HEALTH CARE
AUTHORITY

NURSING HOME UPDATE FY26

PRESENTED BY
MAURELLA SOOH, HEALTH FACILITY LICENSING AND CERTIFICATION DEPUTY DIRECTOR
RHONDA DELMAIN, DISTRICT OPERATIONS BUREAU CHIEF

INVESTING FOR TOMORROW, DELIVERING TODAY.

BEFORE WE START…

On behalf of all colleagues at the Health Care Authority, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Pueblo, Apache, and Diné past, present, and future.

With gratitude we pay our respects to the land, the people and the communities that contribute to what today is known as the State of New Mexico.

A cloudy morning looking over Santa Cruz Lake
photo by Jessica Gomez

MISSION

We ensure New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.

HEALTH CARE AUTHORITY

VISION

Every New Mexican has access to affordable health care coverage through a coordinated and seamless health care system.

GOALS

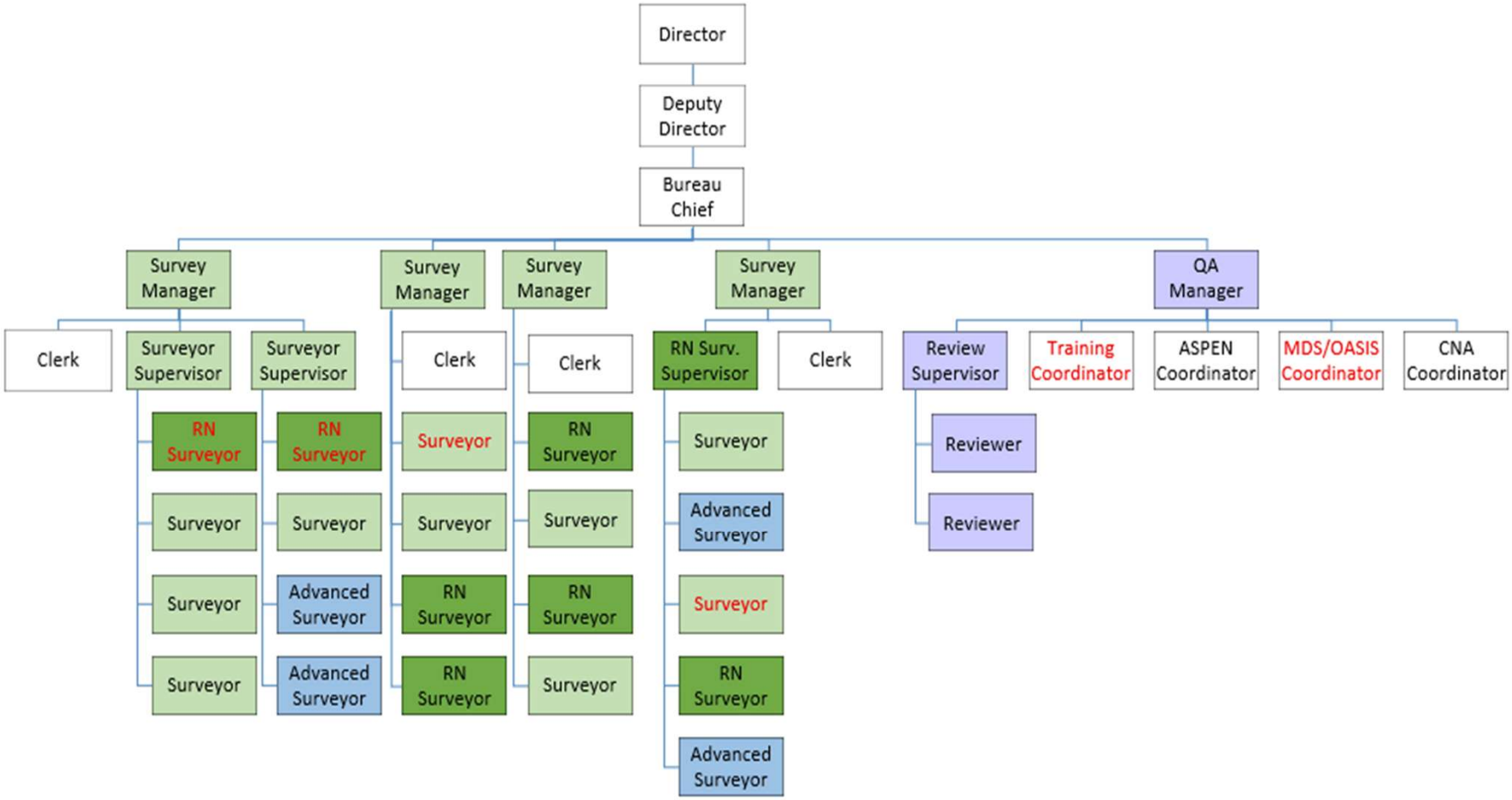
LEVERAGE purchasing power and partnerships to create innovative policies and models of comprehensive health care coverage that improve the health and well-being of New Mexicans and the workforce.

