

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 325047	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/18/2020
NAME OF PROVIDER OF SUPPLIER CASA DE ORO CENTER		STREET ADDRESS, CITY, STATE, ZIP 1005 LUJAN HILL ROAD LAS CRUCES, NM 88005	
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)		
E 0024 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Establish policies and procedures for volunteers. Based on review of the facility's documents and staff interview, the facility failed to ensure the staffing policies and procedures were developed for the facility's Emergency Preparedness Plan (EPP). The facility failed to have a facility wide staffing strategy that would ensure adequate staff, in the event of an emergency. This had the potential to affect all residents who reside at the facility. The census was 122. Findings include: Review of the facility's EPP Annual Review and Sign-Off, dated 02/04/20, under the section of the EPP titled, Human Resources and Scheduling: All Emergencies Task List, revealed, . Human Resources .are responsible for scheduling and assembling adequate staff in consultation with the CED (Chief Executive Director) .Maintain current information (on) all center personnel and volunteers .Coordinate with center department heads to determine staff/volunteers . The policy lacked specific information and potential efforts to address a lack of staff or volunteers in the event of an emergency. Specifically, the EPP did not identify reaching out to staffing agencies, community volunteer resources, such as the American Red Cross or other volunteer community emergency services, in the event there was a lack of staff available to work at the facility. There was also no information on the possibility of cross training staff, in the event of a disaster. During an interview on 05/18/20 at 12:27 PM, the Director of Nursing (DON) said they have been okay with their staffing levels. She then produced a typed document, dated 05/18/20, which was signed by the DON and the Administrator. The document was titled Emergency Staffing, revealed, .In case of an emergency that creates a staffing shortage the following will be implemented. Nursing staff will be working 12 hour shifts to cover the work day (sic). Nursing Unit managers will be utilized to cover nursing services. Ancillary staff will assist with meal services and making beds along with answering call lights (no direct resident care). Offer the 8 hour (sic) Nurse Aide course for ancillary personnel, allowing them to pass a competency test and be able to work along a CNA (Certified Nursing Assistant) to perform ADLs (activities of daily living) for residents. Use Nursing Agency as available . During an interview on 05/18/20 at 12:41 PM, the Corporate Nurse and the Administrator said the staffing assessment, produced by the DON, had not been incorporated into the EPP. The Corporate Nurse stated the current Administrator has been in his position for the past three weeks and she would try to contact the prior Administrator to identify the location of the emergency staffing plan. The Administrator stated there were no current staff or residents with COVID-19 during this interview. A subsequent interview was conducted on 05/18/20 at 2:50 PM, with the Corporate Nurse and the DON. The Corporate Nurse stated they did not have additional information on the EPP staffing plan.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interviews, and review of facility policies, the facility failed to ensure that used disposable food containers, which were removed from a potential COVID-19 quarantined nursing unit, were disposed of immediately after resident use. This had the potential to affect residents and staff who have access to the public area. Findings include: An observation on 05/18/20 at 9:22 AM, in the North dining room of the facility adjacent to the designated quarantined area for potential COVID residents, such as new admissions and readmissions of residents to the facility found the following. The observation revealed the countertop held a sink. Next to the sink were multiple used disposable containers which contained remnants of the breakfast food in the disposable containers used to serve breakfast to resident in the quarantined rooms. The disposable containers were stacked on top of two maroon colored food trays. The Director of Nursing (DON) was present during this observation on 05/18/20 at 9:22 AM. An interview was conducted with the DON immediately after this observation. The DON stated the used food containers were to be immediately disposed of since these items came from the quarantined unit. The DON stated caregiving staff were to take the used food containers and place them in a bag. The kitchen staff were then to gather the bagged items and toss out. The DON then asked a Certified Medication Technician (CMT) 1 about the used food containers. CMT1 stated the kitchen staff had not gathered the dirty disposable containers from this area. The DON stated the quarantined unit had no confirmed positive COVID-19 residents. During an interview on 05/18/20 at 10:20 AM, the Dietary Manager stated the used disposable food containers were not come back to the kitchen. He stated the residents were served the containers off a meal tray. Then the used containers were to be gathered by staff on the quarantined unit and disposed of, after use. During an interview with Licensed Practical Nurse (LPN) 1 on 05/18/20 at 10:25 AM, LPN 1 stated after a resident completes their meal, the staff on the unit take the soiled food containers and bags them, then immediately throws these items out. During an interview on 05/18/20 at 2:45 PM, Certified Nursing Assistant (CNA) 1 said the expectation was for staff to remove the used food containers from the resident and put in a bag, and then toss out immediately. Review of a document titled, Best Practices for Meal Delivery to COVID-19 Isolation Rooms/Units, undated, noted, . After the resident has finished with them, all single use items should be disposed of in the resident's room.		

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.