STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 40671 Based on observation and interview, the facility failed to ensure 2 (R #35 and R #47) of 2 (R #35 and R # 47) residents were treated with respect and dignity by referring to residents as feeders (a person requiring assistance to eat). This deficient practice could likely result in a harmful effect to a residents' self-esteem (positive or negative view of oneself) and self-worth (the sense of one's own value or worth as a person). The findings are: Resident #35 A. On 03/14/22 at 12:04 pm, during an observation, R #35 was observed in the dining room waiting for her lunch meal to be served to her. She was seated at a table with one other resident who was being assisted/fed by Certified Nursing Assistant (CNA) #10. B. On 03/14/22 at 12:06 pm, during an interview, CNA #9 stated, [Name of R #35] doesn't have her meal yet, because she is a 'feeder' and once [Name of CNA #10] is finished feeding the other resident she will then feed [Name of R #35]. C. On 03/23/22 at 02:15 pm, during an interview, the Center Nurse Executive (CNE) stated that it is not common practice in this facility for staff to refer to residents requiring assistance with meals as feeders. Resident #47 D. On 03/23/22 at 12:10 pm, during an interview, Registered Nurse (RN) #1 said residents who need assistance with eating their meals are required (have to) to be referred to, by staff, using the resident's name. E. On 03/23/22 at 12:22 pm, during an interview CNA #4, she stated she calls residents that cannot feed themselves feeders. F. On 03/23/22 at 12:25 pm, during an observation of lunch trays being passed out, RN #1 was overheard yelling down the hall that R #47 is a feeder to CNA #4. (continued on next page)

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casa Real	1650 Galisteo Street Santa Fe, NM 87505

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	G. On 03/23/22 at 02:15 pm, during interview the Director of Nursing (DON) stated it is not a common practice in this facility to call residents requiring assistance with meals feeders and unacceptable for the staff to call residents feeders; DON indicated she would be speaking with the staff and conduct retraining on this topic. 43260

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 43260 This is a repeat deficiency from survey ending 12/30/20. Based observation and interview, the facility failed to provide a safe, clean, comfortable, and homelike environment (surroundings) for 3 (R # 3, 98, 356) of 3 (R #3, 98, 356) residents by not clearing garbage out of resident rooms, excessive resident personal belongings (clothes, bags, personal objects) on floor of resident rooms, paint coming off the walls, tiles missing from bathroom walls and foul (unpleasant) odors. This deficient practice may result in residents' exposure (contact) to disease-causing organisms (virus, bacteria, fungi, protozoa, worms that causes disease) and an environment which hinders (prevents) quality of life (ability to enjoy all things). The findings are: Resident #3 A. On 03/15/22 at 11:13 AM during observation of R #3 room, the room had a strong rotting odor (smell of decay), clothes, papers, empty soda cans, empty chip bags, used tissues, towels, shoes and duffle bag on floor of bedroom and bathroom; and four (4) shower tiles missing from shower wall. B. On 03/15/22 at 11:30 AM during an interview with CNA #3 confirmed that R #3's room smells bad and is cluttered. (scattered and disordered items) C. On 03/15/22 at 12:30 PM during an interview with CNA #2 verified that R #3's room had a bad odor and that there are tiles missing on the shower wall. Resident #98 D. On 03/15/22 at 11:04 AM during observation of R #98 room identified garbage on floor, pizza boxes stacked (on top of each other) on R #98's dresser, and large cardboard boxes blocking the entrance to R #98 doorway. E. On 03/15/22 at 11:15 AM during an interview with Certified Nursing Assistant (CNA) #3 verified garbage scattered about on floor of R #98's room, pizza boxes on the dresser and large cardboard boxes blocking entrance to R #98's doorway. Resident #356 F. On 03/16/22 at 1:30 PM during observation of R#356 room identified several areas of missing paint and plaster on the walls of the room. G. On 03/16/22 at 2:00 PM during an interview with CNA #2 confirmed plaster coming off the wall in R#356 room.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37426 Based on record review, interview, and observation, the facility failed to ensure residents were free from neglect for 1 (R #87) of 1 (R #87) resident by not providing resident with the proper size adult brief that resulted in resident unable to wear briefs and staff was not providing personal hygiene (washing/bathing) care and services (change of soiled bed linens, clothing and cleaning/sanitizing mattress) when needed after each episode [event] of incontinence (loss of bladder and stool control). If the resident is not being given personal hygiene and given services promptly (quickly) after urinating and defecating this deficient practice most likely result in resident being at risk of becoming severely ill from developing skin breakdown and urinary tract, bladder or/and kidney infections. The findings are: A. Record review of R #87's face sheet no date revealed, initial admitted [DATE] with following diagnosis: fracture (broken bone) of upper and lower end of left fibula (bone in lower leg), closed fracture, congestive heart failure [progressive heart disease that affects pumping action of the heart muscles], respiratory failure with hypoxia (not getting enough oxygen in the blood), chronic obstructive pulmonary disease (a group of diseases that cause airflow blockage and breathing-related problems), muscle weakness, abnormalities of gait and mobility (unable to walk in the normal way), lack of coordination (lack of muscle control), depressive (sadness) disorder, cardiac pace maker (device that's placed in the chest to help control the heartbeat), secretion of antidiuretic (regulate the amount of water in your body) hormone (condition in which the body makes too much of the antidiuretic hormone), sick sinus syndrome (a disease in which the heart's natural pacemaker located in the upper right heart chamber becomes damaged and is no longer able to generate normal heartbeats), sleep apnea (breathing to stop or get very shallow), acute kidney failure (kidneys suddenly become unable to filter waste products from your blood), history of falling, insomnia (unable to sleep) hypertension (High blood pressure), Covid -19, cognitive communication deficit (difficulty with thinking and how someone uses language), and atrial fibrillation (irregular heart beat). B. Record review of R #87's facility's progress notes dated 02/19/22, revealed R #87 was admitted to hospice today, (02/19/22). C. Record review of R #87's care plan dated 03/10/22 revealed, Resident is at risk for skin breakdown to decreased mobility and incontinence. D. On 03/15/22 at 11:08 am, during an observation and interview with R #87, bed linens were soiled with several urine stains on the fitted sheet and cover sheet, resident was in bed wearing a gown and not wearing a brief. During an interview with R #87 she stated, I was cleaned, and bed linens changed at 6:00 am this morning (03/15/22). I'm not wearing a brief because the briefs they (facility) gave me to wear does not fit. I do wear a brief when I'm in my wheelchair. R #87 confirmed that she is expected to urinate and defecate in the bed and then wait for staff to clean her and change her bedding. R #87 confirmed that staff have not come to clean her since 6:00 am this morning. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casa Real	1650 Galisteo Street Santa Fe, NM 87505

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	E. On 03/15/22 at 11:40 am, during an interview with Certified Nursing Assistant (CNA #7), she confirmed that R #87's bed linens and cover sheet was covered in urine stains. CNA #7 also stated, The sheets are changed twice a day and the bed mattress is sanitized on my shift. [Name of R #87] does not like to wear briefs she needs a bigger size [3X]. In her room she has a size 2X. We have a number size 3X briefs somewhere in the facility, not sure where. We have not given [name of R #87] her shower. She will be taking care of after lunch. F. On 03/15/22 12:00 pm, during an interview with Licensed Practical Nurse (LPN #1), she confirmed that the bed sheets on R #87's bed were covered in urine stains and that the CNAs that work on this hall (100 hall) are handing out lunch trays right now. LPN #1, also stated Facility is aware that the briefs are not big enough for [name of R #87] to wear. LPN #1 confirmed that staff would not be able to clean R #87 and change her bedding until after lunch trays were passed out. G. On 03/16/22 11:15 am, during an interview with Director of Nursing (DON), she stated that R #87 is not wearing a brief while in bed and is expected to urinate and defecate in her bed, and then the staff are supposed to check in with R #87 often because she does not use the call light. Per the DON, the expectations are that the facility has a policy that they check up on their residents every 2-hours. H. On 03/21/22 at 12:32 pm, during an interview with Central Supply Manager (CSM), stated that they have 3X sizes of briefs and have them available in the storage area.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40671 Based on record review and interview, the facility failed to create a Baseline Care Plan within 48 hours of admission and create an accurate Baseline Care Plans for 4 (R #'s 29, 79, 85 and 106) of 8 (R #'s 13, 29, 35, 47, 57, 79, 85 and 106) residents reviewed for Baseline Care Plans. If the facility fails to include care, treatment, services, and goals the residents may not receive the appropriate care. This deficient practice could likely result in a decline in the residents condition due to staff not being aware of needed care and/or residents not being able to attain or maintain their highest practicable level of well-being. The finding are: Resident #29A. Record review of Face Sheet for R #29 revealed an initial admitted [DATE] and included the following diagnoses: Muscle Weakness, Cognitive Communication Deficit (difficulty speaking and understanding), Gastro-Esophageal Reflux Disease (heartburn), Abnormal Weight Loss, and Vitamin D Deficiency (low levels of Vitamin D). B. Record review of Baseline Care Plans dated 10/05/21 for R #29 revealed no Baseline Care Plan created to address Nutrition/Weight Loss. C. On 03/22/22 at 2:44 pm during an interview, the Director of Nursing (DON) stated that she would expect there to be a Baseline Care Plan for Nutrition/Weight Loss since R #29 was admitted with weight loss concerns. DON verified that there was no Baseline Care Plan addressing Nutrition/Weight Loss created within 48 hours of admission for R #29. Resident #79 D. Record review of Face Sheet dated 05/19/21 for R #79 revealed this as an initial admitted and included the following diagnoses: Major Depressive Disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest) Severe (very bad) with Psychotic Symptoms (hallucinations [seeing things that are not actually there], delusions [false thoughts and beliefs], and confused/disturbed thoughts), Dementia (symptoms that affect memory, thinking and interfere with daily life) with Behavioral Disturbance, Wandering (walking around aimlessly), History of Falling, Muscle Weakness, Abnormalities of Gait and Mobility (difficulty in walking and moving positions), and Psychosis (a mental health problem that causes people to perceive or interpret things differently from those around them. This might involve hallucinations or delusions). E. Record review of Baseline Care Plans dated 05/20/21 for R #79 revealed no Baseline Care Plan created to address Wandering. F. Record review of Nursing Progress Notes for R #79 revealed the following:05/20/21 at 3:58 am - .Resident noted to have 1 episode of wandering after being assisted to bed by staff, she was noted to be in another room walking around . 05/21/21 at 8:00 am - .Wandering in and out of other Residents rooms going through their belongings and taking some things back to her room . Wandering occurs daily or almost daily and poses significant risk and/or is intruding on others . