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| 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 04/29/2026 |
| 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) |
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| <p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Reasonably accommodate the needs and preferences of each resident.</p> <p>Based on observation and interview, the facility failed to provide snacks at night for all residents who wanted an evening snack. This deficient practice is likely to cause resident to be at risk of unnecessary hunger and frustration. The findings are: A. On 04/23/26 at 2:26 pm during observation and interview, R #1 stated he would like snacks to be offered to him. He stated staff did not offer snacks to him very often, and he would like them especially at night. R #1 stated he had to ask the staff for a snack, and he has been told there is none. B. On 04/23/26 at 3:30 pm during observation, the locked unit nourishment refrigerator contained a sandwich labeled with a resident's name and dated 04/22/26. Further observation revealed some unlabeled and undated yogurts, sandwich items in a white shopping bag, and two undated and unlabeled metal tumblers on the refrigerator door. C. On 04/23/26 at 3:32 pm during an interview, Registered Nurse (RN) #1 stated the snacks in the refrigerator in the white shopping bag were for all residents that wanted a snack. D. On 04/25/26 at 9:43 am during an interview, Certified Nurse Aide (CNA) #1 stated there were not any snacks at night. CNA #1 stated the concern was that the kitchen was locked at night, and there were not snacks for the residents who wanted them or needed them due to diabetes. CNA #1 stated the snacks available at night were five milk cartons, a few yogurts, and a few supplement shakes. The CNA stated she did not think it was enough for all the residents that would like a snack. CNA #1 stated the staff would go out and buy snacks to keep for those residents. E. On 04/27/26 at 5:00 pm during an interview, CNA #2 stated they do not have many snacks to be delivered to the residents. The CNA stated there were five shakes and four to five sandwiches available. CNA #2 stated there were about 22 residents in each hall. CNA #2 stated they have requested more snacks. CNA #2 stated there were residents that asked for snacks all the time, and sometimes staff will buy snacks at the vending machine in the facility for the residents. F. On 04/27/26 at 5:35 pm during an interview, the Dietary Manager (DM) stated he put snacks out three times a day. He stated the snacks were put out according to the Registered Dietician's orders and not everybody got a snack. The DM stated it was based on recommendations for weight gain or specific purposes. The DM stated snacks are not left in the refrigerator for residents. The DM stated staff were not able to access the kitchen at night. G. On 04/28/26 at 12:49 pm during an interview, CNA #3 stated there were not enough snacks sent out during snack times or on weekends. CNA #3 stated residents with labeled snacks get a snack. CNA #3 stated the other residents ask for snacks, and staff tell them there is not enough snacks for them. H. On 04/28/26 at 2:19 pm during an interview, the Director of Nursing (DON) stated the kitchen used to put out a lot of snacks, but they got left out. The DON stated the facility lost money, because they had to throw away the left over snacks. The DON stated they put together a snack list, and they put out snacks for those prescribed by the Registered Dietician. I. On 04/29/26 at 9:02 am during an interview, the Activities Assistant (AA) stated residents asked her for snacks, because they know where she kept them. The AA stated she gave snacks to whomever asked for them. The AA stated the dietary department used to bring snacks for everyone and individual labeled snacks for residents with an order. She stated the dietary department recently send out snacks only for the prescribed resident snacks and did not send enough for everyone. The AA stated she will buy snacks to have on hand for those residents wanting a snack.</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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