodily fluids), Progressive Functional Decline. B. Record review of facility grievance dated [DATE] reveals that R#1 filed a grievance with the facility in which she complained that she had not had a shower in two weeks. C. Record review of R#1 ADL (Activities of Daily Living) (activities required by a person to meet their daily care and needs) record dated [DATE] reveals R#1 received assistance with her first shower on [DATE] and [DATE]. D. Record review of R#1 ADL record dated [DATE] reveals she was assisted with bathing on [DATE], [DATE], [DATE], [DATE] and [DATE]. E. Record review of R#1 ADL record dated [DATE] reveals she was assisted with bathing on [DATE] and no other showers were noted. All other ADL's are consistently documented on a daily basis on the daily ADL record. F. Record review of R#1 daily notes reveals [DATE] Resident was extremely confused, unable to answer question or follow any commands, she was transferred to a hospital for emergency care and evaluation. G. On [DATE] at 5:35 PM during interview with R#1's sister, she stated that R#1 had passed away in late May, 2020. Sister confirmed that R#1 had been experienced a change in condition and was transferred to a local hospital emergency room . Sister stated that she was called by the emergency room nurse and informed that R#1 was unkempt and unclean and appeared to be in need of care. The emergency room nurse further stated that she had to bathe R#1 because she was so unkempt. R#1's sister also stated that R#1 did not return to the facility she was admitted to (name of hospital) and then sent to (name of another facility) and expired 2 weeks later. Findings for R #2: H. Record review of R#2 face sheet reveals he was admitted to the facility on [DATE] with the following Diagnoses: [REDACTED]. I. Record review of R#2 daily nursing notes dated [DATE] reveals that he was discharged from the facility for transfer to another facility. J. Record review of R#2 ADL record dated [DATE] reveals that R#2 was assisted with bathing on [DATE] and [DATE]. On [DATE] R#2 refused to shower and no alternative was offered. All other ADL's are documented on a daily basis on the daily ADL record. . Findings for R #8: K. Record review of R#8 face sheet reveals he was admitted to the facility on [DATE] with the following Diagnoses: [REDACTED]. Record review of R#8 ADL record dated [DATE] reveals he was assisted with bathing on [DATE], [DATE] and [DATE]. All other ADL's are documented on a daily basis on the daily ADL record. . M. Record review of R#8 ADL record dated [DATE] reveals he was assisted with bathing on [DATE]. No other showers were noted. All other ADL's are documented on a daily basis on the daily ADL record. . N. On [DATE] at 11:55 PM during interview with R#8 he confirmed that he had only had one shower during the month of [DATE]. He could not remember when or if he had had a shower during the month of [DATE] but stated he knew it was very few. He stated that he would prefer to have a shower daily and would ask staff to allow him to shower but was told by staff that they did not have time to assist him and they could not allow him to shower without assistance. R#8 stated that he would frequently use the bathroom sink to clean himself but that this did not substitute for a full shower. Findings for R #10: O. Record review of R#10 face sheet reveals that she was admitted to the facility on [DATE] and re-admitted on [DATE] and that with the following Diagnoses: [REDACTED]. Record review of R#10 ADL record dated [DATE] reveals she was not assisted with bathing on any date during the month. All other ADL's are documented on a daily basis on the daily ADL record. . Q. Record review of R#10 ADL record dated [DATE] reveals she was not assisted with bathing on any date during the month. All other ADL's are documented on a daily basis on the daily ADL record. . R. On [DATE] at 11:12 am during interview with R#10, she confirmed that she had not had a shower during the month of August and that she could not remember showering during the month of July. She stated that she would prefer to have a shower or bath at least twice per week. She stated that staff had told her they had limited time to assist her with bathing and so she had taken to using the sink to wash. She stated that she would prefer more frequent bathing.