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	05/24/21 at 12:00 am - .RESIDENT CONTINUES TO GO UP AND DOWN THE HALLS GOING IN AND OUT OF CO RESIDENTS ROOMS. CONTINUOUS VERBAL REDIRECTION UNSUCCESSFUL . G. On 03/22/22 at 2:44 pm during an interview DON verified that there was no Baseline Care Plan addressing Wandering created within 48 hours of admission for R #79. Resident #85 H. Record review of Face Sheet dated 08/11/21 for R #85 revealed this as an initial admitted and included the following diagnoses: Major Depressive Disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest) Severe (very bad) with Psychotic Symptoms (hallucinations [seeing things that are not actually there], delusions [false thoughts and beliefs], and confused/disturbed thoughts), Bipolar Disorder (a serious mental illness characterized by extreme mood swings and include extreme excitement episodes or extreme depressive feelings), Asthma (disease that affects the lungs), Hypertension (high blood pressure), Chronic Pain Syndrome (pain that has been occurring for a long time), Hyperlipidemia (high blood fat), Epileptic Seizures (involuntary body movements, changes in behavior, and sometimes loss of consciousness caused by disorder of the nervous system), Insomnia (difficulty falling asleep or staying asleep), Gastro-Esophageal Reflux Disease (heartburn), Lack of Coordination, Muscle Weakness, and Dementia (symptoms that affect memory, thinking and interfere with daily life). I. Record review of Baseline Care Plans dated 08/13/21 for R #85 revealed no Baseline Care Plan created to address Activities of Daily Living, Nutrition, or Behavioral/Emotional concerns within 48 hours of admission. L. On 03/22/22 at 2:44 pm during an interview, the DON stated that there should have been Baseline Care Plans created within 48 hours of admission to address ADLs, Nutrition, and Behavioral/Emotional concerns since R #85 had these diagnoses on admission. DON verified that there were no Baseline Care Plans addressing ADLs, Nutrition, and Behavioral/Emotional concerns for R #85. 39822 Resident #106 M. Record review of R #106's admission record revealed she was admitted on [DATE] from a local hospital with the following diagnoses: hypothyroidism [a disease where the thyroid does not produce enough of hormone to maintain normal function for those affected, symptoms often include weight gain, fatigue and multiple others], osteoarthritis [disease causing swelling in and breakdown of bone in joints]. Bipolar disorder [disease in which there are large mood changes such as extremely happy to very depressed], history of falling. N. Record review of R #106's Baseline Care Plan dated 03/09/22 revealed no focus areas for management of anxiety or fall prevention and care plan not created within 48 hours of admission. O. On 03/23/22 at 2:05 pm, during an interview with the DON she revealed R #106 should have had a Baseline Care Plan to include reduction of fall risks and management of anxiety, but did not.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43260 Based on observation, interview, and record review the facility failed to develop/complete and implement a comprehensive person-centered care plan for 5 (R #s 3, 58, 68, 80 and 356) of 5 (R #s 3, 58, 68, 80, 356) residents reviewed for care plans. Failure to develop and implement a person- centered care plan may result in staff not being aware of, or providing for the needs and treatments of residents which could possibly result in a decline in abilities, failure to thrive, and/or injuries. The findings are: Resident #3. A. On 03/17/22 at 9:03 am during an interview with R #3 stated, he used to get assistance with dressing and showers, but can do on his own now, showers about 3 times per week. No need for bathroom assistance. B. On 03/21/22 at 3:53 pm during an interview with Certified Nursing Assistant (CNA) #1 stated most of the time R #3 does all personal care on own. Staff gives R #3 breakfast, lunch, and dinner. Sometimes R #3 refuses to get out of bed. We offer showers for R #3 and sometimes he says yes and sometimes no; the last 3 times we asked R #3 for assistance with a shower he refused. I think he can shower on his own, not sure. C. Record review of R #3 MDS (Minimum Data Set- tool used as a standard assessment for facilitating care of a resident/patient) indicated cueing (reminders) and setup (preparing) only for showers. D. Record review of R #3 care plan dated 09/11/21 indicated resident was a fall risk and identified two (2) falls on 01/03/22 and 01/04/22. The only intervention identified for fall risk were for R #3 to use his call light for any assistance. There was no care plan related to ADLs. E. On 3/22/22 at 12:52 pm during an interview with DON (Director of Nursing) stated CNA's and nurses use resident care plans to identify each residents' needs. DON was shown R #3 care plan indicating R #3 was a fall risk and verified there was missing interventions (helping with outcome) regarding the fall risk as it was not complete and updated for CNA's and nurses to refer to regarding resident ADL care. Resident #58 F. On 03/14/22 at 2:55 pm, 03/15/22 at 11:16 PM, and 03/17/22 at 10:30 AM during observations of R #58. R #58 was wearing the same blue t-shirt that was backwards (tag in front) and inside out (underside of shirt on top) on each day. G. On 03/15/22 at 11:30 am during interview with R #58 he stated he dresses himself every day and also gets out his own clothes. H. Record review of R #58 MDS Section GG indicated R #58 requires assistance (help) with dressing (putting clothes on and taking clothes off). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	I. Record review of R #58 care plan dated 01/28/22 does not identify a focus, section is blank; Resident/Patient requires assistance/is dependent for mobility related to: ________________or goals (expected outcomes) ___________ for ADL (activities of daily living- dressing, showering, eating, brushing teeth) assistance. J. Record review of R #58 CNA Kardex (a record detailing the types of a assistance a resident requires from a CNA or nurse) indicated R #58 requires assistance with mobility (moving around) and transfers (getting in and out of bed or chair), no recommendations for ADL (activities of daily living- dressing, showering, toileting) assistance. K. Record review of R #58 MDS dated [DATE] indicated foley (a small flexible tube inserted into the bladder to assist in draining of urine and kept in place) catheter. L. Record review of R #58 care plan dated 01/28/22 does not identify a focus, goals or interventions (a treatment, procedure, or other action taken to prevent or treat disease, or improve health in other ways) regarding a foley catheter. M. On 3/22/22 at 12:52 pm during an interview with Director of Nursing DON, stated CNA's and nurses use resident care plans to identify each residents' needs. DON shown R #58 care plan regarding assistance with ADL's and foley care and verified them as not complete and updated for CNA's and nurses to refer to regarding resident care. Resident #68 N. Record review of R#68 care plan dated 02/11/22 failed to identify focus, goals and interventions regarding mobility: Resident/Patient requires assistance/is dependent for mobility related to: _______________ Resident will utilize ________ bed rail(s) ___________ (indicate one: independently; with assistance) for ________ (indicate: turning and repositioning while in bed; transferring to/from bed). Other: ______ O. On 3/22/22 at 12:52 pm during an interview with DON, she verified that R#68 Care Plan was not completed regarding R#68 mobility focus, goals and interventions. Resident #80 P. On 03/15/22 at 9:45 am during interview with R #80, stated CNA's transfer with a machine (device used to perform a specific task, for this resident, he is talking about a machine that assists with transferring between bed and chair). Q. On 03/17/22 at 2:25 pm during an interview with CNA #2, stated R #80 is transferred (moved from one area to another area) by 2 staff via (by way of) a [NAME] Lift (device used to assist residents unable to transfer from a sitting to a standing position on their own). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R. Record review of R #80 care plan dated 02/23/22 identified transfers via Hoyer lift (device used to help a person to be transferred between a bed and chair or other similar resting places by use of electric (using electricity) or hydraulic (forced water, oil or another liquid) power. S. On 03/22/22 at 1:00 pm during an interview with DON, she confirmed that R #80 is transferred using a [NAME] Lift, not a Hoyer and that the care plan for R #80 is incorrect. T. On 03/15/22 at 9:45 am during interview with R #80 he stated he uses a Bipap (Bilevel Positive Airway Pressure machine used to treat Apnea-temporary cessation of breathing during sleep) machine at night. U. Record review of care plan dated 11/15/21 for R #80 identified resident as using a C-PAP (Continuous Positive Airway Pressure machine used to treat apnea), not a Bi-Pap machine. V. On 03/21/22 at 2:00 pm during observation a Bi-pap machine was observed on bedside table for R #80 W. On 3/22/22 at 12:52 pm during interview with DON, she verified care plan for R #80 was not complete and updated for CNA's and nurses to refer to regarding resident care. DON validated that the care plan incorrectly indicated R# 80 as using a CPAP machine when R #80 uses a Bi-pap machine. Resident #356 X. On 03/17/22 at 8:58 am during interview with R #356, stated her legs do not work and she has no strength to lift herself up. R #356 stated she stays in bed all day now. Y. On 03/17/22 at 9:30 am during observation of R #356, CNA #2 and CNA # 5 was observed providing full assistance for R #356 in changing the bed linens (sheets, blanket, pillow). Z. Record review of R #356 care plan fails to identify goals (desired result) related to mobility (how a person moves in different positions): Resident/Patient requires assistance/is dependent (needs assistance) for mobility related to ______________. Resident will utilize (use) ________bed rail(s) ___________ (indicate one: independently; with assistance) for ________ (indicate: turning and repositioning while in bed; transferring to/from bed) . AA. Record review of R #356 care plan dated 02/24/22 failed to identify goals related to oral health: The resident will maintain intact oral mucous membranes (mouth) as evidence by the absence of discomfort, gum inflammation/infection, oral lesions x___ days. BB. Record review of R #356 care plan failed to identify goals related to Mood (how a person acts): Resident/Patient will demonstrate improved mood state as evidenced by ________. Resident/Patient will exhibit decreased episodes of ________. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident/Patient will express anxieties/fears to staff regarding _______. CC. Record review of R #356 care plan failed to identify a focus regarding skin breakdown and no goals: Resident at risk for skin breakdown (damage to skin) related to________ and or has actual skin breakdown Type: ___________ Location_______ DD. On 3/22/22 at 12:52 pm during an interview with DON, she verified that R #356 Care plan was not complete and updated regarding mobility, oral health, mood and skin breakdown, for CNA's and nurses to refer to regarding resident care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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 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** 40671 Based on interview and record review, the facility failed to revise 3 (R #29, 58 and 79) of 3 (R #29, 58 and 79) resident Care Plans for: 1. Residents identified with having a Foley catheter (a thin, flexible catheter used especially to drain urine from the bladder by way of the urethra). 2. Residents identified with having abnormal weight loss and skin breakdown. 3. Residents identified with needing assistance with mobility; and activities. This deficient practice may result in direct care staff not being made aware of revisions to the resident's care plans. The findings are: Resident #58 A. On 03/14/22 at 2:53 PM during interview with R #58 he stated he needs assistance going to the bathroom, So I don't fall. R #58 has history of falls. B. Record review of admission record identified admitted [DATE] with the following diagnoses: 1. Traumatic subdural hemorrhage (bleeding in the area between the brain and the skull) with loss of consciousness, unspecified duration 2. Unspecified right bundle branch block (a delay or blockage along the electrical impulses traveling to your heart) , secondary admission diagnoses 3. History of falls and on 01/19/22, upon admission 4. Nutritional anemia, unspecified C. Record review of TAR (Treatment Administration Record) dated 01/18/22 indicated orders for Catheter care every day and night shift and nurse documentation catheter care had been performed. D. Record review of MDS (Minimum Data Set) dated 01/24/22 identified: 1. Section G- Functional Status: Supervision with transfers 2. Section G- Functional Status: Extensive assistance with toileting 3. Section H- Bladder and Bowel Appliances: Identified R#58 as having an Indwelling Catheter E. Record review of R #58 order summary dated 01/28/22 indicated a Foley catheter inserted on 1/26/22 and discontinued 2/25/22 F. Record review of revised care plan dated 01/28/22 does not identify R #58 as having a Foley catheter. