

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 02/20/2026
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on interview, observation, and record review, the facility failed to ensure meals were palatable and served at an appetizing temperature for 6 (R #1, R #2, R #3, R #4, R #5, and R #6) of 6 (R #1, R #2, R #3, R #4, R #5, and R #6) residents reviewed. This failed practice had the potential to affect all 128 residents identified on the resident census list provided by the Administrator on 02/19/26. If meals are not appetizing, then residents may not eat meals and lose weight. The findings are: A. On 02/19/26 at 3:12 p.m., during an interview, Resident #1 stated their meals were consistently cold. R #1 stated they ate only what they could tolerate because the food often arrived too cold to enjoy. B. On 02/19/26 at 3:17 p.m., during an interview, Resident #2 stated their meals were often cold when they were supposed to be hot. The resident stated the room trays sometimes took a long time to reach the rooms. C. On 02/19/26 at 3:24 p.m., during an interview, Resident #3 stated their meals were often not warm enough, and the food was sometimes already cold by the time the tray reached them. D. On 02/19/26 at 3:30 pm during an interview, R #4 stated the food is horrible. I don't ask to warm it up anymore. It's always cold. E. On 02/19/26 at 3:30 p.m., during an interview, Resident #4 stated their meals were consistently served cold. The resident stated they did not ask staff to reheat the food anymore, because it did not help in the past. R #4 stated the meals continued to arrive cold. F. On 02/20/26 at 10:15 a.m., during an interview, Resident #6 stated their meals were inconsistent in temperature. R #6 stated some meals arrived cold while others did not. G. On 02/20/26 at 11:55 a.m., observation revealed staff delivered the lunch meal trays delivered to Unit 500. Further observation revealed the plates for Residents #1 and #2 were cool to the touch. H. On 02/20/26 at 11:45 am during an interview, the Dietary District Manager stated he was aware of residents' complaints about the cold food served at the facility. I. On 02/20/26 at 11:52 am, during an interview, the Administrator stated the facility utilized plate bases and plate warmers to help keep the hall tray meals warm. The Administrator stated they were aware there was a problem with food temperatures.</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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