BUILD the best team in state government by supporting employees' continuous growth and wellness.

ACHIEVE health equity by addressing poverty, discrimination, and lack of resources, building a New Mexico where everyone thrives.

IMPLEMENT innovative technology and data-driven decision-making to provide unparalleled, convenient access to services and information.

DISTRICT OPERATIONS BUREAU



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CMS MISSION AND PRIORITY DOCUMENT

The **Centers for Medicare & Medicaid Services (CMS)** releases the **Mission & Priorities Document (MPD)** annually to guide its work for the fiscal year, including survey, certification, enforcement, and funding allocations for states.

Tier 1	Tier 2	Tier 3	Tier 4
15.9-Month Recertification Max **Average** interval between consecutive standard surveys should be **12.9 months** or less **"Off-Hours" Surveys:** States are required to conduct at least 10% of the standard health surveys on the weekend or before 8:00 a.m. or after 6:00 p.m. (i.e., "off- hours). States shall conduct at least 50% of their required off- hours surveys on weekends using the list of facilities with potential staffing issues **Special Focus Facility Surveys**: conduct one standard recertification survey of each designated Special Focus Facility (SFF) at least once every 186 days. **Complaint investigations prioritized as IJ (3 day).**	**Initial certification** Provider/Supplier's application to **Medicare** exceeds 150 days certification. **Complaint Investigations prioritized as Non-IJ High (15 days).**	Initial Surveys of Nursing Homes that are seeking **Medicaid-only** funding **Complaint investigations prioritized as Non-IJ Medium (next onsite)**	**Complaints triaged as Non-IJ Low (next onsite)**

STATE PERFORMANCE STANDARD SYSTEM (SPSS)

New Mexico SPSS Results FY2025	Final Score
S1: Special Focus Facility	MET
Q2: Assessment of Deficiency Federal Comparative	NOT MET
Q3: IDR	MET
S2: IJ Template	MET
S4: EMTALA/IJ Investigations	MET
S5: NH IJ Investigations	MET
S6: Off Hour Surveys	MET
S7 and S8: NH and ACC Recert Frequency	Partially Met
N1: NH Revisit	Partially Met

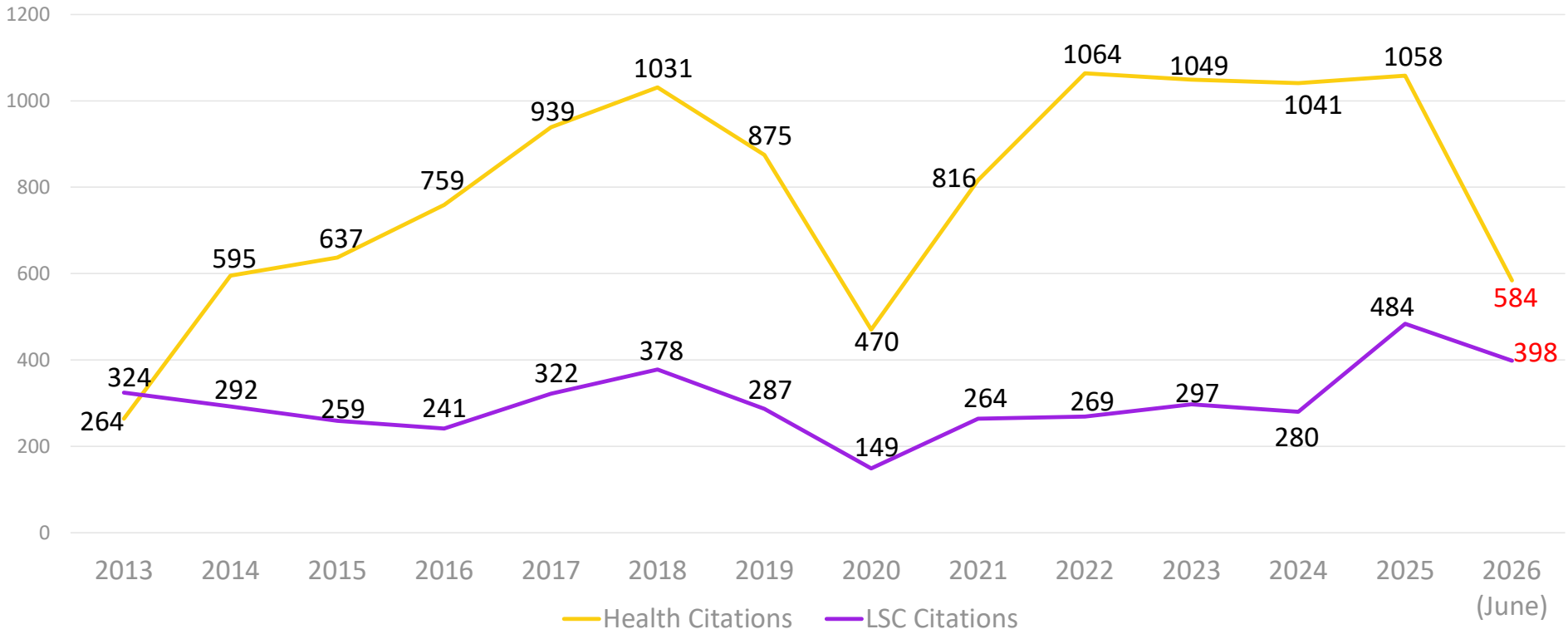
NURSING HOME SURVEY DATA FY2026 (JULY 1, 2025-JUNE 30, 2025)