</p> <p>Findings for R #11: S. Record review of R #11's face sheet reveals she was re-admitted to the facility on [DATE] with the following Diagnoses: [REDACTED], when the level of sodium in the blood is too low), [MEDICAL CONDITION] (a high level of the electrolyte potassium in the blood), [MEDICAL CONDITION] (a disorder in which nerve cell activity in the brain is disturbed, causing [MEDICAL CONDITION]), Unspecified Visual Disturbance, Constipation (when a person passes less than three bowel movements in a week, or has difficult bowel movements), [MEDICAL CONDITION] (a deep infection of the skin caused by bacteria) of Abdominal Wall, Dyspnea (difficult or labored breathing), and Unspecified Abdominal Pain. T. Record review of R #11's ADL record dated [DATE] revealed R #11 was given a shower on [DATE], [DATE], and [DATE]. No other showers, refusal of showers, or bed baths were documented for the rest of the month of May, 2020. All other ADL's are consistently documented on the ADL record on a daily basis. U. Record review of R #11's ADL record dated [DATE] revealed R #11 was given a shower on [DATE], [DATE], [DATE], [DATE], and [DATE]. No other showers, refusal of showers, or bed baths were documented for the rest of the month of June, 2020. All other ADL's are consistently documented on the ADL record on a daily basis. V. Record review of R #11's ADL record dated [DATE] revealed R #11 was not given a shower or bed bath for the entire month and only refused showers on [DATE], [DATE], and [DATE]. All other ADL's are consistently documented on the ADL record on a daily basis. W. Record review of R #11's ADL record dated [DATE] revealed R #11 was not given a shower for the entire month and only refused showers on [DATE], [DATE], and [DATE]. All other ADL's are consistently documented on the ADL record on a daily basis. X. On [DATE] at 12:28 pm during a random observation, R #11 was observed laying on her bed and with greasy disheveled hair. Y. On [DATE] at 12:30 PM during an interview with R #11, she stated, I asked to get a shower or at least a rinse, but it's been a month (since last shower). I need a wash and I need soap. It's been so long, I forgot what a shower felt like. R #11 confirmed she has not been offered a shower in over a month. Findings for R #12: Z. Record review of R #12's face sheet reveals she was admitted to the facility on [DATE] with the following Diagnoses: [REDACTED], enough [MEDICAL CONDITION] hormone), Non-ST Elevation (NSTEMI) [MEDICAL CONDITION] Infarction (a type of [MEDICAL CONDITION]), Dysthymic Disorder (a mild but long-term form of depression), Gastro-Esophageal Reflux Disease (a digestive disease in which stomach acids or bile irritates the food pipe lining), and a Malignant Neoplasm ([MEDICAL CONDITION] tumor). Resident was diagnosed with [REDACTED]. AA. Record review of R #12's ADL record dated [DATE] revealed R #12 was given a shower on [DATE]. No other showers, refusal of showers, or bed baths were documented for the rest of the month of May, 2020. All other ADL's are consistently documented on the ADL record on a daily basis. BB. Record review of R #12's ADL record dated [DATE] revealed R #12 was not given a shower, refused a shower, or given a bed bath for the entire month of June, 2020. All other ADL's are consistently documented on the ADL record on a daily basis. CC. Record review of R #12's ADL record dated</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>325033</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/13/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>RIO RANCHO CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4210 SABANA GRANDE SE RIO RANCHO, NM 87124</b>	
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 0677  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1)</p> <p>[DATE] revealed R #12 was not given a shower, refused a shower, or given a bed bath for the entire month of July, 2020. All other ADL's are consistently documented on the ADL record on a daily basis. DD. Record review of R #12's ADL record dated [DATE] revealed R #12 was not given a shower or bed bath for the entire month and only refused showers on [DATE], and [DATE]. All other ADL's are consistently documented on the ADL record on a daily basis. EE. On [DATE] at 12:12 PM during an interview with R #12, she stated, I only had one shower in weeks. I usually have to give myself a spit bath. Findings for R #13: FF. Record review of R #13's face sheet reveals he was admitted to the facility on [DATE] with the following Diagnoses: [REDACTED]. enough