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #29 G. Record review of Face Sheet for R #29 dated 12/24/21 revealed an initial admitted [DATE] and included the following diagnoses: Abnormal Weight Loss, Urinary Incontinence (involuntary loss of urine), and Hammer Toe - Right Foot (a toe with an abnormal bend or deformity in the middle joint). H. Record review of Care Plans for R #29 revealed there was no Care Plan in place to address Nutrition/Weight Loss until 01/08/22. [readmitted [DATE]] I. Record review of Care Plan dated 03/09/22 for R #29 revealed Focus: [Name of R #29] is at risk for skin breakdown related to Dementia (a group of symptoms that affects memory, thinking and interferes with daily life), confusion and incontinent episodes (involuntary loss of urine). She has an unstageable PU (pressure ulcer - skin sore that occur due to prolonged pressure) to her right lateral foot. [Name of R #29] has hammer toes to her right foot. Goal: Healing Goal: The resident's wound will decrease in size by the next review date. Maintenance Goal: Wound will remain free from signs and symptoms of infection. Interventions . Turn and/or Reposition and check skin every ____ hours as determined by tissue tolerance. Assist resident in turning and reposition every ___________hrs. Encourage resident to consume all fluids of choice _________ during meals . Off Load/Float heels while in bed with ___________. Utilize ___ device to assist resident with turning/positioning to reduce friction/shear . Utilize positioning devices ________ as appropriate to prevent pressure over boney prominences (any point on the body where the bone is immediately below the skin surface) . [This care plan failed to identify specific tasks for interventions.] J. On 03/22/22 at 2:44 pm during an interview, Director of Nursing (DON) verified there was no care plan to address Nutrition/Weight Loss for R #29 until 15 days following the most recent admitted [DATE] and stated that she would have expected there to be one created sooner. DON also verified that the care plan for Skin Breakdown was incomplete and stated that it should have been completed. Resident #79 K. Record review of Face Sheet dated 05/19/21 for R #79 revealed this as an initial admitted and included the following diagnoses: Major Depressive Disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest) Severe (very bad) with Psychotic Symptoms (hallucinations - seeing things that are not really there, delusions - implies an inability to distinguish between what is real and what only seems to be real), Dementia (a group of symptoms that affects memory, thinking and interferes with daily life), with Behavioral Disturbance, Wandering, History of Falling, Muscle Weakness, Abnormalities of Gait and Mobility, and Psychosis (a mental health problem that causes people to perceive or interpret things differently from those around them and may include hallucinations and delusions). L. Record review of Care Plan dated 02/11/22 for R #79 revealed, Focus: Resident/Patient requires assistance/is dependent for mobility related to:[blank]. Goal: Resident will utilize ________ bed rail(s) ___________ (indicate one: independently; with assistance) for ________ (indicate: turning and repositioning while in bed; transferring to/from bed). Interventions: Gap filler (indicate with X which Zone ____2,___3, ____6 or ____7). Other:______. [This care plan failed to identify specific reasons on th Focus, Goal, and specific tasks for interventions.] (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casa Real	1650 Galisteo Street Santa Fe, NM 87505

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	M. Record review of Care Plan dated 03/04/22 for R #79 revealed, Focus: _________ expresses interest in learning about the following leisure activities _________. Goal: [there is no goal documented] . [This care plan failed to identify specific reasons on the Focus, Goal, and specific tasks for interventions.] N. On 03/22/22 at 2:44 pm during an interview, Director of Nursing (DON) verified that the care plans for R #79 for Daily Routines, Activities and Mobility were incomplete and stated that they should have been completed. 43260

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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 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** 39822 This is a repeat deficiency from survey ending 12/30/20. Based on interview the facility failed to maintain professional quality by, 1. not ensuring regular calibration [process of ensuring that an instrument is accurately measuring] of capillary [smallest blood vessels] blood glucose (sugar) monitors (CBG-capillary blood glucose) [device that is utilized at the bedside, to measure the level of glucose in the blood sugar]. This deficient practice could likely result in errors in resident blood glucose readings for any of the six of thirty-five diabetic (a condition that results in not enough insulin - a hormone that regulate the amount of sugar in the blood - being produced by the body, causing high blood sugar) residents on Unit 200 listed on the resident census provided by the Center Executive Director (CED) on 03/16/22. If CBG devices are not calibrated according to manufacturer's instructions they may likely give incorrect readings/information about the residents blood glucose. 2. not ensuring a residents' placement into a secure locked unit was due to need related to the residents' medical/psychological symptoms, not for facility convenience and was pre-authorized by a physician for 1 (R #73) of 1 (R #73) reviewed for following physician orders. 3. failed to follow physician's orders regarding obtaining weekly weights for 1 (R #29) of 1 (R #29) residents sampled for nutrition and hydration. These deficient practices may likely lead to residents affected failing to achieve or maintain their highest practicable well being. The findings are: A. On 03/16/22 at 12:32 pm during an interview with Registered Nurse (RN) #3 she revealed she had 5 or 6 diabetic residents today, that she obtained CBG's on. She revealed that the night shift nurses were tasked with calibration of the glucose meters (also known as glucometers - medical devices used for determining the amount of glucose in the blood), that they were supposed to do so each night shift. She revealed that she did not know where the log for the glucometers calibration's was kept, but thought that the Unit Manager would know. B. On 03/16/22 at 1:43 pm, during an interview with the Unit Manager (UM) #1, she revealed that she did not have any logs and/or documentation of the glucometers' being calibrated, but was working on making a log plus binder for that documentation. She revealed that she was not certain if the glucometer's had been checked by anyone recently, I'm not sure when they [the night shift nurses] quit doing them [checking the calibration]. She confirmed that they should be calibrated every night shift. C. On 03/16/22 at 2:45 pm during an interview with the Center Nurse Executive (CNE) she revealed she doubted the glucometer's on the South Unit (where unit 200 is located) had been checked in several months. Resident #73 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	D. Record review of the admission record for R #73 revealed, she was admitted on [DATE] with the primary diagnosis of aftercare for fracture of left femur [surgical repair of the left hip] and dementia [group of symptoms that affects memory, thinking and interferes with daily life] without behavioral disturbances [examples are agitation {excessive talking or purposeless motions, feeling of unease or tension, and hostile behavior at times} and depression {persistent sadness and a lack of interest or pleasure in previously rewarding or enjoyable activities}]. E. Record review of census document revealed the resident was upon admission placed in room [ROOM NUMBER] on the locked, Memory Care Unit at the facility from 12/20/21- 03/11/22. On 03/11/22 she was moved into room [ROOM NUMBER] [an unlocked unit] on 03/16/22 she was moved backed to the locked Memory Care Unit room [ROOM NUMBER]. F. Record review of nursing progress notes revealed, 1. On 02/21/22 at 9:05 am, Resident remains on strict bed rest . Reposition Q2H [every 2 hours] & PRN [as needed] . Upon attempting to get Resident OOB [out of bed], OT [Occupational Therapist] states she (R #73) threw herself backwards and pointed feet forward when sat on the edge of the bed . Pt. [patient] is experiencing delusions [unshakable belief in something untrue]. Pt experiences Loss of interest daily [in previously rewarding or enjoyable activities] or almost daily. Exhibits behavior: frustration [does not say what the frustration behavior looked like]. 2. On 12/22/22 at midnight, Oriented to Person [knows who she is but not who someone else is or where she is] Severely impaired in decision making skills . 3. On 12/22/22 at 8:00 am, Rejection of care occurs up to 5 days a week Pt. [patient/resident] is experiencing delusions Pt experiences Loss of interest daily or almost daily. Exhibits behavior: frustration. 4. On 12/22/22 at 4:00 pm, left leg extremity weakness. Rehab [Rehabilitation] services/ability reviewed. Could not determine if he or she is capable of increasing independence in at least some ADLs [activities of daily living, such as performing own hygiene and eating] 5. On 12/31/22 at 8:21 pm, Patient is transferring with assistance Patient is cooperating good improvement Patient is still dependent and needs assistance with ADLS and also with meals needs to be fed. 6. On 01/07/22 at midnight, Pt experiences Loss of interest daily or almost daily. Pt has had sleep-cycle [sleeps at unusual times not patterned] issues daily or almost daily. Pt. does not believe he or she is capable of increasing independence in at least some ADLs. 7. On 01/07/22 at 9:45 am, Hospice [model of care for patients who are in the late phase of an incurable illness and wish to receive end-of-life care at home or in a specialized care setting that has a focus on quality and comfort.] start of care 01/7/22. 8. On 03/11/22 at 4:41 pm, The Change In Condition: Respiratory infection [COVID-19 (+)] .Mental Status Evaluation: No changes observed Functional Status Evaluation: No changes observed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	G. On 03/14/22 through 03/15/22 during multiple observations the resident is noted to be in bed. She appeared comfortable. When spoken to she will sometimes open her eyes but did not verbalize. H. On 03/15/22 at 9:54 am, during an interview with Licensed Practical Nurse (LPN) #2 she revealed, R #73 was transferred to South Unit [long term care unit, not locked]because she was positive [for COVID-19] she was one of the first [in this facility outbreak]. I. On 03/16/22 at 11:51 am, during an interview with R #73 she revealed she was alright. She did not otherwise respond to questions. J. On 03/16/22 at 12:15 pm, during an interview with Registered Nurse #3, she revealed that R #73, doesn't really get out of bed. K. On 03/17/22 at 12:10 pm, during an interview with the Medical Director, she revealed she would not order that a resident be admitted into a locked unit without evaluating them first to be sure they needed to be there and that she did not give an order for R #73 to be put into the Memory Care Unit at the facility. L. On 03/17/22 at 02:12 pm, during an interview with the Chief Nursing Executive (CNE) she revealed, R #73 was transferred back in the Memory Care [locked] unit because she wanders [walks around for no reason] and it is hard when they [the facility] only have a certain number of female beds and that she was in the Memory Care unit before. M On 03/23/22 at 11:12 am, during an interview the CNE confirmed there was no order for R #73 to be placed in the Memory Care Unit and that a resident should have a physicians order before being placed in a locked unit. 40671 Resident #29 A. Record review of Face Sheet for R #29 dated 12/24/21 revealed an initial admitted [DATE] and included the following diagnosis: Abnormal Weight Loss. B. Record review of Minimum Data Set, dated dated dated [DATE] for R #29 revealed, Section I. Active Diagnoses: Nutrition: Malnutrition (a condition that results from lack of sufficient nutrients in the body). C. Record review of Physicians Orders dated 01/12/22 for R #29 revealed, Weekly weights x 4 (for four weeks) for monitoring related to significant weight loss. Every day shift every Wed (Wednesday) for weight loss until 02/02/22 x 4 weeks. D. Record review of Weight Tracking for R #29 revealed the following: 03/01/2022 - 109.2 Lbs (pounds) 02/01/2022 - 114.4 Lbs (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	01/20/2022 - 112.8 Lbs [there were no weekly weights as ordered] E. On 03/22/22 at 2:46 pm during a record review and interview, the Director of Nursing verified that the physicians orders are for weekly weights and that there is no documentation showing that R #29 was weighed as per physicians orders.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. 