- Conducted (285) unannounced onsite health surveys (excluding onsite revisits)
  - Complaint Only surveys (226)
    - Deficiency Free (59)
  - Recertification surveys (51)
  - Licensure Initials/CHOW (8)

- Complaint Intakes
  - Received 6,718 distinct intakes
  - Investigated (435) complaint intakes

- Cited 1741 health and life safety code deficiencies
  - (630) Life safety code/Emergency Preparedness deficiencies
  - (11) citations identified as causing Harm
  - (15) citations identified at Immediate Jeopardy

NEW MEXICO NURSING HOMES CITATIONS



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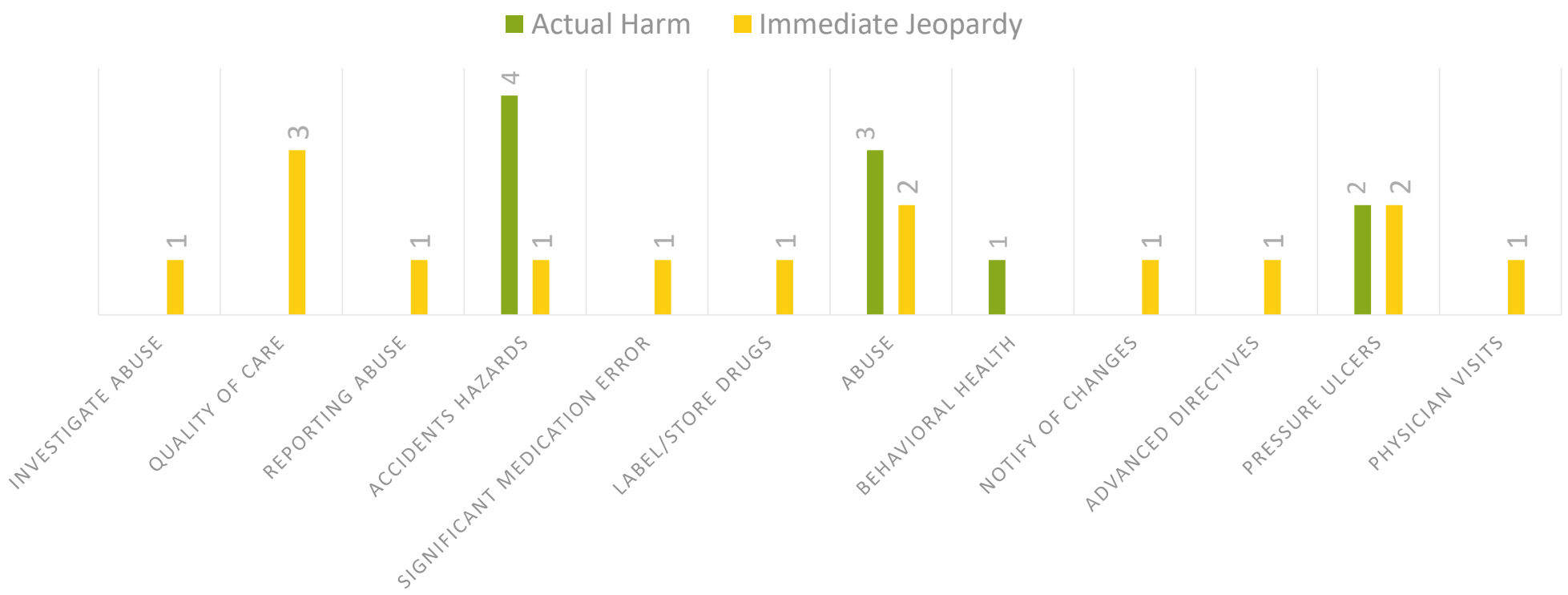
IMMEDIATE JEOPARDY AND ACTUAL HARM FY26

