STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325036	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Las Palomas Center	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)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on record review and interview, the facility failed to make prompt (done without delay; immediate) efforts to resolve resident's grievances for 1 (R # 6) of 1 (R # 6) resident reviewed by not responding/following up on grievances that involved resident to resident altercation after the grievance was reported to staff. If the facility is not ensuring that grievances are responded to and without delay, then residents are likely at risk of continued/repeaedt concerns and feeling as though their concerns are unimportant to the facility.The findings are: A. Record review of R #6 Minimum Data Set (MDS)- Section C- Cognitive Patterns dated 02/22/26 revealed that R #6 received a Brief Interview of Mental Status (BIMS) score of 15.B. Record review of a grievance form dated 1/25/26 revealed that R #6 reported an altercation with R #5. An attached loose notebook note to the grievance form contained a statement from R #6 stated, R #5 has been messing with me all morning. He almost hit me for no reason. C. Record review of R#6 Progress notes dated 1/27/26 at 11:38 am, revealed that R #6 was visited by Social Services Director (SSD) and Social Service Assistant (SSA) regarding a resident to resident altercation on 1/25/26. SSA and SSD offered R #6 a room move and educated on room move policy.D. On 3/31/26 at 9:45 am during an interview with R #6, R #6 stated he has gotten into verbal altercations with R #5 and R #5 has attempted to punch R #6 in the past. R #6 stated Everybody (staff and resident) knows and sees what he does. R #6 asked if they could park him anywhere else. R #6 stated that he asked SSD if they could move R #5 but SSD said they could not. E. Record Review of R #6 and R #5 revealed that there is no Change of condition (CIC) or progress notes documenting the altercation between both residents on 1/25/26. F. On 3/31/26 at 10:25 am during an interview with SSD , SSD stated that when there is a resident-to-resident altercation both residents are placed on a 1-1 until they are cleared. Psychological services clear them and SSD conducts a wellness check within 72 hours of the incident. A risk management service and change in condition (CIC) is completed on both residents. SSD confirmed that there is no change of condition for i R #5 or for R #6 for their altercation on 1/25/26. SSD stated CIC should have been in both resident's file alongside with a follow up progress note documenting the resolution.G. On 03/31/26 at 12:05 pm during an interview with Registered Nurse (RN) #1, RN #1 stated after a resident-to-resident altercation an investigation should be conducted, make sure no one was harmed. Physical altercations require residents to be placed on a one to one with a staff member until the provider lifts it. RN #1I confirmed that there is no documentation for the incident/follow up between in R #5's chart for the incident that occurred on 01/25/26.

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