healthy red blood cells), [MEDICAL CONDITION] (an infection caused by [MEDICAL CONDITION] that attacks the liver and leads to inflammation), [MEDICAL CONDITION] of unspecified part of limb, Generalized Muscle Weakness, Abnormalities of Gait (a person's manner of walking) and Mobility, Pain in [MEDICATION NAME] Spine, and Cord Compression (external compression of the spinal cord causing neurological symptoms). GG. Record review of R #13's ADL record dated [DATE] revealed R #13 was given a shower on [DATE] and [DATE]. No other showers, refusal of showers, or bed baths were documented for the month of July, 2020. All other ADL's are consistently documented on the ADL record on a daily basis. HH. Record review of R #13's ADL revealed dated [DATE] reveals R #13 was given a shower on [DATE] and [DATE] and [DATE]. II. On [DATE] at 10:15 am during an interview with R #13, he stated, It's been a nightmare. I have to cry and start fighting with them (staff) to get a shower. It (lack of showers) made me feel like I was nothing and I didn't matter. R #13 was visibly angry and upset during the interview JJ. On [DATE] at 1:33 PM during an interview with Nursing Assistant (NA) #1, she stated, He (R #13) tells me that he likes to shower on Monday's, Wednesday's, and Friday's. We did have a whole month (July, 2020) where nobody was getting showers because of COVID-19. NA #1 confirmed R #13 went several weeks without a shower or bed bath in July, 2020. KK. Record review of Nursing progress notes dated [DATE] reveals: Resident had blood in his urine this AM. Wanted to go out to ED (emergency Department). Resident was upset due to lack of available showers because of isolation precautions in the building at the moment, says blood in urine is due to lack of showers. Call DR DR. examined resident and started him on antibiotic. Findings for R #14: LL. Record review of R #14's face sheet reveals he was admitted to the facility on [DATE] with the following Diagnoses: [REDACTED]. End Stage [MEDICAL CONDITION] (the last stage of [MEDICAL CONDITION]), [MEDICAL TREATMENT] (the clinical purification of blood, as a substitute for the normal function of the kidney), Type 2 Diabetes, [MEDICAL CONDITION] (a disorder of the central nervous system that affects movement, often including tremors), Muscle Weakness, Abnormal Gait and Mobility, Dysphagia, and Cognitive Communication Deficit (results from impaired functioning of one or more cognitive processes). MM Record review of R #14's face sheet reveals he was discharged on [DATE] and did not rerun to the facility. NN. Record review of R #14's ADL record dated [DATE] revealed R #14 refused a shower on [DATE] and [DATE], but was not offered another shower or bed bath for the rest of his stay during the month of May, 2020. All other ADL's are consistently documented on the ADL record on a daily basis. OO. On [DATE] at 6:25 PM during an interview with Licensed Practical Nurse (LPN) #1, when shown R #14's May, 2020 ADL, she stated, He (R #14) might have got cleaned up in bed, but not a good washing. If they (staff) didn't chart it (showers), then it (showers) didn't get done. LPN #1 confirmed R #14's shower ADL was incomplete and showed R #14 did not receive a shower or bed bath during his stay at the facility. PP. On [DATE] at 12:55 PM during interview with Certified Nurses Aide (CNA) #1 she stated that residents are suppose to be provided showers or a reasonable alternative at least twice weekly and that this is usually provided by a CNA shower aide. CNA #1 stated that if a unit does not have a shower aide then residents may not get a shower as scheduled. QQ. On [DATE] 12:40 PM during interview with CNA #6, stated. They (facility) were without a shower aide for about a month. Showers got shut down early last month (July) when the COVID 19 (an infectious [MEDICAL CONDITION] disease of the lungs) positive cases started. Director of Nursing (DON) told the nurses and staff that we were to stop giving showers. RR. On [DATE] at 12:38 PM during interview with Unit Manager (RN/UM) he stated that he expects aides to do what showers they can or offer bed baths. I would expect that a bed bath or shower would be documented. He further stated that if it isn't documented then it wasn't done. All showers should be documented in the ADL record when they (showers) are done. SS. On [DATE] at 1:51 pm during interview with facility Administrator (ADN) he stated that residents should be bathed twice weekly and that if the documentation does not indicate that a bath had been provided then the resident probably did not receive bathing assistance. He stated that during the month of [DATE], the facility had 12 staff off sick. TT. On [DATE] at 12:29 PM during an interview with CNA #5, she stated. We have a shower schedule and residents are provided showers by that schedule and shower times are determined by halls. We have not been using it.