

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325043	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2025
NAME OF PROVIDER OR SUPPLIER Casa Arena Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 205 Moonglow Alamogordo, NM 88310	
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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, and interview, the facility failed to ensure medical records were complete and accurate for 1 (R #9) of 4 (R #8, R #9, R #10, and R #11) residents reviewed for documentation accuracy when staff failed to document R #9's skin impairment (the skin's normal structure and function are compromised). This deficient practice has the potential to negatively impact the care staff provide to meet residents' needs due to missing or inaccurate records and resident information. The findings are: A. Record review of R #9's skin assessment dated [DATE], revealed R #9 had an open area on her coccyx (tailbone). B. Record review of R #9's nursing progress note, dated 12/18/25, revealed the medical provider was notified of the open area. The facility would follow up with the wound care nurse (WCN) for treatment of R #9's open area on the coccyx. C. Record review of R #9's medical record no date, revealed the WCN did not document her assessments of R #9. D. On 12/23/25 at 9:48 AM, during an interview, LPN #8 stated that during a skin assessment there was an impairment on R #9's coccyx. LPN #8 stated that the medical provider was notified. The WCN was treating the area. E. On 12/23/25 at 10:22 AM, during an interview, the WCN stated that when she assessed the wound on R #9's coccyx, that the wound was not open. The WCN nurse stated that she saw some moisture to the area and that she was going to order some ointment and for it to be covered. The WCN stated that she would be assessing the wound daily. The WCN confirmed that she did not document her assessments and treatments in R #9's medical record. F. On 12/23/25 at 10:33 AM, during an interview, the DON stated that the WCN should be documenting R #9's wound assessments and treatments in the resident's medical record. The DON confirmed that the WCN did not document her observations, assessments, and treatments of R #9's coccyx in the resident's medical record.		

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
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