37426 This is a repeat deficiency from survey ending 12/30/20. Based on record review and interview, the facility failed to provide ADL (Activities of Daily Living) assistance for baths/showers for 1 (R #17) of 5 (R #8, 17, 27, 52, 64] residents reviewed for ADL care. This deficient practice is likely to affect the dignity and health of the residents. The findings are: Findings for R #17 A. Record review of R #17's face sheet revealed R #17 original admitted date on 05/16/18. B. Record review of the facility north shower schedule revealed R #17 should be offered a shower/bath every Tuesday, Thursday, and Saturday. C. Record review of R #17's care plan revealed, Focus requires assistance for ADL care in bathing, grooming, personal hygiene, dressing, eating, bed mobility, transfer, and toileting. D. Record review of R #17's shower/bath completion forms revealed, was given showers/baths on these dates: 02/01/22, 2/03/22, 02/08/22, 02/15/22, 02/24/22, 03/08/22 and 03/15/22. E. On 03/14/22 at 09:10 am, during an interview with R #17, she stated, I only receive one shower a week. I have always asked to receive another shower in the week but never received one. The caregivers just ignore my request. F. On 03/15/22 at 11:40 am, during an interview with Certified Nursing Assistant (CNA #7), she confirmed that R #17 has one shower a week. R #17 was supposed to have showers three (3) times a week. G. On 03/29/22 at 9:12 am, during an interview with Director of Nursing (DON), she confirmed that R #17 has not been given or offered showers/baths 3 times a week as per her shower schedule of every Tuesday, Thursday, and Saturday.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39822 Based on record review, observation, and interview, the facility failed to ensure that 2 (R #s 29 and 83) of 2 (R #s 29 and 83) resident's noted to have facility acquired Pressure Ulcers (PU's) [localized injury to the skin and/or underlying tissue usually over bony prominence, as a result of pressure, or pressure in combination with shear {applied force causing a sliding motion that cause tissues and blood vessels to move in such a way that blood flow may be kinked}, and/or friction [rubbing motion}] received all needed services to prevent development of and provide timely treatment for a Pressure Ulcer (PU) by: 1. Not completing weekly skin assessments/observations to monitor for new skin injury so care could be implemented timely and minor skin injury would not become more serious for R #29 and R #83. 2. Not accurately completing wound assessments [to include size measurements, description of tissue, wound drainage and the appearance of the skin around the wound] upon admission, when wounds were first noted and at least weekly thereafter for R #s 29 and R #83 3. Not implementing new wound orders/interventions for 3 days after the pressure wound was identified for R #29. These deficient practices likely resulted in R #29 developing an unstageable PU [the depth of damage is not known due to being obscured [hidden] by the dead tissue overlying it] and may likely result in other resident's developing PU's than they might otherwise have, because the skin defect(s) is not noted timely and treatment implemented to prevent further skin damage. The findings are: A. Record review of policy titled, NSG236 Skin Integrity Management Revision date 06/01/21 revealed, Perform skin inspection on admission/readmission and weekly .Perform wound observations and measurements and complete Skin Integrity Report [a document that would record the wound assessment] . upon initial identification of altered skin integrity, weekly . Findings for R #29 B. Record review of admission record revealed R #29 was initially admitted on [DATE] and most recently readmitted on [DATE]. Her diagnosis included, abnormalities of gait [manner of walking, for example stiff, jerky or smooth] and mobility [ability to move or be moved freely and easily], cognitive [having to do with mental function] communication [ability to understand and respond to others] deficit [decreased from normal/usual]. C. Record review of nursing progress notes for R #29 dated 12/24/21 to 02/10/22 revealed no mention of any wounds to the right hip area. D. Record review of the available skin assessments/observations that refer to the right hip ulcer after readmission on 12/24/21 for R #29 revealed: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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 0686 Level of Harm - Actual harm Residents Affected - Few	1. On 02/10/22 at 9:54 pm, the Interact SBAR [Situation, Background, Assessment, Recommendation,[a method for health care professionals to communicate effectively with one another] Communication Form, This change of condition .Skin wound or ulcer this started [was first noted] on: 02/10/22 .Pressure [PU] . unstageable wound to right hip. 2. On 02/14/22 at 9:08 am, in the nursing progress notes, unstageable wound on right hip .dressing changed. Less purple and more red in color. 3. On 02/15/22 at 9:08 am, unstageable discoloration to right hip. 4. On 02/16/22 at 9:08 am, management unstageable wound on right hip .Dressing intact . No drainage noted. No C/O [complaint of] pain to area. 5. On 02/18/22 at 3:05 am, Res [resident] w/ [with] unstageable to R [right] hip (new) 6. On 03/01/22 at 7:06 pm, in the nursing progress notes, Wound on right hip beginning to change. Purple in color & hardened with edges lifting. [resident] Denies pain. 7. On 03/09/22 at 10:40 am, the first, Skin Check, was documented, Pressure .unstageable to right hip. 8. On 03/16/22 at 10:40 am, the second Skin Check, was documented, Pressure .unstageable to R [right] hip. 9. There were not measurements of the wound documented on any of the skin assessment/observations. 10. There was no initial skin check for R #83 upon re-admission on 12/24/21. E. Record review of the Order Recap Report, for orders on treatment for R #29's right hip PU revealed: 02/13/22, Sure prep [a product that when it dries on skin provides a thin layer of protection from moisture and friction to area 2. Cover with Allevyn [a wound dressing that provides a thin foam for protection of impaired skin and absorption of moisture] 3. Turn side to side Q [every] 2 hours in bed 4. Air mattress [a mattress meant to decrease pressure , friction and shear forces to skin] for Unstageable Pressure Ulcer to R. Hip. F. On 03/16/22 at 7:25 am, during an interview with Registered Nurse (RN #3) who revealed, we all [staff nurses] do our own wound care [change the topical dressings] and someone who says they can come in for extra time that week [a staff nurse] comes in once a week and does the measurements/assessments. G. On 03/22/22 at 11:01 am, during observation of wound care to R #29's right hip PU by RN #1 the ulcer is approximately 3 centimeters [cm's] top to bottom and X 6 cm's side to side and is covered with black-brown dead tissue. H. On 03/22/22 at 11:10 am, during an interview with RN #1, she revealed R #29's right hip PU appeared to her to be the same as the previous time she had seen it a week or more ago. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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 0686 Level of Harm - Actual harm Residents Affected - Few	I. On 03/22/22 at 12:40 pm, during an interview with the Director of Nursing (DON), she confirmed that, Skin Checks, should be completed weekly on every resident by the nurse caring for the resident. DON also confined that the first time the right hip wound on R #29 was identified by staff and documented was on an incident report dated 02/10/22 at 9:00 pm in which the wound was identified as unstageable. DON confirmed that there were no recorded measurements or complete assessments of the right hip wound documented since identified on 02/10/22 until present. Findings for R #83 J. Record review of admission assessment for R #83 revealed he was initially admitted on [DATE] and most recently readmitted on [DATE], with diagnosis that included, Parkinson's disease [a disease of the nervous system that results in progressive loss of normal movement], abnormality of gait and mobility and generalized [whole body] muscle weakness. K. Record review of available Skin Check, documentation for R #83 since most recent admission on 01/13/22 revealed: 1. On 01/14/22 at 2:00 pm, The following New skin injury/wound(s) were identified: Pressure Area(s): Location(s): coccyx [tail-bone] there was no measurements or other observations/assessment documented. 2. On 01/28/22 at 3:51 pm, New skin Injury/Wound(s) identified .Yes .Pressure .coccyx there was no measurements or other observations/assessment documented. 3. On 02/11/22 at 3:51 pm, Skin Injury/Wound Identified .No L. Record review of the, Skin Integrity Report, documentation available for coccyx ulcer since most recent admission on 01/13/22 for R #83 revealed: 1. On 01/27/22 [not timed] Coccyx .Pressure . 1.00 cm length 1.00 cm width 0 cm depth .Stage 1 [when depth of tissue damage can be seen, PU's are classified/staged from 1 to 4 based on the layers of tissue affected, a stage one only involves the outer most part of skin and does not involve loss of skin tissue {not an open wound}, a stage two is slightly deeper often involving the outer and next deeper level of skin, a stage 3 goes through all layers of the skin and involves the fatty tissue under the skin layers, a stage 4 PU is the most severe stage and denotes a wound that affects skin, fatty tissue, muscle and sometimes bone] exudate [drainage] none .Tissue Type Closed 100 % 2. On 02/10/22 [not timed] Coccyx .Pressure . 0 cm length 0 cm width 0 cm depth .Stage 1 . exudate none . 3. On 03/22/22 [not timed] Coccyx .Pressure .Healed M. On 03/22/22 at 12:40 pm during an interview with the the DON confirmed that the documentation of the coccyx ulcer observations/assessments was not completed weekly. N. On 03/22/22 at 8:20 am, during an interview with RN #3 she revealed that R #83 no longer had a coccyx ulcer. It was healed yesterday but I wanted to check it again today before discontinuing the dressing. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325038	A. Building B. Wing	03/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casa Real	1650 Galisteo Street Santa Fe, NM 87505

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 0686 Level of Harm - Actual harm Residents Affected - Few	O. On 03/22/22 at 9:48 am, during observation of skin care to coccyx area for R #83 by RN #3 there was no PU.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37426 Based on record review and interview the facility failed to keep residents free from unnecessary psychotropic [any drug that affects brain activities associated with mental processes and behavior] medications for 2 (R #30, and 79) of 2 (R #30, and 79) residents sampled for unnecessary medications, when they failed to: 1. Discontinue R #30's physicians order for Haloperidol, (an antipsychotic medication administered to reduce psychotic symptoms) for agitation, PRN (as needed). 2. Follow through a recommendation from a physician to refer R #79 to a psychiatrist. (a medical practitioner specializing in the diagnosis and treatment of mental illness). This deficient practice could likely to result in residents being administered unnecessary medication, being over medicated and not receiving specialty services. The findings are: Findings for R #30: A. Record review of R #30 Face Sheet (no date) for R #30 revealed, admitted [DATE] and the following diagnoses: Atrial Fibrillation (irregular heart beat) Myocardial Infarction (heart attack), Ventricular Tachycardia (irregular heart beat), Hypertension (high blood pressure), Mild persistent Asthma (airways become inflamed, narrow, and swell, difficult to breath), Malignant Neoplasm of Breast (breast cancer), Malignant Neoplasm of ovary (Ovary Cancer), Major Depressive Disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest) mild, Overactive Bladder (sudden need to urinate). B. Record review of R #30's physicians order dated 11/08/21 for Haloperidol tablet 0.5 mg. Give 1 tablet by mouth every 4 hours as needed for agitation. Start date 11/08/21. No stop date. C. Record review of R #30 Medication Regimen Review dated from 02/01/2022 to 02/21/22 revealed the following: comment: R #30 has a PRN order for Haloperidol, which has been in place for greater than 14 days without a stop date. Recommendation: If this PRN (as needed) antipsychotic cannot be discontinued at this time, current regulations require that the prescriber directly examine the resident to determine if the anitpsychotic is still needed and document the specific condition being treated prior to issuing a new PRN order. Note: Will attempt a GD (gradual decline) by d/c (discontinue) this order and closely monitor. Signed by physician on 02/22/22. D. Record review of R #30 Medical Administration Record (MAR) for [DATE], and March 2022, revealed for Haloperidol tablet 0.5 mg. Give 1 tablet by mouth every 4 hours as needed for agitation. Start date 11/08/21 with no stop was not discontinued. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	E. On 03/22/22 at 10:09 am during an interview with the Director of Nursing (DON), confirmed R #30's physicians order dated 11/08/21 for Haloperidol tablet 0.5 mg, PRN was listed on the MARs for [DATE], and March 2022, was not discontinued as documented by the physician on R #30's Medication Regimen Review signed on 02/22/22. 