

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/18/2025
NAME OF PROVIDER OR SUPPLIER  Princeton Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  500 Louisiana Boulevard NE Albuquerque, NM 87108	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35632</p> <p>Based on record review and interview, the facility failed to document a pain medication was given to 1 (R #1) of 1 (R #1) resident reviewed for pain. This deficient practice could likely cause confusion with staff on whether a pain medication was administered and could cause harm to the resident if the pain medication was administered again.</p> <p>The findings are:</p> <p>A. Record review of R #1's face sheet revealed R #1 was admitted to the facility on [DATE]. R #1 was on hospice with the following diagnoses:</p> <ul style="list-style-type: none"> <li>- Anoxic brain damage (oxygen is completing cut off from the brain),</li> <li>- Chronic respiratory failure with hypoxia (when your respiratory system is unable to remove enough carbon dioxide from your blood, causing it to build up in your body).</li> <li>- Chronic obstructive pulmonary (damage results in swelling and irritation, also called inflammation, inside the airways that limit airflow into and out of the lungs),</li> <li>- Alzheimer's (a type of dementia that affects memory, thinking and behavior) and dementia (symptoms affecting memory, thinking and social abilities severely enough to interfere with your daily life)</li> <li>- Bi-polar disease (is a mental health condition that causes extreme mood swings).</li> </ul> <p>This is not an all-inclusive list.</p> <p>B. Record review of R #1's Brief Interview for Mental Status (BIMS; a screening for cognitive impairment), dated 04/15/25, indicated a score of 6, severely impaired cognition.</p> <p>C. Record review of R #1's nursing progress note, dated 04/06/25 at 1:58 pm, revealed a contusion (bruise) on R #1's left foot and there was not any swelling. The resident complained of pain when staff applied a little pressure to the contusion. The Nurse Practitioner (NP) with hospice assessed the resident and gave an order for a left foot x-ray to rule out fracture.</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
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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>D. Record review of R #1's the nursing progress note, dated 04/06/25 at 8:34 pm, revealed the x-ray result was negative for fracture. R #1's daughter visited and was worried about R #1's pain level to the left foot. The resident rated her pain level at 7 on a scale of 10 (one being the least amount of pain and 10 indicating severe pain). Hospice doctor put patient on oxycodone (pain medication). The nurse went to the Ekit (a medication dispensing machine used in emergency situations) for the medication and administered the oxycodone to R #1.</p> <p>E. Record review of R #1's physician orders indicated an order for oxycodone 5 milligram (mg) every six hours as needed for pain greater than five. Start date 04/06/25.</p> <p>F. Record review of R #1's medication administration record (MAR), dated 04/06/25, revealed the record did not contain any documentation to show staff administered the oxycodone medication to R #1 on 04/06/25.</p> <p>G. On 04/17/25 at 1:00 pm, during an interview with the Director of Nursing (DON), she stated staff should always document on the resident's MAR when a medication was pulled from the Ekit.</p> <p>H. On 04/17/25 at 1:42 pm, during an interview with Nurse #15, she stated it took a long time to get the order pulled from the Ekit on 04/06/25. She stated she administered the oxycodone to R #1 on 04/06/25, but she forgot to document on the MAR that she administered the medication to R #1.</p>		