

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325036	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/05/2025
NAME OF PROVIDER OR SUPPLIER  Las Palomas Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8100 Palomas Avenue NE Albuquerque, NM 87109	

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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325036	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/05/2025
NAME OF PROVIDER OR SUPPLIER  Las Palomas Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8100 Palomas Avenue NE Albuquerque, NM 87109	
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview, the facility failed to provide the highest level of care for 1 (R #1) of 8 (R #1, 2, 3, 4, 5, 6, 7, 8) residents. The facility failed to provide consistent and adequate wound care (observation and care that promotes healing of wounds) to promote the healing of R #1's wounds. This deficient practice is likely to result in residents not receiving care that would promote the healing of resident's wounds. The findings are:A. Record review of R #1's face sheet dated 10/30/25 revealed he was admitted to the facility on [DATE] with multiple diagnoses including:Acute (sudden onset) Osteomyelitis (an infection of the bone) of the left ankle and foot.Cutaneous (skin) Abscess (infectious material that has accumulated in tissues of the body) of Left Foot.Diabetes (a chronic disease caused by failure of the body to control blood sugars) with Chronic Kidney Disease.End Stage Renal Disease (chronic, progressive disease of the kidneys).Further review revealed R #1 was discharged from the facility on [DATE] when he was discharged to hospital care.B. Record review of R #1's hospital discharge orders dated 09/29/25 revealed the following:Admit to Skilled Nursing Facility: Diagnosis Foot Ulcer (an open sore).Nursing Orders: Multiple wound care orders with instructions and directions to continue until discontinued. Wound Care team Eval (evaluate) and treat starting 09/29/25. C. Record review of R #1's physician orders dated 10/30/25 revealed:10/09/25 An appointment to visit the provider of a local Podiatrist (a doctor who specializes in the care of feet and ankles) on 10/15/25. 10/15/25 An order to provide wound care to bilateral (both) heels-cleanse with Vashe (a wound cleaning solution), pat dry, apply Calcium Aliginatate (a solution that promotes healing of wounds), cover with Optifoam (a soft protective wound covering) every day shift. There were no orders to monitor or provide wound care to any existing wounds entered before the date of 10/15/25. D. Record review of daily nursing care notes revealed the following:09/29/25 but dated 09/28/25 at 11:00pm stated:After hours telehealth (a visit with provider that occurs over the internet) consult. Medication list (with all medications and doses listed). Notation of Chief Complaints which includes Osteomyelitis of bilateral heels and skin notes that stated Bilateral heel ulcers with osteomyelitis noted. Management plan includes direction to follow specific wound care orders for bilateral heel ulcers.09/30/25 at 1:22 am a skilled nursing note that states Skin-skin warm &amp; dry, skin color WNL (within normal limits). No other skin condition is described.09/30/25 at 5:58 pm a skilled nursing note that contains no comments of R #1's skin condition, wounds or wound care.10/02/25 at 5:57 pm a skilled nursing note that contains no comments of R #1's skin condition, wounds or wound care.10/03/25 at 1:00 am provider encounter note that includes information of hospital care for left heel diabetic ulcer complicated by osteomyelitis which was treated by antibiotics (medications prescribed to treat infections) and debridement (a treatment that cuts dead skin from a wound area) on 09/21/25. The note indicates the provider met with resident at his bedside. The note contains no orders or plans for the treatment of left heel wounds and is signed by Physician Assistant (PA).10/03/25 at 1:51 pm a nursing note for Skin Issues that revealed a description of the left heel wound-no exudate (a fluid that seeps from an open wound), No odor, no Eschar (dead tissue) with measurement: Length-4.47 cm (centimeters) Width 2.82 cm Depth 0 area 8.41 cm2 (square centimeters). The note further describes wound care provided 10/03/25 at 1:52 pm a skilled nursing note that stated-left heel diabetic foot ulcer. Wound present on admission. No special care is noted. 10/04/25 at 7:02 pm a skilled nursing note that stated-left heel diabetic foot ulcer. Wound present on admission. No special care is noted.10/05/25 at 4:11 pm a skilled nursing note that stated-left heel diabetic foot ulcer. Wound present on admission. No special care is noted.10/06/25 at 12:25 pm a skin check that stated-left heel diabetic foot ulcer. Wound present on admission. No completed clinical suggestions are provided.10/07/25 at 11:25 am a skilled nursing note that stated-left heel diabetic foot ulcer. Wound present on admission. No special care is noted.10/08/25 at 1:00 am a provider encounter note which included medication review, skin-+ foot wounds and bilateral feet in clean and dry dressings/bandages. the note contains no orders to monitor or provide wound care.10/10/25 at 1:00 am a provider encounter note which included medication review, bilateral feet wrapped in kerlix (a stretchable soft bandage strip)-Left heel with minimal soaked through.10/10/25 at 1:53 pm a note for skin issues that revealed a description of the left heel wound-no exudate (a fluid that seeps from an open wound), No odor, no Eschar (dead tissue) with measurement: Length-4.87 cm (centimeters) Width 4.11 cm Depth 0 area 14.58 cm2. The note further describes wound care provided. 10/10/25 at 4:43 pm a skilled nursing note that stated left heel diabetic foot ulcer. Wound present on admission. No special care is noted. 10/12/25 at 1:24 pm a skilled nursing note that</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325036	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/05/2025