40671 Findings for R #79: F. Record review of Face Sheet dated 05/19/21 for R #79 revealed this as an initial admitted and included the following diagnoses: Major Depressive Disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest) Severe (very bad) with Psychotic Symptoms (hallucinations - seeing, hearing or smelling things that are not there, delusions - believing things that are not true/real), Dementia (a group of symptoms that affects memory, thinking and interferes with daily life) with Behavioral Disturbance, and Psychosis (an experience in which a person loses touch with reality). G. Record review of Physicians Orders for R #79 revealed the following: - Escitalopram Oxalate (medication used to treat depression and anxiety) Tablet 20 MG (milligrams) Give 20 mg by mouth one time a day for MDD (Major Depressive Disorder). Start Date: 05/20/2021 - OLANZapine (medication used to treat severe agitation associated with certain mental/mood conditions) Tablet Give 20 mg by mouth one time a day for Mood. Start Date: 05/20/2021 - RisperDAL Tablet (risperiDONE) (medication used to treat certain mental/mood disorders) Give 0.5 mg by mouth two times a day for Mood. Start Date: 05/19/21 H. Record review of Medication Regimen Reviews for R #79 revealed the following: June 1, 2021 - June 18, 2021 - Comment: R #79 receives two or more antipsychotics: Risperidone, Olanzapine. Recommendations: Please decrease dose with the end goal of discontinuation while concurrently monitoring for for reemergence of target and/or withdrawal symptoms. Note: Will defer to psychiatry, dated 07/14/21.I. On 03/22/22 at 2:56 pm during a record review and interview the Director of Nursing verified the note written by the physician to defer to psychiatry and verified that there is no referral to be followed up with a psychiatrist. She stated that this recommendation was never noted in the resident's electronic medical record and it should have been, and that may be the reason that there was no psychiatry consult.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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	Ensure medication error rates are not 5 percent or greater. 39822 Based on observation, record review, and interview, the facility failed to ensure the medication error rate did not exceed 5% by failing to: 1. Administer the ordered dose of Lidocaine [pain numbing medication] topical [to the skin] patch for R #80 2. Ensure the correct dose and correct residents medication device was prepared for use for R #11 3. Ensure the correct form of a medication was given and medications given separately through a feeding tube for R #207 for 3 (R #'11, 80 and 207) of 7 [R #'s11, 37, 80, 96, 98, 207 and 360] resident's observed for medication administration. This resulted in a medication error rate of 23.08 percent. If medications are not administered as ordered with appropriate technique, residents are likely to experience a decline in wellbeing that the medication was ordered to prevent, relieve, or decrease. The findings are: R #80 A. On 03/16/22 at 7:23 am, during observation of medication administration to R #80 by Registered Nurse (RN) #1, Lidocaine [generic name for a pain/itching relief medication applied to the skin/topically] patch four percent (%) was applied to the residents' left knee. B. On 03/16/22 at 7:30 am during interview with RN #1 she revealed, that is [the lidocaine 4% patch] an over the counter [OTC] patch, because he didn't have any more of his Lidoderm [brand name for Lidocaine that is a 5%] patches that had previously been ordered for his shoulders currently available. C. Record review of order for lidocaine patch for knee revealed, on 02/19/22 an order for Lidoderm [brand name patch for a Lidocaine 5%] patch apply to left knee topically [on the skin] one time a day. D. On 03/22/22 at 12:28 pm, during an interview with the Center Nurse Executive (CNE) she confirmed the lidocaine patch should be ordered with a percentage [dose] indicated. R #11 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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	E. On 03/16/22 at 12:22 pm, during observation of medication administration to R #11 by RN #3 with concurrent interview of RN #3, she prepared to administer insulin [a medication that lowers the level of glucose (a type of sugar) in the blood] using a Novalog Flexpen [a brand of fast acting insulin that is supplied in a multi dose pen-like device, that is prescribed for single person use only] that was labeled with a differrent residents name [not R #11]. RN #3 retrieved the correct Novalog Flexpen for R #11 after surveyor asked her to check the label of the insulin pen. RN # 3 then prepared to administer 3 units, of Novalog insulin to R #11 after the surveyor asked her if she was sure that was the correct dose, she stated, it is supposed to be 2 units and decreased the dose to the 2 units that was ordered before administering it to the resident. R #207 F. On 03/22/22 at 10:11 am, during observation of medication administration to R #207 by RN #2, he prepared Aspirin 81 milligrams (mg) enteric [refers to the small bowel] coated [a coating on the medication to prevent it from dissolving until it reaches the small bowel] and Lexapro [a medication to treat depression] 10 mg tablet by crushing each one and mixing them together in 30 milliliters of water and administered it through R #207's gastrostomy tube [a tube that is placed into the stomach and comes out through the skin, most often used for people who are not able to take food through their mouth]. G. On 03/22/22 at 10:20 am, during interview with RN #2 he confirmed, Yes, enteric [coated] aspirin, is given to R #207. H. Record review of physician orders for R #207 revealed, Start date, 03/18/22, Aspirin tablet give 81 mg via [through] G- Tube [gastrostomy tube] one time a day. I. Record review of policy titled, Medication Administration: Enteral revision date 11/01/19 revealed, . Administer medications individually .flush with at least 15 ml (milliliters) tap or sterile water between each medication .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39822 Based on record review and interview, the facility failed to ensure medications were administered for 2 (R #s 80 and 106) of 2 (R #s 80 and 106) reviewed for medication errors by, 1. Administering acetaminophen [a pain relief medication common name is Tylenol] in doses that are known to potentially cause liver damage for R #80 and 2. Failing to administer ordered medications timely for R #106. These deficient practices can likely result in a resident failing to obtain maximum wellness and/or suffering new and/or prolonged physical and/or psychological illness. The findings are: Findings for R #80: A. Record review of medication orders for R #80 revealed, on 02/18/22 the order, Acetaminophen Tablet Give 2 Tablets (650 mg [milligrams]) By Mouth Every 4 Hours for Pain. B. Record review of Tylenol Manufactures guidance for use at https://www.tylenol.com/safety-dosing/dosage-for-adults accessed on 03/18/22 at 11:06 am, revealed, in 2011 lowered the maximum daily dose for single-ingredient Extra Strength TYLENOL(R) (acetaminophen) products sold in the U.S. from 8 pills per day (4,000 mg) to 6 pills per day (3,000 mg). The dosing interval has also changed from 2 pills every 4-6 hours to 2 pills every 6 hours. C. Record review of Mayo Clinic guidance on acetaminophen, accessed on 03/30/22 at 4:55 pm, at https://www.mayoclinic.org/diseases-conditions/acute-liver-failure/symptoms-causes/syc-20352863?msclkid=6db28e81b07c11ec99145603af3d1b6e Acute [sudden] liver failure is loss of liver function that occurs rapidly in days or weeks usually in a person who has no preexisting liver disease. It's most commonly caused by a hepatitis virus or drugs, such as acetaminophen. D. On 03/22/22 at 11:10 am, during an interview with the Center Nurse Executive (CNE) she revealed, that regarding the dose of Tylenol the resident was on, The daughter [of R #80] insisted on that dose because she didn't think he was getting enough pain relief, we got a doctors order for it. E. On 03/22/22 at 3:34 pm, during an interview with the Medical Director, she confirmed that the maximum safe dose of acetaminophen in a day for an adult is 3000 mg and that he should not have been given the 650 mg every 4 hours due to the known potential side effects. Findings for R #106: F. Record review of admission record revealed R #106 was admitted on [DATE] with diagnosis that included, Bipolar disorder [a mental disorder that causes unusual shifts in mood, energy, activity levels and concentration], and Major depressive disorder [serious mood disorder involving one or more episodes of intense depression [loss of interest or pleasure in living] that lasts two or more weeks. She was discharged to a local hospital on 02/28/22. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casa Real	1650 Galisteo Street Santa Fe, NM 87505

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	G. Record review of nursing progress notes revealed: 1. On 02/25/22 at 11:57 pm Mental Status: Alert. Oriented to Person [aware of who she is] Oriented to Place [aware of where she is]. 2. On 02/26/22 at 5:32 pm, Resident very anxious [feelings of tension, worried thoughts and physical changes like increased blood pressure] and confused [descriptive symptoms not documented], Keeps requesting to leave. H. Record review of medication orders dated 02/25/22 [not timed] and ordered to start on 02/26/22 included, 1. Myrbetriq Tablet Extended Release (ER) [for bladder spasms] 24 Hour 25 mg [milligrams] Give 1 tablet by mouth one time a day. 2. Aripiprazole Tablet 5 mg [treatment of bipolar disorder] Give 1 tablet by mouth one time a day. 3. Lamotrigine Tablet 150 mg [treats bipolar disorder]. Give 1 tablet by mouth one time a day. 4. Fluoxetine HCI Capsule 40 mg [treats major depressive disorder as well as bipolar disorder] Give 1 capsule by mouth once a day. I. Record review of Medication Administration Record (MAR) revealed, 1. Myrbetriq ER 25 mg, not administered until 02/27/22. 2. Aripiprazole 5 mg, not administered until 02/27/22. 3. Lamotrigine tablet 150 mg, not administered until 02/27/22. 4. Fluoxetine HCL 40 mg not administered while resident was in facility. Fluoxetine 20 mg tablet given daily starting on 02/27/22. J. On 03/23/22 at 2:27 pm, during an interview with the CNE, she confirmed that the medications Myrbetriq, Aripiprazole, Lamotrigine and Fluoxetine were not given as prescribed and that it may have affected this residents anxiety level and demands to be discharged back to the hospital.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39822 This is a repeat deficiency from survey ending [DATE]. Based on observation and interview the facility failed to ensure all medications available for administration were stored safely, which had the potential to affect any of the facility's 105 residents listed on the facility census provided by the Administrator on [DATE] by not ensuring that they: 1. Medications were labeled with the residents' name and all pertinent prescribing information 2. Medications were dated when first opened/punctured for multidose vials or insulin pens [medications provided in vials or pens that contain more than one dose of the medication] These deficient practices could likely increase the risk of administering medications to the wrong resident as well as expired and/or contaminated medication. The findings are: A. On [DATE] at 1:15 pm, during inspection of the South Unit's long term care medication cart, observed inside were the following multidose insulin vials and pens of insulin [these expire 28 days after first opened]: 1. One open multidose vial of Insulin Lispro 100 units per 1 ml [milliliter] dated as opened [DATE] 2. One open multidose vial of insulin Humulog 100 units per ml, opened not labeled for resident it is to be administered to and not dated as to when it was opened. 3. Insulin Glargine 100 units per ml pen, opened not labeled for resident it is to be administered to and not dated as to when it was opened. 4. Insulin Glargine 100 units per ml pen, opened not labeled as to when it was opened. 5. Basaglar 3 ml pen, opened not labeled as to when it was opened. 6. Three Novolog Flex Pen 100 units per ml pens, opened not labeled as to when each was opened. 7. Insulin Aspart Flex Pen Pre filled syringe 3 mls, 100 units per ml, not labeled when opened and has a partial label with part of residents name. B. On [DATE] at 1:35 pm, during an interview with Unit Manager #1 she confirmed that all multidose vials and pens should be labeled with the date they were first opened and the residents name. C. On [DATE] at 10:24 am, during inspection of second medication cart on the 200 Unit, the following medications were observed to be open but not appropriately labeled: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	1. Lactulose Solution multidose bottle not labeled as to when it was first opened. 