</p> <p><b>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on record review and interview the facility failed to ensure that they had sufficient staff to ensure the needs of the residents were met by: 1. Answering call lights in a timely manner 2. Showers being given per residents preference. This deficient practice is likely to negatively impact resident safety, comfort, and to impede processes such as timely incontinence care, regular turning schedules, timely showers and appropriate assistance with meals. The findings are: A. Refer to F0677 for findings pertaining to this citation. B. On 08/06/20 at 11:43 am during a random call light observation, room [ROOM NUMBER]'s call light was activated. Call light was answered at 11:58 am. C. On 08/06/20 at 4:01 pm during an interview with Certified Nursing Assistant (CNA) #4, he stated, We don't have enough adequate staff to provide basic care (for the residents). D. On 08/06/20 at 4:02 pm during a random call light observation, room [ROOM NUMBER]'s call light was activated. Call light was answered at 4:32 pm. E. On 08/06/20 at 4:05 pm during a random call light observation, room [ROOM NUMBER]'s call light was activated. Call light was answered at 4:19 pm. F. On 08/06/20 at 4:05 pm during a random call light observation, room [ROOM NUMBER]'s call light was activated. Call light was answered at 4:21 pm. G. On 08/06/20 at 4:34 pm during an interview with Licensed Practical Nurse (LPN) #4, LPN #4 stated, when it comes to answering call lights, it depends on what staff is available and what's going on. We only have one CNA down there (North Unit Hall) for 14 residents, and that's a problem. H. On 08/07/20 at 12:45 pm during an interview with CNA #6, she stated, There's not enough staff at all. Today, I have the whole front unit (front north unit) to myself and that has about 10 resident's. We're short (staffed) especially during meal times. We told the scheduler and she said because it's low census and they can't do that (have more staff). I was in a resident's room changing them and another resident had to wait for over 20 minutes for ice water and they (resident waiting for water) were upset with me. It's happened in the past week. I. On 08/07/20 at 12:55 pm during an interview with CNA #5, she stated that right now there is not enough staff. We've had people quit and walk out. Staff doesn't show up. J. On 08/09/20 at 8:20 pm during an interview with LPN #2, she stated, We have staffing issues and that's why I'm leaving. I can't take the short staffing and it's (short staffing) not appropriate. It's the staffing that's my biggest problem. We don't have enough staff to make sure everyone (resident's) is turned. They (resident's) share bathrooms and we don't have enough staff to clean the bathrooms after each person. K. On 08/09/20 at 8:45 pm during an interview with LPN #3, she stated, It (staffing) needs a lot of improvement. I brought it (staffing) up to management and they (management) said the census and the budget are both low right now. Right now, I have one CNA and I have to get on the floor to help them for safety. I have to do two jobs right now. L. On 08/10/20 at 6:10 pm during an interview with Registered Nurse (RN) #1, she stated that she has been a nurse for [AGE] years and she has never seen staffing issues like this before. She confirmed the facility can't keep staff, daily resident care is declining, meals are late, staff doesn't have time to assist with meals, and call lights are slow to get answered. M. On 08/10/20 at 6:19 pm during an interview with CNA #8, she stated, We are short staffed and it takes longer to get to the call lights. N. On 08/12/20 at 12:16 pm during an interview with the Clinical Reimbursement Coordinator (CRC), she stated, With the call off's and the people (staff) walking out of the door. We've had some issues with call off's because people have been sick, too. O. On 08/12/20 at 1:52 pm during an interview with the Administrator (ADM), he stated, From time to time they've (staff) have mentioned being short (staffed) on the floor and my experience has been CNA's say were short staffed. We always try to cover the shifts. We talk everyday about staffing and what we need each day and sometimes the nurse managers have to work the floor. Like any facility, staffing is always an issue.</p>		