(JULY 1, 2025-JUNE 30, 2025)



K-0353 Sprinkler System - Maintenance and Testing	26
K-0712 Fire Drills	25
K-0918 Electrical Systems - Essential Electric Syste	24
K-0345 Fire Alarm System - Testing and Maintenance	22
K-0363 Corridor - Doors	22
K-0923 Gas Equipment - Cylinder and Container Storag	21
K-0222 Egress Doors	20
K-0293 Exit Signage	20
K-0321 Hazardous Areas - Enclosure	19
K-0355 Portable Fire Extinguishers	19
K-0372 Subdivision of Building Spaces - Smoke Barrie	19
K-0741 Smoking Regulations	19
K-0920 Electrical Equipment - Power Cords and Extens	19
K-0324 Cooking Facilities	18
K-0211 Means of Egress - General	17
K-0223 Doors with Self-Closing Devices	17
K-0761 Maintenance, Inspection & Testing - Doors	17
K-0346 Fire Alarm System - Out of Service	16
K-0911 Electrical Systems - Other	16
K-0914 Electrical Systems - Maintenance and Testing	16

TOP LIFE SAFETY CODE DEFICIENCIES CITED FY26 (JULY 1, 2025-JUNE 30, 2026)

F-0761 Label/Store Drugs and Biologicals	50
F-0658 Services Provided Meet Professional Standards	48
F-0657 Care Plan Timing and Revision	45
F-0842 Resident Records - Identifiable Information	45
F-0880 Infection Prevention & Control	45
F-0641 Accuracy of Assessments	37
F-0656 Develop/Implement Comprehensive Care Plan	37
F-0812 Food Procurement,Store/Prepare/Serve-Sanitary	37
F-0655 Baseline Care Plan	33
F-0689 Free of Accident Hazards/Supervision/Devices	30
F-0609 Reporting of Alleged Violations	29
F-0684 Quality of Care	28
F-0552 Right to be Informed/Make Treatment Decisions	24
F-0610 Investigate/Prevent/Correct Alleged Violation	22
F-0605 Right to be Free from Chemical Restraints	21
F-0645 PASARR Screening for MD & ID	19
F-0695 Respiratory/Tracheostomy Care and Suctioning	19
F-0550 Resident Rights/Exercise of Rights	17
F-0600 Free from Abuse and Neglect	16

TOP HEALTH DEFICIENCIES CITED FY26 (JULY 1, 2025-JUNE 30, 2026)

HARM CITATIONS FY26 (JULY 1, 2025-JUNE 30, 2026)

F740: Behavioral Health

- Resident with numerous document behaviors and evidence of depression was not referred for services.

F689: Accidents and Hazards

- Staff used Hoyer without second staff member. Resident fell from Hoyer resulting in brain bleed.
- Facility failed to complete post-fall investigations to ensure residents were free from accidents which led to two residents experiencing actual harm following repeated falls.
- Facility failed to ensure a safe environment and adequate supervision when resident was left in highest position and fell from bed sustaining a femur fracture requiring hospitalization.
- Facility failed to prevent an accident when failing to provide required assistance during personal care resulting in resident falling from bed and sustaining a fractured femur and fractured finger.

F686: Pressure Wounds

- Facility acquired and worsening to unstageable pressure wound with infection. Missing documentation of wound care provided and not notifying physician worsening.
- Facility failed to prevent worsening of pressure wound when staff failed to notify the physician of infection and wound deterioration.

HARM CITATIONS FY26 (JULY 1, 2025-JUNE 30, 2026)

F600: Abuse

- Staff to resident physical abuse- aggressively providing care
- Facility failed to ensure resident was free from neglect when a facility van driver did not secure wheelchair prior to transport resulting in resident sustaining an injury.
- Facility failed to ensure a resident was free from abuse when staff engaged in unwanted physical contact leading to resident experiencing fear, anxiety, and concern regarding retaliation.

F742: Treatment/Services Mental/Psychosocial Concerns

- Facility failed to address resident's identified mental health needs despite ongoing psychosocial distress, and suicidal ideation.