2. Lantoprost .005% eye drops 2 bottles were opened but not labeled with open date. 3. Artificial Tears eye drops not labeled with resident identifiers or dated as to when first opened 4. Mupirocin Ointment 2% opened not dated as to when it was first opened. D. On [DATE] at 10:43 pm, during inspection of the medication room on the 200 unit observed, two (2) open multidose 1 ml vials of Tuberculin Purified Protein Derivative Diluted Aplisol. E. On [DATE] at 10:45 am, during an interview with Licensed Practical Nurse (LPN) #1 she confirmed all the medications noted in finding C and D should have been labeled as to when they were opened and which resident they belonged to. F. On [DATE] at 11:07 am, during inspection of the the Northunit Medication storage room under the sink the following was observed: 1. Five urinary catheter insertion trays 2. Five normal saline solutions outdated on [DATE] 3. One box Allevyn heel dressings 4. One box insulin syringes 5. Eight abdominal dressings 6. One intravenous (IV) administration sets 7. Two Foley catheters 8. Two skin staple remover kits 9. Three solidifier gel packets 10. One 18 gauge needle 11. One clear needless connector G. On [DATE] at 11:20 am, during inspection in the North Units medication room observed, 1. Two IV starter kits with wet mark stains on packaging, dated as expired [DATE] 2. One stat lock expired on ,d+[DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	H. On [DATE] at 11:35 am, LPN #1 confirmed that storing materials under a sink may likely result in contamination of the articles and that items in finding G were expired.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs. 43260 Based on observation and interview the facility failed to take into consideration food preferences (choices) for 1 (R #356) of 1 (R #356) resident by not providing an alternative menu and preferences (choices) regarding food substitution (providing something else in its place). This deficient practice could likely result in residents feeling that staff do not support her rights and choices for nutritional well-being (feeling well) The findings are: A. On 03/14/22 at 11:15 AM during interview with R #356, she stated, she does not like eggs and bread, but is given to them for breakfast every day. Would love fresh fruit, have asked staff but haven't received. B. Record review of R# 356 care plan indicated: 1. Honor (give as asked) food preferences within meal plan (action of deciding meals in advance according to preferences and nutritional need) 2. Offer alternate (something else) food choices if < (less than) 50% (percent) consumed at mealtime C. On 03/15/22 at 12:20 PM during observation of lunch, it was observed R #356's lunch tray on cart in hallway, R #356 had not consumed (eaten) any of the lunch provided. D. On 03/15/22 at 12:25 PM during an interview with R #356 she stated refused lunch because it wasn't what she wanted, stated she was not offered something else to eat for lunch from any of the staff. E. On 03/15/22 at 12:45 PM during an interview with CNA (Certified Nursing Assistant) #3 stated residents are offered an alternative (something else) if they do not like the food served. CNA #3 said R #356 had not asked for anything else for lunch but did eat the ice cream.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. 43260 Based on observation, record review, and interview, the facility failed to provide accommodations (arrangements to help a person) for 2 (R #68 and 357) of 2 (R #68, and 357) residents reviewed for allergies (immune response by the body to a substance, especially pollen, fur, a particular food, or dust, to which it has become hypersensitive), intolerances (the inability to eat a food or take a drug without adverse effects), and preferences by serving a house supplements (product added to a resident's diet to enhance nutritional needs) that would cause R #68 and R #357 discomfort (abdominal cramps, nausea, bloating, gas, diarrhea) if consumed. This deficient practice may result in a resident refusal of food or drink items required for managing (control of) the resident's nutritional needs and prevention (stop) of weight loss. The findings are: R #68 A. Record review of diet orders for R #68 indicated resident is lactose intolerant (inability to digest milk and other dairy products) B. Record review of R #68 Medication Administration Record (MAR) indicated orders dated 03/07/22 for Lactace (enzyme used to assist in digestion of milk and other dairy products) tablet before each meal for lactose intolerance (inability to digest milk and other dairy products) C. Record review of physician orders for R #68, dated 03/07/22, House Supplement with meals for Supplement/Poor PO (by mouth). Intake Health shake 4 oz (ounces) TID (three times a day) D. On 03/15/22 at 12:48 PM during observation and interview, observed R #68 laying in her bed with a house supplement noted on her lunch tray. Resident stated she can't have anything with milk in it. E. On 03/15/22 at 1:00 PM record review of house supplement ingredients, identified the following: nonfat milk (milk from which cream has been removed), corn syrup (made from corn starch and containing sugar), and high fructose corn syrup (sweetener made from corn syrup). R #357 F. On 03/15/22 at 12:55 PM during interview with R #357 he stated he always receives a house supplement with his meals, but that he cannot drink them because of lactose intolerance. G. On 03/15/22 at 1:00 PM during observation of R #357 lunch tray observed a container of the house supplement unopened and not consumed (eaten/drank). H. Record review of R #357 Admission record indicated diagnoses of Malignant neoplasm of Colon (cancer of colon), and severe protein calorie malnutrition. (significant muscle wasting and loss of body fat) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casa Real	1650 Galisteo Street Santa Fe, NM 87505

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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	I. Record review of R #357 Order Summary dated 03/12/22 indicated Lactase tablets for lactose intolerance. J. Record review of R #357 MAR (Medication Administration Record) indicated an order on 03/12/22 for Lactase (enzyme used to assist in digestion of lactose) tablets one before each meal for lactose intolerance. K. On 03/21/22 at 1:45 PM during an interview with kitchen manager (KM), KM verified that all resident's receiving a house supplement get the same supplement as diabetics (disease occurring when blood sugar is too high), lactose intolerant, and regular (what general population will eat) diets. Kitchen manager verified that the current house supplement is not appropriate (suitable)for all diet types as the first few ingredients (contents) of the house supplement are nonfat milk (milk from which cream has been removed), corn syrup (made from corn starch and containing sugar), and high fructose corn syrup (sweetener made from corn syrup).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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** 43260 This is a repeat deficiency from survey ending [DATE]. Based on observation, interview, and record review the facility failed to ensure that adequate food safety practices are being followed in: 1. Food storage areas (refrigerator, freezer, dry storage) containing expired, undated, spoiled (no longer edible; old) food 2. Food preparation areas unclean and covered in crumbs and garbage 3. Kitchen and food storage areas not swept 4. Unclean appliances 5. Incomplete documentation of pre-service (before meals) holding temperature (maintaining hot food) checks 6. Improper sanitization (promotion of hygiene and prevention of disease) of crockery (plates, bowls, cups), cutlery (forks, knives, spoons) and food storage containers. 7. Unit refrigerators and cabinets, designated as the Nutrition Room, contain expired, undated, and spoiled food These deficient practices are likely to affect all 105 residents listed on the resident census list provided by Administrator on [DATE] and may result in residents ingesting (eating and swallowing) contaminated (made impure) food or beverages and/or an outbreak (sudden increase in an activity or occurrence) of foodborne illness (caused by eating contaminated food or beverages) in the facility. The findings are: Findings for food storage areas: A. On [DATE] at 8:50 AM during observation of the kitchen refrigerator, the following was observed: 1. 1- Box of lettuce in refrigerator not dated 2. 5- Cucumbers in refrigerator soft and wilted (droopy) 3. 2- Stalks of celery in refrigerator brown, slippery (rotting), and wilted 4. 1- Opened container of fruit jelly in refrigerator, not labeled or dated 5. 1- Block (chunk) of cheese in refrigerator opened, not labeled or dated (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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	6. 8- Peanut butter and jelly sandwiches in refrigerator were not labeled or dated and bread is hard to touch (stale) 7. 16- Egg salad sandwiches in refrigerator not labeled or dated 8. 11- Small prepared (made) dessert containers in refrigerator unlabeled, undated, and uncovered 9. 1- Container of mayonnaise in refrigerator opened and unlabeled 10. 1- Deep dish pie crust in refrigerator unlabeled and undated B. On [DATE] at 9:00 AM during an interview with DA #1 (Dietary Aid) confirmed the following: 1. 1- Box of lettuce in refrigerator not dated 2. 5- Cucumbers in refrigerator soft and wilted 3. 2- Stalks of celery in refrigerator brown, slippery (rotting), and wilted 4. 1- Opened container of jelly in refrigerator not labeled or dated 5. 1- Block of cheese in refrigerator not labeled or dated 6. 8- Peanut butter and fruit jelly sandwiches in refrigerator are not labeled or dated; bread is hard to touch 7. 16- Egg salad sandwiches in refrigerator not labeled or dated 8. 11- Small prepared dessert containers in refrigerator unlabeled, undated, and uncovered 9. 1- Container of mayonnaise in refrigerator opened and unlabeled 10. 1- Deep dish pie crust in refrigerator unlabeled and undated C. On [DATE] at 11:50 AM during observation of lunch service in the resident dining room, observed a container of Lactose free (without dairy) milk being served to residents in dining room labeled as opened on [DATE] and expired on [DATE]. D. On [DATE] at 12:00 PM during an interview with CNA #7 (Certified Nursing Assistant) verified that the Lactose Free milk being served to residents during lunch was past the expiration date and should not have been served. CNA #7 removed milk and threw it in the garbage. E. On [DATE] at 7:08 AM during a follow-up observation of the kitchen and refrigerator the following was identified: 1. 1- Box of green grapes in refrigerator undated 2. 2- Creamy hot rice cereal boxes in food preparation area opened, undated and expired in 2021 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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	3. 2- Chocolate dessert sauce (topping) bottles under steam table (type of food holding equipment designed to keep foods warm) opened, unlabeled, expired; label indicates (directions) opened sauce is to be stored in a cool dry place 4. ,d+[DATE]- Loaf of cinnamon raisin bread under steam table, opened, unlabeled and undated 5. 1- Bottle of lemon juice on food preparation table (work center where meals are prepped and combined prior to being cooked) area shelf opened, unlabeled and expired 6. 1- Bottle of fruit jelly on food preparation area shelf opened, undated and unlabeled 7. 1- Bottle of unopened pancake syrup on shelf of food preparation area expired 8. 2- Empty food storage bins (container used to hold something for later use) on storage rack appeared wet and interlocked (on top of each other) with noticeable condensation (moisture) 9. 1- Container of sour cream on counter in food prep area opened, unlabeled, undated, warm, and spoiled (unfit for eating) 10. 1- box of opened butter in refrigerator undated 11. 1- Container of unopened sour cream in refrigerator expired 12. 6- Pre-made (made before) Pudding cups in refrigerator undated 13. 1- bottle of applesauce on food preparation area shelf opened and not refrigerated 14. 1- bottle of salad dressing on food preparation shelf opened and not refrigerated 15. 1- bottle of chocolate sauce on food preparation shelf expired [DATE] 16. 1- Jar of Beef base (concentrated beef stock) in food prep area opened and undated 17. 1- Container of Tarragon (herb used in cooking) on food prep area shelf opened and undated 18. 1- Container of honey opened, undated 19. 1- Container of Parsley (herb used in cooking) opened and undated 20. 1- Container of Basil (herb used in cooking) opened and undated 21. 1- Container of Chili powder (dried chili pepper) opened and not covered 22. 1- Container of Chicken base (concentrated chicken stock) opened and undated 23. Deep fryer (method of cooking by submerging food into oil at high heat) uncleaned F. On [DATE] at 8:39 AM during interview with FSD (Food Service Director) verified the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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	1. 2- Creamy hot rice cereal boxes in food preparation area opened, undated and expired in 2021 2. 