F 0725  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>			
F 0806  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</b></p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>325033</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/13/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>RIO RANCHO CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4210 SABANA GRANDE SE RIO RANCHO, NM 87124</b>	
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 0806  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p>(continued... from page 2)</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, record review and interview, the facility failed to provide food that accommodates resident allergies [REDACTED].#6) of 1 (R #6) resident's observed for food preferences. This deficient practice is likely to result in weight loss due to the resident not eating and/or an allergic reaction to the food being served to the resident. The findings are: A. Record review of R #6's physician orders [REDACTED]. Record review of R #6's dietary meal ticket dated 08/05/20 revealed, R #6 was served an Egg &amp; Cheese Breakfast Burrito Filling- 3/8 Cup for breakfast. C. Record review of R #6's dietary meal ticket dated 08/10/20 revealed, R #6 was served French Toast-1 for breakfast and an Egg Salad Sandwich on Wheat-1 for lunch. D. On 08/12/20 at 8:29 am during a dining observation for R #6, R #6 was served French Toast, oatmeal, milk and orange juice. E. On 08/12/20 at 8:32 am during an interview with Certified Nursing Assistant (CNA) #3, she stated, They (dietary staff) send her (R #6) eggs almost everyday. We send it (eggs) back, and they (dietary staff) say they don't know what to send her (R #6). CNA #3 also confirmed R #6 was served French Toast that morning on 08/12/20. F. On 08/12/20 at 9:40 am during an interview with the Dietary Manager (DM), he stated, When they (residents) are allergic to eggs, tomatoes, and stuff, it's (electronic dietary program) supposed to take it (resident allergies [REDACTED].#6) allergic to eggs and it shows she (R #6) was given eggs. Today (08/12/20), she (R #6) had French Toast and it's made with eggs and cinnamon. My guys (dietary staff) are overlooking that she's (R #6) allergic to eggs and egg products. She (R #6) was served that today. DM also confirmed each residents meal ticket that is printed, reflects what they were served by the dietary staff.</p>		
F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation and interview, the facility failed to maintain infection prevention practices for all 76 residents revealed in the census provided by the Administrator (ADM) on 08/05/20, by failing to properly screen (a process of monitoring potential people for possible infectious diseases) visitors before entering the facility. This deficient practice is likely to result in the spread of infectious diseases to other residents and staff. The findings are: A. On 08/09/20 at 8:00 PM Department of Health Surveyors arrived at the front door of the facility. Both surveyors were allowed to enter the facility by Certified Nurses Aide (CNA)#2 and were told they could come in. CNA #2 did not attempt to screen either surveyor prior to entry and when asked if she wanted to screen and take temperatures of the surveyors, she stated it was not necessary and handed the surveyors a screening book and a thermometer (device to take a person's temperature) and told the surveyors to screen themselves then walked away. B. On 08/12/20 at 1:51 PM during interview with facility ADM he confirmed that all visitors must be screened for possible COVID 19 (an infectious [MEDICAL CONDITION] disease that can be fatal and is quickly spread between people) before entering the building. He acknowledged that staff had allowed surveyors to enter the building without being properly screened and confirmed that screening including a review of possible symptoms, possible contacts and possible travels. ADM stated that CNA#2 should not have allowed a visitor into the building without first completing this screening process.</p>		