IMMEDIATE JEOPARDY CITATIONS FY26 (JULY 1, 2025-JUNE 30, 2026)

F578: **Advanced Directives**	**F689: Accidents and Hazards**	F580: Notify of Changes	**F760: Significant Medication Error**
• Resident with DNR designation was provided CPR. Resident did not recover.	• Resident keeping smoking material including lighters with them. Observed resident wearing oxygen go into smoking area while residents were smoking.	• Failure to notify residents' POA and facility provider of resident change in condition; one resident with abnormal vital signs and one resident who became unresponsive state.	• Resident received duplicate order of Plavix for 19 days

IMMEDIATE JEOPARDY CITATIONS FY26 (JULY 1, 2025-JUNE 30, 2026)

F600: Abuse

- Staff to resident verbal and physical abuse: slapped resident on the mouth, covered resident mouth, told resident to urinate in brief and rough transfer.
- Staff to resident touching and interacting inappropriately with multiple residents over multiple times.

F609: Reporting Abuse

- Staff delay in reporting observed abuse for 7 days- staff continued to work with residents.

F610: Investigate Abuse

- Did not conduct thorough investigation of multiple allegations of abuse, then failed to take steps to prevent any future abuse of residents.

F761: Label/Store Drugs

- Pre-poured medications and medications left unattended.

IMMEDIATE JEOPARDY CITATIONS FY26 (JULY 1, 2025-JUNE 30, 2026)

F686: Pressure Wounds

- Not following physician orders or monitoring wound progression- wound went from stage 2 to unstageable with pain.
- Failed to provide necessary care to prevent the worsening of wound. Wound progression to stage 4 with exposed bone and systemic infection.

F711: Physician Visits

- Physician failed to review and enter an order upon admission to provide wound care.

F684: Quality of Care

- Failure to provide wound care for 15 days from admission to discharge resulting osteomyelitis and amputation.
- Failed to monitor constipation resulting in numerous fecal impaction.
- Failed to provide adequate oversight of nursing students. Resident with an active nothing by mouth (NPO) dietary order served food.

DEFENSIBLE CITATIONS FY26 (JULY 1, 2025-JUNE 30, 2026)

Informal Dispute Resolution (IDR)

- 43 Citations
  - (8) Removed during IDR
  - 81% of IDR citations supported

CMS Enforcement Review

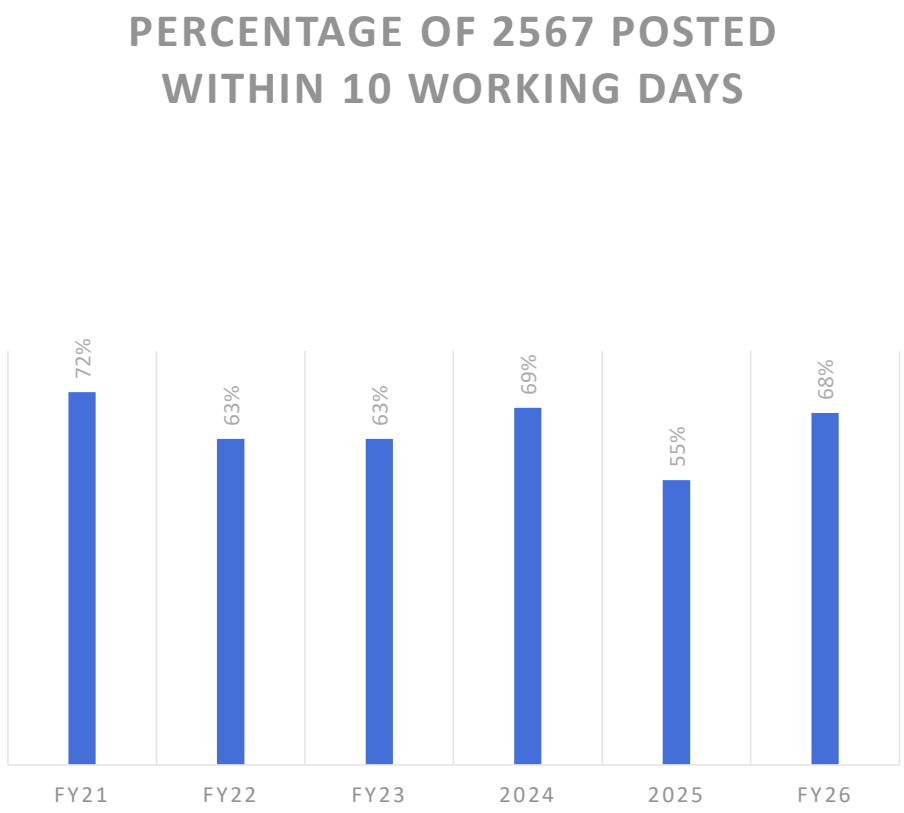
- (27) Surveys for 22 facilities
- For CMP imposition of
  - (16) IJ Citations
  - (15) Harm Citations
- Surveys supported with CMP; 100%

