

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

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325064	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/22/2024
NAME OF PROVIDER OR SUPPLIER  Skies Healthcare & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  9150 McMahon Boulevard NW Albuquerque, NM 87114	
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 0684  Level of Harm - Immediate jeopardy to resident health or safety  Residents Affected - Few	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39509</p> <p>Based on record review and interview, the facility failed to ensure for 1 (R #1) of 3 (R #1, 2 and 3) residents reviewed for bowel monitoring and interventions when the facility failed to monitor R #1 for constipation (problem with passing stool). This deficient practice likely resulted in R #1 having ongoing constipation, fecal impaction (hardened stool stuck in rectum or lower colon due to chronic constipation) and abdominal pain.</p> <p>The findings are:</p> <p>A. Record review of R #1's face sheet revealed she was admitted to the facility on [DATE] with multiple diagnoses including:</p> <ul style="list-style-type: none"><li>- Wedge compression fracture (broken bone) of unspecified thoracic vertebra (upper back bone) with routine healing,</li><li>- Severe protein-calorie malnutrition (low calorie/food intake),</li><li>- Gastro-esophageal reflux disease (stomach acids repeatedly flow back into the esophagus-a tube which connects the mouth to the stomach),</li><li>- Muscle weakness.</li></ul> <p>B. Record review of R #1's quarterly Minimum Data Set (MDS; a comprehensive assessment of a resident's overall abilities, strengths and weakness), dated 01/04/24, revealed the following:</p> <ul style="list-style-type: none"><li>- The resident required supervision and touching assistance from staff for toileting.</li><li>- The resident was always continent (used the toilet without an incident of soiling herself) of bowel and bladder.</li></ul> <p>C. Record review of R #1's care plan revealed the following:</p> <ul style="list-style-type: none"><li>- Dated 10/23/23, R #1 was at risk for dehydration as evidenced by poor intake.</li><li>- Dated 03/28/23, R #1 was at risk for gastrointestinal (stomach, small and large bowel systems) symptoms or complications related to constipation.</li></ul> <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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>- On 03/04/24 at 4:43 am, a telehealth visit with R #1. The provider indicated R #1 was seen due to stomach pain and vaginal bleeding. Nurse reported seeing some bright red blood when R #1 was in the bathroom. R #1 was ambulatory and not in acute distress, but she reported stomach pain. R #1 to follow up with her primary care team within the next few hours for a better exam.</li> <li>- On 03/04/24 at 5:48 am, the nurse stated R #1 had vaginal bleeding twice in the morning and complained of abdominal cramps. Staff notified the on-call medical doctor at 5:34 am. There were not any new orders. Follow-up with facility MD.</li> <li>- On 03/04/24 at 10:42 am, a note from nurse stating staff called the resident's family member to notify her of R #1's transfer to hospital.</li> <li>J. Record review of R #1's hospital medical records revealed the following:</li> <li>- On 03/04/24 at 10:43 am, the resident was admitted to the emergency room (ER).</li> <li>- Upon admission the ER doctor performed a rectal exam and found a maroon stool in the rectal vault (the area just beyond the rectal sphincter where stool is formed and stored until being passed.)</li> <li>- On 03/05/24 at 1:28 pm, the resident was examined by use of flexible sigmoidoscopy (an examination of the rectum and end of the large intestine conducted by using a long flexible tube with camera that is passed into a patient's rectum and beyond.)</li> <li>- The result of the examination revealed a large fecal burden (large amount of feces) with solid, semi-solid, dense liquid stool, and a large volume of maroon blood and clots.</li> <li>- The test provided evidence of chronic constipation and fecal impaction (a solid densely packed quantity of feces that is very difficult to move into and past the rectum.)</li> <li>- On 03/05/24 at 8:34 am, the resident was examined by use of a computed tomography (CT) scan (an x-ray that uses computer enhanced imaging to view and diagnose the body's internal functioning).</li> <li>- The result of the examination revealed a 1 to 1.5 centimeter area of suspected arterial (a blood vessel that supplies blood to an area of the body) bleeding at the distal rectum (the far end of the rectum).</li> <li>- R#1 received multiple blood transfusions during the course of her stay without successfully stabilizing her condition.</li> <li>- A death summary, dated 03/07/24 at 5:59 am, stated the resident's cause of death was acute myocardial infarction (heart attack) in the setting of gastrointestinal hemorrhaging (upper and lower abdominal bleeding)</li> </ul> <p>(continued on next page)</p>		

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