

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325042	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Uptown Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7900 Constitution Avenue NE Albuquerque, NM 87110	

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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40795</p> <p>Based on record review and interview, the facility failed to notify a resident's Power of Attorney (POA) before transferring 1 (R #5) of 2 (R #5 and R#1) residents to a different facility. This deficient practice could likely result in the resident's POA not being aware of the resident's location. The findings are:</p> <p>A. Record review of R #5's face sheet revealed he was admitted to the facility on [DATE] and transferred on 03/01/24.</p> <p>B. Record review of a progress note for R #5, dated 02/29/24, indicated R #5 exited the back door, and staff spotted him walking around with his front-wheel walker. Facility staff brought the resident back into the building and asked R #5 about going outside. R #5 stated, I was just going to get some fresh air. The resident was placed on one-to-one observation until he was transferred out to another facility with a secured locked unit on 03/01/24.</p> <p>C. On 03/25/24 at 11:30 am, during an interview with the Guardian for R #5, she stated, the resident called her on 03/01/24 and that is when she found out R #5 was placed in a different facility. She called the new facility (the facility R #5 was transferred to), and a staff member told her the (name of old facility) dropped him off. The Guardian stated she was notified of the transfer on the same day the resident was transferred (03/01/24), but it was after he had already been transferred.</p> <p>D. On 03/26/24 at 9:30 am and 4/5/24 at 9:31 am, during an interview with the facility administrator, she stated R #5 displayed behaviors of elopement, and the facility staff felt a building with a locked unit would be beneficial for the resident. She stated the facility staff did not notify the POA prior to transferring the resident. She stated that R #5 got out of the building and walked down the street (staff was with him). The Administrator said the staff finally got the resident back into the building, they put a wanderguard on him, and they watched him. She stated the resident got out of the facility again on through the back door, and the facility staff were very concerned about the resident's behavior after these two incidents. The administrator said she reached out to another facility that had a memory care locked unit, and he was accepted. After R #5 left the building, the Social Services Director (SSD) realized she forgot to call the Guardian, and the SSD called the Guardian immediately.</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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