2- Chocolate dessert sauce bottles, under steam table, opened, unlabeled, expired; label indicates opened sauce to be stored in a cool dry place 3. ,d+[DATE]- Loaf of cinnamon raisin bread, under steam table, opened, unlabeled and undated 4. 1- Bottle of lemon juice on food preparation table opened, unlabeled and expired 5. 1- Bottle of fruit jelly on food preparation area shelf opened, undated and unlabeled 6. 1- Bottle of unopened pancake syrup on shelf of food preparation area expired 7. 1- Container of opened sour cream on counter in food prep area unlabeled, undated, warm, and sour 8. 1- box of opened butter undated in refrigerator 9. 1- Container of unopened expired sour cream in refrigerator 10. 6- Pre-made pudding cups in refrigerator undated 11. 1- bottle of applesauce on food preparation area shelf opened and unrefrigerated 12. 1- bottle of salad dressing on food preparation shelf opened and unrefrigerated 13. 1- bottle of chocolate sauce on food preparation shelf expired [DATE] 14. 1- Jar of Beef base in food prep area opened and undated 15. 1- Container of Tarragon on food prep area shelf opened and undated 16. 1- Container of honey opened, undated 17. 1- Container of Parsley opened and undated 18. 1- Container of Basil opened and undated 19. 1- Container of chili powder opened and not covered 20. 1- Container of Chicken base opened and undated Findings for food preparation areas: G. On [DATE] at 9:50 AM during initial observation of the facility kitchen, observed food preparation counters not wiped down (cleaned) and covered with crumbs and unknown liquids. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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	H. On [DATE] at 10:00 AM during an interview with FSD, he verified food preparation counters have not been wiped down since breakfast service and were covered in crumbs and unknown liquids I. On [DATE] at 11:39 AM during a re-observation of the kitchen food preparation area the following was observed: 1. Dirty breakfast dishes in food preparation area sink 2. Jell-O cups on cart in kitchen uncovered, unlabeled, and not refrigerated Findings for kitchen and food storage areas: J. On [DATE] at 9:50 AM during initial observation of the facility kitchen observed unswept garbage and papers on floor of kitchen and in food storage areas (refrigerator, freezer, dry storage) K. On [DATE] at 10:00 AM during interview with FSD verified the floors of the kitchen and food storage areas have not been swept and contain garbage and papers Findings for kitchen appliances: L. On [DATE] at 9:50 AM during the initial tour of the facility kitchen observed the following appliances: 1. Plate holder cart/cabinet (a cart/cabinet used to hold clean plates for future use) unclean, and contains crumbs and old dried food inside of it 2. Kitchen stove covered in various food spills and unclean. 3. Two-door oven; baked-on (hardened or stuck on by heat) food splashes (to wet or soil by spattering) and crumbs (small amount of something), not clean. 4. Microwave in food-prep area dirty inside and out with baked-on residue (what remains after a process, such as cooking). 5. Toaster had baked-on and dried crumbs throughout (in every part of). M. On [DATE] at 10:00 AM during an interview with FSD, he verified: 1. Kitchen stove, microwave, and two-door oven covered in food spills, baked-on food, food splashes and crumbs; FSD said, The kitchen is not clean at all. 2. Plate holder cart/cabinet was unclean and contained crumbs and old dry food inside of it 3. Toaster had baked-on, dry crumbs throughout Findings for food holding temperatures: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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	N. On [DATE] at 11:40 AM during a record review of meal service temperature logs indicated they had not been completed prior to lunch being served to residents. O. On [DATE] at 11:45 AM during an interview with FSD-V (Food Service Director- Visiting) verified that the meal service temperature log was not completed prior to lunch being served to residents and should have been completed to ensure the food served is at a safe temperature. FSD-V stopped the lunch service and had DA #1 took temperatures and document them on the meal service temperature log prior to lunch services resuming. Findings for kitchen sanitization process: P. On [DATE] at 9:50 am, observed Dirty, wet towels on counter of dishwashing station (where dishes are washed) in the designated clean area (separate area away from dirty). Q. On [DATE] at 10:00 AM during an interview with FSD verified there are dirty, wet towels on the counter of designated clean area of dishwashing station R. On [DATE] at 7:50 AM FSD tested Covid-19 sanitization buckets (contain a recommended concentration of a chemical sanitizer, usually Quat (disinfectant chemical designed to kill germs) or chlorine. These sanitizers are approved to reduce the number of microorganisms to safe limits) in kitchen area, FSD stated the water in the buckets should be changed every 4 hours. 1. Bucket #1: chlorine 1000 ppm (recommended Bleach PPM for Covid-19: 1,000 PPM) 2. Bucket #2: chlorine 250 ppm (recommended Bleach PPM for Covid-19: 1,000 PPM) S. On [DATE] at 8:00 am during an observation of the 3-sink dishwashing area, the FSD checked Temperatures of 3 sink dishwashing area (the manual procedure for cleaning and sanitizing dishes in commercial settings) in kitchen: 1. Wash compartment area temp was 120 degrees F (Fahrenheit) (recommended temperature of no less than 110 degrees F) 2. Rinse compartment temp was at 75 degrees F (recommended temperature of no less than 110 degrees F) 3. Sanitize compartment temp was at 50 degrees F (recommended temperature of no less than 75 degrees F with chlorine) T. On [DATE] at 8:00 AM during interview with FSD verified 3 sink compartment temperatures and agreed that the rinse and sanitizing compartment water was too cold Findings for unit Nutrition Rooms (designated area used to store nourishment for residents): U. On [DATE] at 12:36 PM during an observation of Nutrition room and refrigerator located in South Hall identified: 1. Refrigerator did not have a thermometer (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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	2. Refrigerator temperatures had not been logged (documented) since [DATE] on temperature log data sheet (documents temperatures of refrigerator and freezer to make sure food stored is within the proper range for food safety) 4. 2- Refrigerated Burritos in plastic bag unlabeled, undated 5. 1- Ready to eat meal (prepared in advance) in freezer expired [DATE] 6. 1- Refrigerated bag of popsicles melted and unlabeled 7. 1- Refrigerated bag of tacos unlabeled and undated 8. 1- Refrigerated Yogurt expired on [DATE] 9. 1- Cucumber in fridge soft and rotting 10. Soapy (full of soap), cold water in nutrition room sink 11. Microwave in nutrition room dirty V. On [DATE] at 12:50 PM during interview with RN #3 (Registered Nurse) verified there is a sign on the fridge indicting that all prepared food (food cooked in advance) has a 3-day expiration date (no longer safe to eat), RN #3 also verified: 1. There is no thermometer in the nutrition room refrigerator 2. Fridge temp log on front of fridge has not been completed since [DATE] 3. Cucumber in fridge was soft and rotting 4. Unlabeled plastic bag with 2 burritos W. On [DATE] at 12:55 PM during interview with UM #1 (Unit Manager), she stated says everyone is responsible for keeping the nutrition room clean and fridge should have been cleaned thoroughly last night and it was not done. She also verified the microwave was dirty and the standing water in the sink was from this morning and is plugged up(water not going down due to something blocking it). X. On [DATE] at 12:59 PM during observation of Nutrition room and fridge in North Hall identified: 1. Microwave dirty 2. No documentation of freezer temperatures being completed 3. 1- Unopened yogurt in refrigerator expired [DATE] 4. 1- Bottle of pancake syrup under the cupboard was opened and not labeled (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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	Y. On [DATE] at 1:12 PM during interview with CNA #11 says he does not know how long food can be refrigerated before it is considered expired; CNA #11 verified that microwave was dirty and verified the pancake syrup under the cupboard is opened and not labeled. Z. On [DATE] at 12:04 PM observation of the Memory Care dining room refrigerator and freezer identified: 1. Temperature log identified on outside of refrigerator, but no thermometer found in the refrigerator 2. 3- Unlabeled and undated drink pitchers (containers) on counter 3. 2- Uncovered and unlabeled applesauce cups on cart 4. 1- Unwrapped, cut in half, and unlabeled lemon on microwave 5. Microwave dirty with dried and baked-on (leftover food cooked onto a surface) 6. 1- bag of tortilla chips under the cupboard opened and undated 7. 1- box of Tasty Cakes Cinnamon rolls under cupboard opened, unwrapped, undated and dried up (lacking moisture, brittle) 8. 1- Bag of Cheerios (cereal) in cupboard opened and undated AA. On [DATE] at 12:15 PM during an interview with CNA #12 verified: 1. Temperature log identified on outside of refrigerator, but no thermometer found in the refrigerator 2. 3- Unlabeled and undated drink pitchers (containers) on counter 3. 2- Uncovered and unlabeled applesauce cups on cart BB. On [DATE] at 12:20 PM during interview with RN #1 verified: 1. 1- Unwrapped, cut in half, and unlabeled lemon on microwave 2. Microwave dirty with dried and baked-on (leftover food cooked onto a surface) 3. 1- bag of tortilla chips under the cupboard opened and undated 4. 1- box of Tasty Cakes Cinnamon rolls under cupboard opened, unwrapped, undated and dried up (lacking moisture, brittle) 5. 1- Bag of Cheerios (cereal) in cupboard opened and undated 6. No thermometer in refrigerator (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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	CC. On [DATE] at 12:29 PM Observed drink pitchers (containers) in south hall not labeled or dated DD. On [DATE] at 12:30 PM during an interview with CNA #3, he verified that the drink pitchers (containers) in the South Hall were not labeled or dated; They came up from the kitchen like that. EE. On [DATE] at 12:30 PM during interview with CNA #13 she verified the drink pitchers in the South Hall were not labeled or dated they always come from the kitchen like that.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casa Real	1650 Galisteo Street Santa Fe, NM 87505

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39822 Based on observation, interview, and record review, the facility failed to ensure that; 1. All residents with a diagnosis of COVID-19 [a virus which often results in fever and cough and is capable of progressing to severe symptoms] infection were separated, to the degree possible, in rooms apart from any residents without active COVID-19 infection. 2. That all appropriate infection prevention practices to prevent spread of COVID-19 were maintained by staff. 3. Laundry was processed so that dirty laundry was separated from clean laundry. 