

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 325065	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/07/2020
NAME OF PROVIDER OF SUPPLIER VIDA ENCANTADA NURSING & REHAB		STREET ADDRESS, CITY, STATE, ZIP 2301 COLLINS DRIVE LAS VEGAS, NM 87701	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
E 0024 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Establish policies and procedures for volunteers. Based on record review and interview, the facility failed to have written policies and procedures that would ensure adequate staffing in the event of an emergency during the COVID-19 pandemic (an ongoing worldwide infectious disease outbreak) as of the survey date 07/07/20. This could result in inadequate numbers of and inadequate preparation of staff in the event of a surge of COVID-19 infections in the facility. This failed practice presents the risk of potential harm to all 76 residents in the facility as identified by a daily census provided by the Administrator on 07/07/20. The findings are: A. On 07/07/20 at approximately 11:45 am, during interview, the Director of Nursing (DON) revealed that if a COVID-19 surge of infections resulted in inadequate staffing to meet resident needs, they might call for the State of New Mexico (NM), Department of Health or the, NM National Guard to assist with staffing. B. Record review of the Emergency Preparedness documentation titled, Facility strategies for staffing during COVID-19 last revised 06/09/20 revealed no procedure for how the facility would ensure availability of and incorporate the skills of state and federal health care providers to ensure residents were cared for as needed during a surge in COVID-19 infections. The policy, in its entirety, read as follows: Policy Interpretation and Implementation 1. Staff to abide by normals schedule unless showing signs and symptoms of COVID-19 or flu like symptoms or has been exposed to anybody that has had a positive COVID-19 test. 2. If facility has a shortage of staff due to illness, other staff will be asked if they are willing to pick up extra shifts. Facility has contract with a staff agency if needed. In worst case scenario management will step in and assist on the floor within their limits. 3. Testing for COVID-19 is mandatory. Refusal will lead to suspension until employee complies with mandatory testing. C. On 07/07/20 at approximately 2:30 pm during a telephone exit with the Administrator and the DON the Administrator agreed that the policy needed revision. .		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.