

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 12/12/2025
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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. (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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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to administer medication as prescribed for 3 (R #1, R #2 and R #3) of 3 (R #1, R #2 and R #3) reviewed for medication administration when staff failed to: 1. Ensure medications were administered to R #1 and R #2 as ordered and documented.2. Ensure R #1 and R #2 were given the correct medications. 3. Ensure R #3 's Fentanyl patch (medication used to treat pain) was properly paced on resident.If the facility does not administer medications as prescribed, the resident is likely to not get the therapeutic results of medication needed and may result in unmanaged symptoms or adverse outcomes. The findings are:R #1A. Record review of R #1's face sheet dated 05/18/2025 revealed the following diagnoses:Congestive Heart Failure, (CHF: a condition when the heart can't pump well, causing fluid buildup and trouble breathing).Type 2 Diabetes with Diabetic Neuropathy (a condition where high blood sugar damages nerves, causing pain or numbness).Atrial Fibrillation (irregular heartbeat causing heart to beat too fast or unevenly). B. Record review of R #1's physician orders dated 11/19/2025 revealed the following:Apixaban (medication given to prevent blood clots) Oral Tablet 5mg (milligrams), give 5mg by mouth two times a day.Gabapentin (medication given for neuropathic pain) Oral Capsule 400 mg, give three times a day for neuropathy,Atorvastatin (medication given to lower high cholesterol and triglycerides in the blood). Calcium Oral Tablet 40 Mg, give 40 mg by mouth at bedtime for hyperlipidemia, (hyperlipidemia: High levels of fats (cholesterol/triglycerides) in the blood).Ferrous Sulfate (a form of iron used to treat iron-deficiency anemia) Oral Tablet 325mg. Give 325 mg by mouth two times a day for supplementation give with food. C. Record review of R #1's Medication Administration Record (MAR) dated November 2025 revealed on 11/11/2025 at 8:00 pm resident received the following medication:1. Apixaban 5mg.2. Ferrous Sulfate 325mg.3. Gabapentin 400mg.D. On 12/08/25 at 1:34 p.m., during an interview, R #1 stated he recognized that the medications administered on 11/11/25 were not his due to differences in color, size and shape. R #1 stated he retained the medications in a blue medication cup and brought them to the Business Office Manager (BOM) the following morning (11/12/25) to report the medications were not his own. In the blue medication cup taken to the BOM by R #1, was R #2's medication: Atorvastatin 40mg, Duloxetine 30mg, Losartan 50mg, Magnesium Glycinate 200mg, Melatonin 3mg that belonged to his roommate. E. On 12/09/25 at 12:10 p.m., during an interview, the Director of Nursing (DON) confirmed that incorrect medications were administered to R #1 and R #2. The DON stated he was not aware of the medication error until 12/12/25, when the Business Office Manager (BOM) returned a cup containing medications to him that had been reported by R #1 as not belonging to R #1. The DON stated that upon receiving the medications, he reviewed the medication labels and compared them to the residents' Medication Administration Records (MARs) and determined that the medications documented and administered did not match the medications dispensed for each resident. The DON further stated that after identifying the error, he assessed both R #1 and R #2 for any adverse effects related to receiving the wrong medications.F. On 12/09/25 at 2:28 p.m., during an interview, the Administrator (AD) stated on 12/12/25, R #1 brought a cup containing pills to the BOM and reported that the medications did not belong to R #1.The AD explained that after the BOM notified nursing leadership, the (DON) and AD assessed the medications and confirmed they were not prescribed for R #1. The AD further stated that the DON then assessed both R #1 and R #2 for any adverse effects related to the medication error. R #2:G. Record review of R #2's face sheet revealed admission on [DATE] with the following diagnoses:Chronic Kidney Disease Stage 2, (mild kidney damage).Hemiparesis following cerebral infarction (weakness on one side of the body causes by a stroke).Essential Hypertension (high blood pressure with no identifiable cause).Visual Disturbances (problems with how a person sees, such as blurred or double vision).Major Depressive Disorder (a persistent, severe low mood that disrupts daily functioning). H. Record review of R #2's physician orders dated 11/19/2025 revealed, Atorvastatin 40mg, given by mouth for cholesterol at bedtime (a statin used to lower cholesterol and reduce heart attack and stroke risk), Duloxetine(an anti-depressant used for depression) HCl 30 mg given twice a day for depression, Losartan (Blood pressure medication that relaxes blood vessels and protects kidneys in diabetes). 50mg twice a day given for HTN, Magnesium Glycinate (highly absorbable magnesium supplement that supports muscle, nerve, and sleep regulation), 200mg given at bedtime for health maintenance, Melatonin (hormone supplement that helps regulate sleep), Oral Tablet 3mg, give 3mg by mouth at bedtime for insomnia, Refresh Tears Ophthalmic solution (l ubricating drops that relieve dry, irritated eyes) instill 1 drop in both eyes two</p>		