

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 02/11/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325060	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/17/2024
NAME OF PROVIDER OR SUPPLIER Odelia Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1509 University Boulevard NE Albuquerque, NM 87102	
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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. 48645 Based on interview and record review, the facility failed to prevent staff to resident exploitation when a staff member used a resident's bank debit card to make an unauthorized (without the account holders permission) money withdrawal or purchases for 1 (R #1) of 1 (R #1) resident looked at for abuse, neglect, and misappropriation. This deficient practice caused undue stress and anxiety for the resident when it was discovered they had money missing. The findings are: A. Record review of a complaint received by the State Agency, dated 05/17/24, revealed allegations of misappropriation (wrongful use of another's belongings, money, etc.) of property. The alleged Perpetrator (a person who commits an illegal or harmful act) was the Transport Driver for the facility, and he allegedly stole up to \$480 from the alleged victim, R #1. B. On 09/17/24 at 9:15 am, during an interview with the facility Administrator, she stated she was contacted by R #1 on 05/14/24, and the resident told her the Transport Driver took \$480 US dollars from his checking account without his permission on 05/12/24. The Administrator stated R #1 told her that he did not report the incident the day it happened, because he thought the Transport Driver would pay him back. The Administrator stated she immediately filed a facility initiated report and started her investigation. The Administrator stated she asked the Transport Driver about the incident, and he stated nothing happened. The Administrator stated she immediately suspended the Transport Driver. The Administrator stated R #1 reported to her the Transport Driver asked him (the resident) for some money, because he (the Transport Driver) was late on his rent. The Administrator stated R #1 told the Transport Driver that he (the Transport Driver) could use his (the resident's) debit card to withdraw \$50 dollars from his checking account, \$20 for the Transport Driver and \$30 for R #1. The Transport Driver withdrew the money from the resident's account, but the Transport Driver did not return the resident's debit card to him (the resident). The Administrator stated R #1 checked his bank account and noticed someone withdrew \$240 twice during the night (05/13/24), totaling \$480, which R #1 did not authorize. The Administrator stated R #1 showed her a text he received from the Transport Driver after the money was missing. The Administrator stated the Transport Driver texted the resident that he was very sorry for taking the money and promised to pay R #1 back. The Administrator stated R #1 contacted his bank about the theft, and they refunded all the missing money. The Administrator contacted local law enforcement and filed a report about the incident. The Administrator stated the Transport Driver was fired after she concluded her investigation. The Administrator stated the facility did ask the residents who had contact with the Transport Driver if he had asked them for money, none were identified. The facilities staff was reeducated on their exploitation policy. (continued on next page)		

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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F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	C. On 09/17/24 at 10:00 am, during an interview with the Transport Driver, he stated he asked R #1 for money, and R #1 agreed to give him the debit card to the resident's checking account to get \$50, \$20 for himself and \$30 for R #1. The Transport Driver stated he withdrew the money from R #1's bank account on 05/12/24, using R #1's debit card and personal identification number. The Transport Driver stated he was supposed to return R #1's debit card, but he did not. The Transport Driver stated he did used R #1's debit card to withdraw \$240 twice on 05/13/24, for a total of \$480, which R #1 did not authorize.		