4. Clean dishes were separated from dirty rags in the kitchen 5. The Covid-19 Bleach Sanitation buckets in kitchen did not have the correct PPM of bleach and contained soap only 6. The 3-step washing sink water temperatures were too cold for adequate sanitization of dishes 7. Sharps containers (puncture proof container for used needles and other breakable items) not being replaced when full These deficient practices have the potential to cause illness to any of the 105 residents living in the facility as provided in the census received from the Administrator on 03/14/22, who may be likely to contract an infection as a result. The findings are: Residents with a diagnosis of COVID-19 infection were not separated from residents without active COVID-19 infection: A. Record review of CDC (Centers for Disease Control).gov, guidance effective 02/02/2022 at https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html accessed on 03/23/22 at 11:44 am, revealed, Recommended infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed SARS [severe acute respiratory syndrome]-CoV-2 [type of a coronavirus] infection The IPC recommendations described below also apply to patients with symptoms of COVID-19 (even before results of diagnostic testing) and asymptomatic patients who have met the criteria for empiric Transmission-Based Precautions (quarantine) based on close contact with someone with SARS-CoV-2 infection. However, these patients should NOT be cohorted with patients with confirmed SARS-CoV-2 infection unless they are confirmed to have SARS-CoV-2 infection through testing .Place a patient with suspected or confirmed SARS-CoV-2 infection in a single-person room. The door should be kept closed (if safe to do so). The patient should have a dedicated bathroom. Facilities could consider designating entire units within the facility, with dedicated HCP [Health Care Practioner], to care for patients with SARS-CoV-2 infection. Dedicated means that HCP are assigned to care only for these patients during their shifts. Only patients with the same respiratory pathogen should be housed in the same room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	B. On 03/14/22 10:15 am, during observation in room [ROOM NUMBER] which was a COVID-19 isolation room [guidance to prevent spread of COVID-19 infection in a long term care facility calls for the door to be closed and the curtain drawn as well as resident to wear masks if curtain not drawn] R #48 and R #6 were each lying in their beds, neither had a mask on and the curtain was not drawn between them. a. On 03/14/22 at 11:05 am during an observation of resident room [ROOM NUMBER], designated (chosen) isolation room (room to keep you away from others), door was open b. On 03/14/22 at 11:06 am during an observation of resident room [ROOM NUMBER], designated isolation room, door was open c. On 03/14/22 at 11:07 am during interview with CNA #3 she stated isolation room doors should be closed, but I will close them; someone keeps opening the doors and doesn't close them; CNA#3 closed doors to resident rooms [ROOM NUMBERS]. C. On 03/14/22 at 10:20 am, during an interview with R #48, she revealed that she does not have COVID-19 and that R #6 is COVID-19 positive (+) at this time. She revealed that she was never consulted as to whether she wanted to stay in the same room with her COVID-19 (+) roommate. D. Record review of the Heat Map [data reporting technique that shows incidents of a phenomenon as color, in this case a facility floor plan with the resident rooms indicates: a. Locations of COVID -19 (+) and COVID-19 negative (-) residents b. COVID-19 previously infected {now resolved} c. Non-vaccinated residents d. If the resident is male or female E. Record review of Heat map dated 03/14/22 documented that there were 18 residents in the facility who were COVID-19 (+) and for: 1. Residents in room [ROOM NUMBER], one was COVID-19 (+) and one was unvaccinated COVID-19 (-) 2. Residents in room [ROOM NUMBER], one was COVID-19 (+) and one was COVID-19 resolved. 3. Residents in room [ROOM NUMBER], one was COVID-19 (+) and one was COVID-19 resolved. 4. Residents in room [ROOM NUMBER], one was COVID-19 (+) and one was COVID-19 resolved. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casa Real	1650 Galisteo Street Santa Fe, NM 87505

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	F. On 03/22/22 at 11:19 am, during an interview with the Infection Prevention/Control Nurse (IPC) she confirmed the practice at the facility was to place newly COVID-19 (+) residents with residents who have recovered from COVID-19 infection within the past 90 days. She revealed that the state [staff] has told them [the facility] that they can cohort [in this instance to place residents in the same room together residents who have recovered from COVID-19 with residents who currently have COVID-19 infection. She revealed that the CDC guidelines also allow cohorting COVID-19 positive and COVID-19 recovered residents together, stating, you need to draw the curtain. Appropriate infection prevention practices to prevent spread of COVID-19 were not maintained by staff: G. On 03/14/22 at 9:35 am during observation on the 200 unit, [a long term care unit with both COVID-19 (+) and COVID-19 (-) residents] cloth gowns [gowns to be worn over regular clothing when entering a COVID-19 isolation room to add protection from the virus]] used in COVID-19 isolation rooms on the hall were worn in then out of the room by staff and disposed of in bins outside of the rooms in the hall. H. On 03/14/22 at 9:41 am during an observation on the 100 unit, housekeeping was observed to be cleaning room [ROOM NUMBER], which is identified as an isolation room since both residents housed in this room are COVID-19 positive, one resident is in the room and the door is open during this observation. I. On 03/14/22 at 9:42 am during an interview with Certified Nursing Assistant (CNA) #1 he confirmed that the bins for used quarantine gowns are in the hall he stated, sometimes they are in the rooms but not today for some reason. J. On 03/14/22 at 9:44 am during an observation, room [ROOM NUMBER]'s door was wide open, this room is posted as an isolation room because the resident is COVID-19 positive, R #26 is observed laying in her bed sleeping. K. On 03/14/22 at 11:00 am during an observation on the 100 unit, R #79 was observed to exit her room and wander down the hallway, her door remains open and this room was identified as an isolation room due to both residents who reside in this room being COVID-19 positive. R #79 is not wearing a face mask. L. On 03/14/22 at 11:05 am during an observation in the dining/activity room of the 100 unit, there are residents seated watching television and visiting with one another, there was a combination of COVID-19 positive and negative residents in the dining/activity room and none of the residents were wearing face masks and were not seated six feet apart. M. On 03/15/22 at 10:10 am, during observation the door to room [ROOM NUMBER] was open and the curtains were not drawn, there were two residents in the room, both are COVID-19 (+). N. On 03/16/22 at 6:25 am, during observation the door to room [ROOM NUMBER] was open. Both residents in the room appeared to be sleeping. The curtain between the two residents was not drawn closed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	O. On 03/16/22 at 6:39 am, during an interview with RN #3 she stated, that regarding room [ROOM NUMBER] today (03/16/22). It is an isolation for COVID [COVID-19]. In all reality the door should be closed. P. On 03/16/22 at 12:22 pm during observation of medication administration to R #11, who is in isolation for COVID-19, RN #3 failed to disinfect the insulin pen after it was utilized before placing it back into the medication cart with multiple other insulin pens and left the isolation room twice with her isolation gown on to access her medication cart. Q. On 03/17/22 at 1:52 pm during an observation on the 100 unit, R #79 wanders out into the hallway without a face mask and leaves her room door open, R #79 is currently COVID-19 positive as well as her roommate. R. On 03/17/22 at 1:55 pm during an observation on the 100 unit, the following residents are observed seated in the dining/activity room watching a movie: R #25 and R #47 are currently COVID-19 positive; R #85 and R #60 are not COVID-19 positive, none of these residents were wearing face masks. S. On 03/17/22 at 2:03 pm during an interview, Licensed Practical Nurse (LPN) #3 confirmed that R #'s 25 and 47 are currently COVID-19 positive and stated that residents who are currently COVID-19 positive should be isolated to their rooms but that it is difficult to keep them in their rooms. LPN #3 further stated that there should not be COVID-19 positive residents socializing with residents who are not positive, she verified that there was a combination of non positive and COVID-19 positive residents in the dining/activity room at this time, not all residents were wearing face masks. T. On 03/17/22 at 2:23 pm during an observation on the 100 unit, R #12 was observed to be seated next to R #25 in the dining/activity room, neither resident is wearing a face mask, R #25 was COVID-19 positive and R #12 was not. U. On 03/17/22 at 3:09 pm during an observation on the 100 unit, R #92 is wheeled into the dining/activity room in her wheelchair and was parked about two feet away from R #47, neither resident is wearing a face mask, R #47 was COVID-19 positive and R #92 was not. V. On 03/17/22 at 3:16 pm during an observation on the 100 unit, Activities Director (AD) and a volunteer bring in party goodies for St. Patrick's day. AD is observed to serve food onto plates and deliver to residents, he does not wash/sanitize his hands after each serving to different residents. AD is observed to physically assist a resident with changing his face mask, he does not wash/sanitize his hands and continued to serve food to other residents. W. On 03/17/22 at 3:45 pm during an interview, Center Executive Director (CNE) stated that residents who are not COVID-19 positive can attend group activities and dine in the dining room and that they should be wearing face masks and social distancing. She further stated that it is her expectation that there should not be mixing residents who are COVID-19 positive with those who are not positive whether it is for a meal or a party/group activity. X. On 03/21/22 at 12:27 pm, 1:04 pm, and 1:47 pm during observations revealed room [ROOM NUMBER] door is was open and R #26 was laying in her bed, she was COVID-19 positive and in an isolation room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Y. On 03/21/22 at 12:30 pm during an observation on the 100 unit, R #25 is observed to be walking up and down the hallway, she was not wearing a face mask. R #25 was COVID-19 positive. Z. On 03/22/22 at 2:28 pm during an interview, IPC stated that resident rooms with COVID-19 positive residents should have their doors closed but that R #26 is a high fall risk and even though she is COVID-19 positive at this time they kept her door open so they can keep an eye on her. Laundry was not processed so that dirty laundry was separated from clean laundry: AA. On 03/22/22 at 2:21 pm, during observation and interview in the laundry, the dirty room is positive air pressure blowing under the door into the clean area. This is was confirmed by the Maintenance Assistant. 40671 43260 Clean dishes were not separated from dirty rags in the kitchen: BB. On 03/14/22 at 9:50 AM during the initial tour of the facility kitchen the following was observed, dirty, and wet towels on counter of dishwashing station (where dishes are washed) in the designated clean area (separate area away from dirty). CC. On 03/14/22 at 10:00 AM during an interview with FSD (Food Service Director) verified, dirty, wet towels on the counter of designated clean area in dishwashing station should not be there and should be separated from the clean dishes. FSD removed the dirty towels from that area. The COVID-19 Bleach Sanitation buckets in kitchen did not have the correct PPM of bleach and contained soap only: DD. On 03/22/22 at 7:50 AM FSD tested COVID-19 sanitization buckets (contain a recommended concentration of a chemical sanitizer, usually Quat (disinfectant chemical designed to kill germs) or chlorine. These sanitizers are approved to reduce the number of microorganisms to safe limits) in kitchen area, FSD mentioned the water in the buckets should be changed every 4 hours. a. Bucket #2: chlorine 250 PPM (recommended Bleach PPM for COVID-19: 1,000 PPM) The 3-step washing sink water temperatures were too cold for adequate sanitization of dishes: EE. On 03/22/22 at 8:00 am during an observation of the 3-sink dishwashing area, the FSD (food service director) checked Temperatures of 3 sink dishwashing area (the manual procedure for cleaning and sanitizing dishes in commercial settings) in kitchen: a. Rinse compartment temp was at 75 degrees F (recommended temperature of no less than 110 degrees F) b. Sanitize compartment temp was at 50 degrees F (recommended temperature of no less than 75 degrees F with chlorine) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325038	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/23/2022
NAME OF PROVIDER OR SUPPLIER Casa Real		STREET ADDRESS, CITY, STATE, ZIP CODE 1650 Galisteo Street Santa Fe, NM 87505	

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	FF. On 03/22/22 at 8:00 am during interview with FSD (food service director) verified 3 sink compartment (sink) temperatures were too cold and agreed that the rinse and sanitizing compartment (sink) water was also too cold to adequately sanitize dishes. Sharps containers were not being replaced when full: GG. On 03/16/22 at 1:55 pm observation of sharps container (puncture proof container for used needles and other breakable items) on bathroom wall in resident room [ROOM NUMBER] filled beyond the fill line (point at which no more items may be added for risk of injury) HH. On 3/16/22 at 2:00 pm during interview with CNA #2, confirmed that the sharps container on the bathroom wall in resident room [ROOM NUMBER] was full and did not know who empties them but would find out. II. On 03/16/22 at 2:10 pm during interview with RN#3 confirmed that the sharps container on the bathroom wall in resident room [ROOM NUMBER] was full, and added it locks when full, I will make a report to maintenance to come and empty JJ. On 03/17/22 at 8:30 am during a re-observation of sharps container on bathroom wall in resident room [ROOM NUMBER] was filled beyond the fill line. KK. On 03/17/22 at 2:18 pm re-observation of sharps container bathroom wall in resident room [ROOM NUMBER] revealed it was still filled beyond the fill line. LL. On 03/17/22 at 02:19 pm during an interview with RN #1 confirmed that the sharps container on bathroom wall in resident room [ROOM NUMBER] was over full and that the maintenance department should be coming around to pick it up.