COMPARISON BETWEEN NEW MEXICO AND NATIONAL AVERAGES (JULY 2, 2026-JUNE 30, 2026)

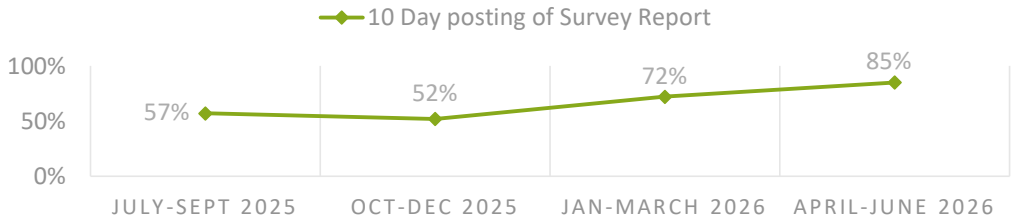
State	Average Interval between recertification surveys	Avg. # of Deficiencies (Recert)	% of Deficiency-Free Surveys (Recert)	% of Surveys Harm (Recert)	% of Surveys Identifying IJ (Recert)	Avg. # of Deficiencies (Complaint with Recerts)	% of Deficiency-Free Surveys (Complaint with Recerts)	% of Surveys Identifying Harm (Complaint with Recerts)	% of Surveys Identifying IJ (Complaint with Recerts)
National	15.0	7.34	3.4%	7.9%	3.8%	1.09	53.4%	5.2%	2.0%
New Mexico	14.6	13.82	0.0%	7.8%	5.9%	1.03	42.4%	9.1%	3.0%

State	Avg. # of Deficiencies (Standalone Complaint)	% of Deficiency-Free Surveys (Standalone Complaint)	% of Surveys Identifying Harm (Standalone Complaint)	% of Surveys Identifying IJ (Standalone Complaint)	Survey Time: On site (Hours) (Standalone Complaint)
National	0.72	62.7%	5.3%	3.5%	16.5
New Mexico	1.93	32.0%	2.9%	3.5%	21.4

ENFORCEMENT CHALLENGES



- Federal Shutdown Delayed Enforcement
- Late 2567 Turnaround time: 32%



- Challenges within IQIES
- Review Staff vacancies
- Time Limited Waiver (TLW) for LSC deficiencies

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CIVIL MONETARY PENALTY (CMP)

CMP IMPOSED FY26

CMP in Effect/Under Appeal Amount	CMP Collected
$84,727.50	84,727.50
$53,303.25	53,303.25
$27,040.00	27,040.00
$13,250.25	13,250.25
$12,749.75	12,749.75
$11,367.41	11,367.41
$8,277.75	8,277.75
$8,277.75	8,277.75
$39,910.00	
$106,749.50	
$740,687.04	**218,993.66**

CIVIL MONEY PENALTY REINVESTMENT PROGRAM

- Total Balance: $5,116,545.60
- Emergency Reserve Fund $1,000,000.00
- Administrative Use $23,599.00
- Staffing Campaign/Website $1,306,942.00

CMP funds may be used for (but not limited to) the following types of projects:

Resident protection and relocation assistance - Support for residents when facilities close, are decertified, or downsize, including time-limited expenses for relocating residents to home and community-based settings or alternative facilities pursuant to agreements with state Medicaid agencies

Consumer engagement initiatives - Programs that engage residents, families, and consumers to improve the quality of care in facilities

Facility improvement and training - Technical assistance and training programs to implement quality assurance and performance improvement initiatives

Mental and Behavioral Health - Projects that focus on delivering evidence-based behavioral health services tailored to nursing home residents' unique needs.

Workforce Enhancement – Projects that strengthen the nursing home workforce through improved competency, education, and training, culture change, and professional development for frontline nursing home staff, including Registered Nurses (RNs), Certified Nursing Assistants (CNAs), and Licensed Practical Nurses (LPNs)

NATCEP

Nurse Aide Training Competency Evaluation Program: Standardized training program that all nurse aides must meet to work in a Skilled Nursing Facility (SNF), Nursing Facility (NF) or a dually participating SNF/NF

Specifically, a facility may not operate a NATCEP/CEP program for two years if:

- It is operating under a waiver for coverage by licensed nurses;
- It has been subject to an **extended survey (SQC)** or partial extended survey;
- It has been assessed a Civil Money Penalty (CMP) of **at least $13,343** as adjusted by 45 CFR 102*; or,
- Has been subject to imposition of a **denial of payment**, temporary manager, or termination.