NAME OF PROVIDER OR SUPPLIER  Las Palomas Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8100 Palomas Avenue NE Albuquerque, NM 87109	
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 0711</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325036	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/05/2025
NAME OF PROVIDER OR SUPPLIER  Las Palomas Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8100 Palomas Avenue NE Albuquerque, NM 87109	
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 0711</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview the facility failed to assure that the physician/provider reviewed and entered all orders for 1 (R #1) of 1 (R #1) resident when the provider failed to review and enter an order upon admission to provide wound care. This deficient practice is likely to result in residents not having adequate review and submission of treatment and medication orders resulting in less-than-optimal care. The findings are: A. Record review of R #1's face sheet dated 10/30/25 revealed he was admitted to the facility on [DATE] with multiple diagnoses including:Acute (sudden onset) Osteomyelitis (an infection of the bone) of the left ankle and foot.Cutaneous (skin) Abscess (infectious material that has accumulated in tissues of the body) of Left Foot.Diabetes (a chronic disease caused by failure of the body to control blood sugars) with Chronic Kidney Disease.End Stage Renal Disease (chronic, progressive disease of the kidneys).Further review revealed R #1 was discharged from the facility on [DATE] when he was discharged to hospital care.B. Record review of R #1's hospital discharge orders dated 09/29/25 revealed the following:Admit to Skilled Nursing Facility: Diagnosis Foot Ulcer (an open sore).Nursing Orders: Multiple wound care orders with instructions and directions to continue until discontinued. Wound Care team Eval (evaluate) and treat starting 09/29/25. C. Record review of R #1's physician orders dated 10/30/25 revealed there were no orders to monitor or provide wound care to any existing wounds until [DATE]. D. On 11/04/25 at 9:40 am during interview with Physician Assistant (PA) she stated she could recall R #1 and could recall that he had multiple medical problems. PA could recall that R #1 had wounds to his heels that required treatment. PA stated she was unaware that R #1 had no orders to provide wound care from the day of his admission on [DATE] until [DATE] when he was discharged . PA stated that normally the facility nurses would contact her with a new admission and review all admitting orders and then place orders as approved by her. PA stated that she could not recall if she was contacted about R #1's admission. PA further stated that between 09/30/25 and 10/15/25 she had visited and assessed R #1 several times. She could not recall reviewing his orders but she believed that R #1 did receive wound care and dressing changes to his heels during his stay. On 11/03/25 at 5:03 pm the facility was notified of a finding of Immediate Jeopardy (IJ). On 11/04/25 at 3:28 pm an acceptable plan of removal was submitted with the following evidence of Past Non-compliance:Corrective Action/IdentificationAll residents have the potential to be affected by this alleged deficient practice. The following measures and monitoring will be completed by 10/22/2025. On 10/22/2025 the center initiated a new admit audit to ensure all tasks and admissions items and will confirm any outstanding items as complete during the stand down process. 10/22/2025 QAPI was performed as an education piece and update to wound care order verification process. In attendance were the reviewer of all new admit orders [NAME] LPN unit manager. [NAME] unit manager, [NAME] director of nursing, [NAME] treatment nurse, [NAME] SHTL, [NAME] admissions director, [NAME] Administrator to educate the team on the new clinical review protocol. admission is to notify the IDT team that a resident is admitting with wounds. Unit manager and or designee will review the orders with the provider. If the wound is to be thought that an admitting wound is considered complex or needs additional oversight the NExcell provider will be contacted. Weekly wound care meeting will be held by the IDT team to ensure genesis process is followed and all orders are entered timely, appropriately, updated care plan, accurate care plan, pictures taken with the swift phone.This is to ensure that all individuals involved have an awareness of the resident that is being admitted and what is needed before and during their stay in the center. On 10/22/2025 and 10/30/25, a whole house skin sweep audit was conducted to identify any undocumented wounds, On 10/22/25 and 10/29/2025, all treatment orders were confirmed to be in place and accurate 10/22/2025, 10/29/25 all care plans were audited and accurate per wound orders Starting on 10/31/2025 direct care staff were re-educated on Wound Documentation and inputting orders upon admission.Systemic Measures Starting 10/30/2025 the Center Nurses will be re-educated on the following areas by the Nurse Educator/Designee. Nurses will be re-educated on completion of skin assessments weekly per schedule. Nurses will be educated on their responsibility with communication with management and provider for the change in condition process/documentation when a resident is having a change in condition (including new or worsening wounds). On 10/30/2025 Nurses will start to be educated on Genesis wound processes which include the DIMES, timely and accurate identification and documentation for wounds/wound changes, change in condition process, and appropriate treatment/intervention implementation upon identification of new or worsening wounds. CNA's will be educated on the change in</p>		