

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  03/10/2026
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations and interviews, the facility failed to ensure a safe, clean, and homelike environment for 4 (Room #'s 210, 305, 307, and 405) out of 4 (Room #'s 210, 305, 307, and 405) resident rooms on the 200, 300, and 400 halls, when: The facility failed to ensure resident restrooms were maintained in good repair (a condition in which something is properly maintained, fully functional, and free from significant defects or damage) and did not have damaged baseboards (a narrow wooden board running along the base of an interior wall).If the facility does not ensure resident restrooms are maintained in good repair, then residents are likely to experience a decreased quality of life, pest infestation, and injury due to unsafe environmental conditions. The findings are: A. On 03/09/26 during random room observations, the following was observed: At 2:00 pm in room [ROOM NUMBER], the vinyl baseboard covering (a strip of flexible plastic material installed along the bottom of the wall where it meets the floor to protect the wall, conceal gaps, and provide a finished appearance) was in disrepair. Gaps measuring approximately six inches in length were present along the bottom left portion of the wall, extending through the corner and continuing onto the wall behind the toilet. A gap measuring approximately seven inches in length was present along the right side of the wall, continuing onto the wall behind the toilet.At 2:13 pm in room [ROOM NUMBER], the vinyl baseboard covering was in disrepair. A hole measuring approximately one and a half inches in length was present in the corner to the right of the toilet, and an additional hole measuring approximately two inches in length was present on the wall to the left of the toilet.At 2:31 pm in room [ROOM NUMBER], the vinyl baseboard covering was in disrepair. A gap measuring approximately two inches in length was present on the wall to the left of the toilet, and a gap measuring approximately one inch in length was present on the wall to the right of the toilet.At 2:34 pm in room [ROOM NUMBER], the vinyl baseboard covering was in disrepair. A gap measuring approximately four inches in length was present on the wall to the left of the toilet. B. On 3/10/26 at 3:09 pm during an interview, the Maintenance Director (MD) confirmed there are gaps and holes in the vinyl baseboard coverings in the restrooms of rooms #210, #305, #307, and #405. The MD stated the vinyl baseboards should be repaired immediately to prevent insects and pests from entering through the gaps and holes.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, record review, and interviews, the facility failed to maintain an infection prevention and control program designed to provide a safe and sanitary environment (to prevent the development and transmission of communicable diseases and infections) for 1 (R #1) of 3 (R #1, #2 and #3) residents, when: The facility failed to post the required Enhanced Barrier Precautions (EBP; an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities) signage for R #1. This deficient practice is likely to result in repeated and ongoing exposure of residents to increased risk of infection, cross-contamination, and injury. The findings are: A. Record review of R #1's face sheet revealed an admission date of 12/17/25 and included a diagnosis of gastronomy status (when a person has a surgically created opening in their abdominal wall that leads directly into the stomach which allows for nutrition, hydration, and medication administration). B. Record review of R #1's admission Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff) dated 01/26/26 revealed the following: R #1 has an indwelling catheter (a hollow tube inserted through your lower abdomen into your bladder to drain it of urine). R #1 has a swallowing disorder and requires a feeding tube (a soft, flexible tube that is surgically inserted through the skin of the abdomen, directly into the stomach and is used to provide nutrition, liquids, and medications when a person is unable to eat or drink). R #1 has unhealed pressure ulcers (PU; an injury to skin and underlying tissue resulting from prolonged pressure on the skin) and was at a continued risk for developing pressure ulcers, and R #1 required wound care for pressure ulcers. C. Record review of R #1's physicians' orders revealed the following: Dated 03/07/26: Enteral feed order (feeding tube), every day and night shift. Dated 03/07/26: Change indwelling catheter when occluded or leaking, as needed. Dated 03/07/26: Cleanse site (PU) with wound cleanser, pat dry, apply Medi-Honey (wound and burn gel), apply calcium alginate (a highly absorbent wound gel), cover with foam dressing, daily and as needed if dressing becomes soiled or removed. D. On 03/09/26 at 9:12 am during an observation, R #1 was observed utilizing an indwelling foley catheter and a feeding tube. Observation of this room revealed there was no signage posted indicating R #1 required Enhanced Barrier Precautions (EBP; an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities). E. On 03/09/26 at 2:08 pm during an observation, signage was not posted at the entrance of R #1's room indicating R #1 required EBP. F. On 03/10/26 at 11:15 am during an observation, signage was not posted at the entrance of R #1's room indicating R #1 required EBP. G. On 03/10/26 at 3:45 pm during an interview, the Administrator (ADM) stated R #1 required EBP because she has an indwelling catheter as well as a feeding tube. She verified there was no signage posted on the door indicating R #1 required EBP and stated there should be a sign indicating R #1 required EBP. H. On 03/10/26 at 3:56 pm during an interview, the Director of Nursing (DON) stated R #1 required EBP for direct care. She stated the signage lets staff know if there are precautions required and what type of precautions are required.</p>		