

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325087	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/27/2025
NAME OF PROVIDER OR SUPPLIER  Northgate Unit of Lakeview Christian Home		STREET ADDRESS, CITY, STATE, ZIP CODE  1905 West Pierce Street Carlsbad, NM 88220	

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)
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview, the facility failed to ensure the Minimum Data Set Assessment (MDS; a federally mandated assessment instrument completed by facility staff) was accurate for 1 (R #1) of 1 (R #1) resident reviewed for MDS assessment accuracy. This deficient practice could likely result in the facility not having an accurate assessment of the residents' needs. The findings are: A. Record review of R #1's admission Record revealed the following diagnoses: 1. Dizziness (sensation of feeling faint).2. Senile Dementia (a mental deterioration associated with age by loss of intellectual ability). 3. Osteoporosis (bones become extremely porous and are subject to fracture and slow healing). B. Record review of progress notes dated 03/18/25 revealed the resident had an unwitnessed fall at 7:00 pm. C. Record review of R #1's physician orders revealed the following: 1. An order dated 03/18/25, Initiate Fall Prevention Program; Lower bed at appropriate height to prevent fall/injury.2. An order dated 03/18/25, Monitor status for 72 hours for bruising, change in mental status/condition, pain, or other injuries related to fall.3. An order dated 03/18/25, With Suspected head trauma - Neuro checks Q (every) 15 minutes x (times) 4, then Q1 hour x 2, then Q2 hours x 2, then Q4 hours x 2, then Q shift x 3. D. Record review of R #1's annual MDS assessment dated [DATE] revealed R #1 has not had any falls since admission/entry or reentry or the prior MDS assessment. E. On 08/27/25 at 3:15 pm, during an interview with the MDS Coordinator (MDS), she confirmed R #1's MDS is not accurate because R #1 had a fall on 03/18/25.</p>

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on observation and interview, the facility failed to safeguard resident's personal health information by leaving a list of residents with their associated vital sign readings in plain view. This deficient practice had the potential to affect all 38 people residing in the rooms on the East 1 and East 2 halls by allowing unauthorized people access to their personal health information. The findings are: A. On 08/27/25 at 1:00 pm, a random observation of the facility revealed a paper document with names of the residents and their vital sign readings sitting face up on the nurses station countertop. B. On 08/27/25 at 1:11 pm, during an interview with ST #1 confirmed that the clipboard was left face up with resident information visible. C. On 08/27/25 at 3:15 pm, during an interview with the Director of Nursing (DON), she confirmed that all personal health information should be safeguarded and should never be left in view of people that are not authorized to see it.</p>		