Reason for Disapproval	Extended/Partial Extended Survey, CMP, Denial of Payment, Temporary Manager, Waiver of Licensed Nurse	CMP of no less than $10,483 – due and payable	Extended/Partial Extended Survey Finding of SQC
Waivers Allowable	NATCEP program, may be offered in (but not by) a SNF or NF if the State— (i) determines that there is no other such program offered within a reasonable distance of the facility, (ii) assures, through an oversight effort, that an adequate environment exists for operating the program in the facility, and (iii) provides notice of such determination and assurances to the State long-term care ombudsman.	If the deficiency is not related to Quality of Care for residents – meaning direct hands-on care and treatment that a health care professional or direct care staff furnished to a resident	
Appeal Rights			Appeal of Level of Non-compliance - 42 CFR §§498.3(b)(14)(i)(ii), (b)(16)
Who Determines	State determines, does not require CMS approval.	State Recommends/CMS Regional Office Determines	SNF only and SNF/NF - Departmental Appeals Board (DAB) determines. NF only – State determines
Authority	Sections 1819(f)(2)(C) and 1919(f)(2)(C) of the Act	1819(f)(2)(B)(iii)(c), 42 CFR §483.151	42 CFR §§498.3(b)(14)(i)(ii),(16)

COMMON QUESTIONS

Complaint Surveys: Surveyors may investigate any area of concern to make a compliance decision regarding any regulatory requirement, whether it is related to the original purpose of the survey complaint.

Survey Frequency: The State may conduct surveys as frequently as necessary to determine if a facility complies with the participation requirements as well as to determine if the facility has corrected any previously cited deficiencies. There is no required minimum time which must elapse between surveys.

Unannounced: The State has the responsibility for keeping surveys unannounced and their timing unpredictable, including standard surveys, complaint surveys and onsite revisit surveys.

Survey Exit Date: The last day of survey is the last day of onsite observations during a survey, regardless of whether the exit conference was performed on that same day.

Exit Conferences: The exit conference is a courtesy to the facility to provide the preliminary findings of the surveyors so that the facility can take swift corrective action to address any deficiencies.

Surveyors must not provide the Scope and Severity level of a given deficiency finding (unless immediate jeopardy).

SHARING SURVEY REPORTS AND REFERRAL

Reporting Entity	Reason for Report	Referral Criteria
U.S. Department of Justice (DOJ)	Potential federal civil rights violations, health care fraud, or other matters within federal jurisdiction	Findings indicate potential civil rights violations, health care fraud, falsification, or other conduct appropriate for federal referral. **When there was actual harm/death to a Medicaid recipient as a result of non-compliance.**
New Mexico Board of Nursing	Unsafe, impaired, incompetent, or potentially unlawful nursing practice	Possible Nurse Practice Act/Board rule violation; unsafe or impaired practice; fraud/deceit; incompetence; drug-related impairment. **Substantiated abuse by a licensed/registered nurse.**
New Mexico Board of Pharmacy	Pharmacy practice violations, controlled substance concerns, drug diversion, or other pharmacy-related regulatory concerns	Findings involving pharmacy/pharmacist conduct, medication handling, diversion, dispensing, or violations within Board jurisdiction
New Mexico DOJ – Consumer Protection Division	Fraudulent, deceptive, or unfair business practices or other matters within Consumer Protection jurisdiction	Survey findings indicate possible consumer fraud, deceptive practices, financial exploitation, insurance payment concerns or other conduct appropriate for CPD review
Drug Enforcement Administration (DEA)	Suspected controlled-substance diversion or violations of federal controlled-substance laws	Evidence of diversion, illegal distribution, theft, falsification involving controlled substances, suspicious prescribing/dispensing, or other potential federal controlled-substance violations
Law Enforcement	Suspected criminal activity or immediate safety concerns	Assault, theft, abuse involving potential criminal conduct, drug theft/diversion, immediate threat, or other suspected crime
Office of the Medical Investigator (OMI)	Death meeting OMI reporting/jurisdiction criteria	Death is sudden, unexpected, violent, suspicious, or otherwise falls within OMI jurisdiction
Long-Term Care Ombudsman Program	Resident rights, complaints, advocacy, abuse/neglect/exploitation concerns within long-term care.	Findings or complaints involving resident rights, quality of care, or matters appropriate for Ombudsman advocacy **All survey reports are submitted for NH and ALFs**
Adult Protective Services (APS)	Suspected abuse, neglect, or exploitation of an adult within APS jurisdiction	Findings create reasonable concerns of abuse, neglect, exploitation, or other circumstances meeting APS criteria. Abuse allegation that is not within a licensed healthcare facility.
Children Youth and Families Department (CYFD)	Abuse, neglect, abandonment, exploitation, or safety concerns involving children or youth	Reasonable suspicion or allegation involving child abuse, neglect, abandonment, exploitation, unsafe living conditions, or lack of supervision.

