

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 03/23/2026
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to provide treatment and care in accordance with professional standards of practice for 1 (R #1) of 1 (R #1) resident reviewed, when: The facility failed to ensure R #1 received a newly prescribed antibiotic, after staff were aware of the new antibiotic orders. If the facility fails to obtain and administer a prescribed antibiotic for a resident with an active infection, then residents are likely to experience a worsening infection, disease progression, and avoidable complications. The findings are: A. Record review of R #1's face sheet revealed R #1 was admitted into the facility on [DATE] with the following diagnoses: Osteomyelitis, right ankle and foot (inflammation of bone and bone marrow), Cellulitis of the lower right limb (deep inflammation of the tissues just under the skin; caused by infection). R #1 was discharged from the facility on 10/14/2025. B. Record review of R #1's Physician Assistant (PA) progress note, dated 10/13/2025, revealed R #1 was prescribed a new antibiotic (doxycycline) by podiatry (the treatment of the feet and their ailments) on 10/09/2025; however, the prescription was sent to an out of facility pharmacy and was not obtained or initiated by the facility. The note further revealed the facility nursing staff were aware of the prescription and informed R #1 the prescription had been sent to an out of facility pharmacy. The PA documented a discussion with R #1 regarding the need to obtain the medication and stated the medication could be delivered later that day or the following day. The PA progress note also revealed R #1 expressed concern regarding lack of antibiotic treatment and requested immediate medical attention, including requesting emergency services due to her need for antibiotics. C. Record review of R #1's October 2025 Medication Administration Record (MAR) revealed R #1 did not receive the prescribed doxycycline antibiotic between 10/09/2025 and 10/14/2025. D. Record review of R #1's Discharge Transition Plan, dated 10/14/2025, revealed R #1's medication list did not include doxycycline antibiotic therapy, and R #1 was discharged from the facility without documented access to the prescribed medication, indicating the facility failed to ensure continuation of treatment for an active infection. E. On 03/19/2026 at 1:03 p.m., during an interview, R #1 stated her foot remained swollen with pus pockets [localized collection of infected fluid], which caused severe pain. She stated she informed the facility nursing staff that she needed the antibiotic prescribed after her podiatry appointment, but she did not receive the antibiotic medication prior to discharge. F. On 03/23/2026 at 11:00 a.m., during an interview, the Director of Nursing (DON) confirmed R #1 did not receive doxycycline antibiotic therapy between 10/09/2025 and 10/14/2025 due to the facility not obtaining the prescribed medication from the out of facility pharmacy. The DON stated the facility was aware of R #1's doxycycline antibiotic order, but the antibiotic was never ordered by the facility.</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