

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325032	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER Sandia Ridge Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2216 Lester Drive NE Albuquerque, NM 87112	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39509</p> <p>Based on record review and interview, the facility failed to recognize, investigate, and respond to the grievance of 1 (R #1) of 5 (R #1, #2, #3, #4, and #5) residents. This deficient practice is likely to result in residents feeling that their concerns do not matter, and their rights are not being honored. The findings are:</p> <p>A. Record review of a face sheet, dated 05/06/24, revealed R #1 was admitted to the facility on [DATE] with multiple diagnoses including:</p> <ul style="list-style-type: none"> - Sepsis (a serious condition in which the body responds improperly to an infection) unspecified organism, - Altered mental status (a change in a person's ability to recall and reason), - Disorientation, - Difficulty walking. <p>B. Record review of R #1's nursing daily notes, dated 04/15/24 at 6:20 pm, revealed staff documented the resident's wife and daughter spoke with the evening nurse on duty. They were upset and said the resident's brief was very soaked and smelly when they arrived.</p> <p>C. Record review of facility reported grievances for the month of April 2024 revealed the record did not contain a grievance report regarding R #1.</p> <p>D. On 05/06/24 at 11:20 am during an interview with R #1's daughter, she stated she arrived at the facility to visit her father on or about 04/15/24 and found him lying in a very wet brief with a foul odor. She stated she reported this to the nurse assigned to her father's care on that day.</p> <p>E. On 05/06/24 at 3:02 pm during an interview with Director of Nursing (DON), she reviewed the nursing daily notes, dated 04/15/24 at 6:20 pm and stated she was not aware of the reported incident. She stated the incident was not reported to her, and the nurse should have reported the incident to her.</p> <p>(continued on next page)</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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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>F. On 05/07/24 at 11:45 am during an interview with Administrator (ADM), she reviewed the nursing daily notes, dated 04/15/24 at 6:20 pm and stated she was not aware of the incident. She reviewed the facility records and stated staff did not report the family's grievance regarding R #1. She stated the incident should have been reported as a grievance and investigated.</p>		