NURSING HOME STAFFING CAMPAIGN

- **Financial Incentives for Nurses,** like loan repayment and stipends to encourage RNs/LPNs to work in nursing homes and state agencies.
- **Enhanced Training Opportunities** by streamlining the process for individuals to become a Certified Nurse Aides (CNA), which can include paid, on-the-job training, making it easier for them to enter the nursing home workforce.
- **Eligible nursing homes:**
  - For all states, we set a target number of nursing homes that is approximately 1.5 times the number of nurses we estimate the combined federal and state CMP-funding can afford to recruit in each state.
  - The target number of eligible nursing is capped at 80% of the total number of nursing homes in a state in cases where 1.5 times the number of nurses able to be recruited exceeds 80% of the total number of nursing homes in a state. This is to prioritize nursing homes in higher-labor shortage areas.
  - Eligible nursing homes were identified using the following algorithm:
    - All nursing homes in rural-designated areas (including any nursing homes submitted by a state).
    - All urban nursing homes states submitted using a CMS-approved methodology
    - Nursing homes in urban counties in each state ranked in order of worst RN to population ratio to best. We started from the top of the ranking (i.e., worst first) and included the number of nursing homes needed to meet the target ratio of 1.5 nursing homes to 1 nurse to be recruited, or 80% of total nursing homes in a state, whichever is lower.
- **Financial Incentive Administrators (FIA):** **Colorado Center for Nursing Excellence**
- The FIAs will be responsible for recruiting nurses, marketing the program along with CMS, and maintaining the list of open positions at qualifying nursing homes and state agencies. CMS will be using a centralized payment contractor to administer the financial incentive payments to eligible nurses.

WHAT TO EXPECT

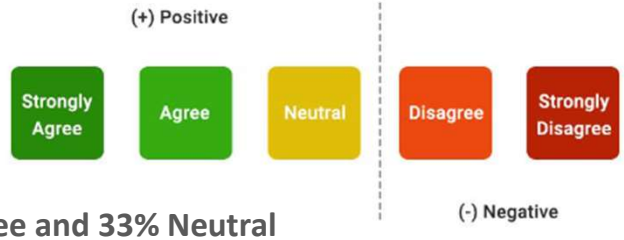
- **Increase communication related to imposition of NATCEP**
  - Official notification to providers with imposition dates
  - Waiver options
  - Return of CNA Coordinator, Pam Predika and annual onsite visits
- **Increase referrals to Abuse Registry**
  - (32) Abuse Registry Investigations FY26
  - (3) Employee Abuse Registry Placements FY26
  - (1) CNA Abuse Registry Placements in FY26
  - (11) Pending Hearings
- **IRonline Reporting System versus fax/email:** IROnline - Submit Report
  - Reporting Training: Monday and Wednesday at 2 pm
  - Reporting Posters
- **Direct citations from HFLC Complaint's Department for late/not reporting and non-thorough investigations**
- **Updating HCA Website and Provider Search function**
  - Nursing Home Compare: https://www.medicare.gov/care-compare
  - Quality and Certification Oversight Reports https://qcor.cms.gov/

NEW POST-SURVEY QUESTIONS 2026

1. Surveyors conducted themselves in a professional manner/demonstrated appropriate courtesy and respect. 100% Agree

2. Surveyors maintain a collaborative and respectful working environment. 100% Agree

3. Length of survey was reasonable. 67% Agree



4. Survey activities minimized unnecessary disruption to patient/resident/client care. 67% Agree and 33% Neutral

5. The exit conference clearly explain preliminary findings and next steps. 100% Agree

6. Overall, the survey process was fair and objective. 67% Agree and 33% Neutral

7. What aspect of the survey process was conducted particularly well?

All went well. Quick and concise.
The entire survey was managed well with Heather.
The survey was conducted in a professional manner with little disruption to the facility.

8. What recommendations do you have to improve the regulatory survey process.

I think the process is already stressful as the baseline of the process.
I believe Heather did the best she could with making the process as less stressful as possible.
None at this time.

9. Do you have any surveyor specific feedback?

Heather was great with us at Las Cruces Village during our complaint survey.
No additional feedback at this time.
Terese Gallegos is a very professional and reasonable surveyor. She co ducts surveys thoroughly and is respectful of the facility during her process.

THANK YOU!