

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 07/01/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to provide activities of daily living (ADL; activities related to personal care such as bathing, showering, dressing, walking, toileting, and eating) assistance for 4 (R #'s 1, 41, 85 and 114) of 4 (R #'s 1, 41, 85 and 114) residents reviewed for ADL care by not: Providing baths/showers per the schedule for R #'s 1, 41, and 85. Providing nail care for R #114. This deficient practice is likely to affect the dignity and health of the residents. The findings are:</p> <p>R #1:</p> <p>A. Record review of R #1's face sheet revealed R #1 was admitted into the facility on [DATE].</p> <p>B. Record review of R #1's shower schedule revealed R #1's baths/showers were scheduled for Mondays, Wednesdays, and Fridays.</p> <p>C. Record review of R #1's care plan dated 05/16/25 revealed R #1 is at risk for decreased ability to perform ADL(s) in bathing, grooming, personal hygiene, dressing, eating, bed mobility, transfer, locomotion & toileting related to physical and cognitive impairments. R #1's interventions included staff monitoring for ADL decline and engagement in resident ADL activity and planning.</p> <p>D. Record review of R #1's Documentation Survey Report (ADL tracking form located in Electronic Health Record; EHR) dated 04/01/25 through 04/30/25 revealed, R #1 was offered/given 9 showers/baths out of 13 opportunities. Shower sheets were not provided by the facility for the timeframe.</p> <p>E. Record review of R #1's Documentation Survey Report dated 05/01/25 through 05/31/25 revealed, R #1 was offered/given 11 showers/baths out of 13 opportunities. Shower sheets were not provided by the facility for the timeframe.</p> <p>F. Record review of R #1's Documentation Survey Report dated 06/01/25 through 06/26/25 revealed, R #1 was offered/given 8 showers/baths out of 11 opportunities Shower sheets were not provided by the facility for the timeframe.</p> <p>G. On 06/24/25 at 3:46 pm during an interview, R #1 has difficulty communicating due to a Traumatic Brain Injury (TBI). R #1 did confirm that he was not receiving enough bed baths/showers per week.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>H. On 06/24/25 at 4:10 pm during an interview with R #1's Power of Attorney (POA; medical decision maker), she stated R #1's family will go into the facility to visit R #1, and they will tell her that R #1 was visibly dirty and had a foul odor present. R #1's POA confirmed her biggest concerns for R #1 involved the number of baths/showers that R #1 is given.</p> <p>I. On 06/27/25 at 4:09 pm during an interview with Certified Nursing Assistant (CNA) #4, he stated R #1 enjoys receiving baths/showers and R #1 will seldomly refuse one. CNA #4 confirmed all baths/showers and bath/showers refusal should be documented in shower sheets of the residents EHR.</p> <p>J. On 06/30/25 at 3:00 pm during an interview with Licensed Practical Nurse (LPN) #2, she confirmed R #1 enjoyed receiving baths/showers and R #1 liked to be clean. LPN #2 confirmed R #1 should be offered baths/showers per the schedule.</p> <p>K. On 07/01/25 at 12:06 pm during an interview with the Director of Nursing (DON), she confirmed R #1 was not offered or given enough baths/showers as scheduled and R #1 should have.</p> <p>R #41:L. Record review of R #41's face sheet revealed R # 41 was admitted into the facility on [DATE].M. On 06/23/25 at 12:31 during an interview, R #41 stated I do not receive hair care or nail care until my children come and pick me up. I would go outside of my room, but they don't offer. N. On 06/25/25 at 2:53 pm during interview with Licensed Practical Nurse (LPN) #5, she confirmed that residents are supposed to receive 2-3 offers for showers per week whether they are on hospice or not. O. Record review of R #41's Documentation Survey report (DSR) revealed a lack of documentation between hospice and facility regarding bathing for R #41 since October of 2024. There is one refusal documented for June 5th, out of 12 opportunities for the month.R #85:P. Record review of R #85's face sheet reveled R #85 was admitted to facility on 06/22/23.Q. On 06/25/25 at 12:56 pm during an interview with R #85's mother she stated, he wasn't getting his baths. He gets them Monday Wednesday and Fridays, and he said he doesn't get them on Friday.R. 06/23/25 03:14 PM during an interview with R #85, he stated They're supposed to change it [catheter] every 30 days but they don't. They don't change my urine bag often, and sometimes it overflows. I'm supposed to get a shower three times a week but they missed it. They were doing good for a while but now they're starting to slack. It frustrates me. S. Record review of R #125's EHR revealed only one shower-sheet (facility documentation of showers for residents) for the month of June.</p> <p>T. On 07/01/25 at 11:05 am during an interview with the DON, she stated resident's baths and showers should be documented on shower sheets and in the EHR. The DON confirmed three Documentation Survey Reports (DSR) showed staff did not offer and /or give R #85, R #41 enough baths and showers.</p> <p>R #114:U. On 06/23/25 at 11:35 an during an interview with R #114, she stated she has asked staff to trim her fingernails because they are getting a little too long. I would do it myself, but they will not allow me to have a nail clipper.</p> <p>(continued on next page)</p>		

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