

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 05/30/2025
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)		
<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>Based on observation, interview, and record review, the facility failed to provide sufficient support staff to carry out the functions of food and nutrition services at the facility. This deficient practice is likely to result in longer waits for meal service for any resident receiving a room tray during the three meals served at the facility.</p> <p>A. Record review of the facility's meal times revealed the following:</p> <ul style="list-style-type: none"> - Breakfast 7:00 am to 8:30 am. - Lunch 12:00 pm to 1:30 pm. - Dinner 5:00 pm to 6:30 pm. <p>B. On 05/27/25 at 2:46 pm, during an interview, R #28 stated meals were served late to his room three to four times a week. R #28 stated staff served meals up to an hour late sometimes. R #28 stated staff served the dinner room trays around 7:00 pm on 05/26/25.</p> <p>C. On 05/28/25 at 11:52 am, during an interview with R #24 and R #25, R #25 stated the food came out cold a lot of the time. R #24 stated staff served dinner around 7:30 pm on 05/27/25. R #25 stated sometimes staff served lunch around 1:30 or 2:00 pm. R #25 stated she was late for an activity in the past because staff served lunch late.</p> <p>D. On 05/28/25 at 12:05 pm, during an interview, R #66 stated staff delivered the food late almost every meal. R #66 stated staff served dinner around 8:00 pm on 05/27/25. He stated staff frequently served dinner between 7:30 pm and 8:00 pm.</p> <p>E. On 05/29/25 at 9:00 am, observation revealed the breakfast trays for R #49 and R #56 arrived at 9:00 am.</p> <p>F. On 05/30/25 at 1:55 pm, observation revealed staff delivered the lunch meal cart to the south hall for distribution.</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 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>G. On 05/30/25 at 2:51 pm, during an interview with the Dietary Manager (DM) and the Assistant Dietary Manager (ADM), the ADM stated they had a late start that morning getting the room trays out. She stated room meal trays have been going out late. The DM stated the cook walked out at dinner time the other night, which caused issues with timely meal service. The DM stated part of the issue with late meals was the kitchen was short staffed. The DM stated the Dietary Department currently had six vacant positions. The DM and ADM stated they were short staffed on the weekends and at lunch time. They stated they needed more help.</p>		