

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  09/09/2024
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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>34439</p> <p>Based on observation, record review and interview, the facility failed to promote care with dignity and respect for 1 (R #418) of 1 (R #418) resident reviewed for residents rights by administering an insulin injection in the dining room while having lunch. This deficient practice is likely to result in residents feeling as if they were unimportant and not having privacy. The findings are:</p> <p>39509</p> <p>A. On 09/03/24 at 12:30 pm during observation of the dining area during the lunch hour, R #418 entered the dining area, took a seat at a dining table and received his lunch. While R #148 ate his meal, an unidentified nurse entered the dining area and went to R #148 side and injected him in the left upper arm with an unknown substance.</p> <p>B. On 09/03/24 at 12:40 pm during interview with R #418, he stated that the nurse from his unit had came to him in the dining area and the nurse administered 6 units of insulin (a medication used to control and reduce blood sugars).</p> <p>C. On 09/04/24 at 10:00 am during interview with R #418 in his room, he confirmed that the unit nurse had came to him in the dining hall and administered insulin to him. He stated that normally he prefers his insulin to be injected in his abdomen. He stated he did not appreciate the nurse coming to him and administering his insulin in the dining hall. He stated he much preferred that his medications especially his injectable medications would be administered to him in his room. He stated he felt he had no alternative except to allow the nurse to inject him as she did.</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
---	-------	-----------

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  09/09/2024
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)		
<p>F 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p>34439</p> <p>Based on observation and interview, the facility failed to ensure that residents are able to receive mail on Saturdays for all 114 residents residing at the facility. This deficient practice is likely to result in residents not receiving timely communication which could result in feelings of isolation. The findings are:</p> <p>A. On 9/04/24 at 3:20 pm during a resident council meeting with R # 30, # 37, # 51, # 69, #73 and #75, the residents mentioned the mail is not delivered on Saturdays and they would like to receive their mail when it is delivered to the facility.</p> <p>B. On 09/09/24 2:46 pm during an interview with Activities Assistant (AA), she stated, We don't have anybody working the front desk on weekends; therefore, mail is not delivered on weekends.</p> <p>47031</p>		

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  09/09/2024
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)		
<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>39509</p> <p>Based on observation, record review, and interview, the facility failed to ensure 1 (R #56) of 1 (R #56) resident was provided privacy in his own room and with visitors. Facility staff invaded R #56's privacy by assigning a staff member to to provide 1:1 sitter (a staff member assigned to monitor and accompany a resident) care. The sitter consistently sat at a table in his room during all hours of the day and night. This deficient practice is likely to cause residents to feel invaded and overwhelmed by staff. The findings are:</p> <p>A. Record review of R #56's face sheet revealed, R #56 was admitted to facility on 08/05/22 with multiple diagnoses including:</p> <ul style="list-style-type: none"> <li>-Hepatic Failure (liver disease).</li> <li>-Unspecified Dementia (a progressive, chronic disease that reduces mental thought and memory) with behavioral disturbances.</li> <li>-Alcoholic Cirrhosis (damage of the liver caused by excessive, long-term alcohol use) of Liver with Ascites (internal buildup of fluids in and around the liver and stomach).</li> </ul> <p>B. Record review of R #56's care plan dated 09/05/24 revealed the following:</p> <ul style="list-style-type: none"> <li>-focus: Tendency to exhibit sexually inappropriate behaviors with female staff and female residents- initiated 09/27/22 and revised 04/28/23.</li> <li>-interventions:1:1 (the assignment of one staff member to monitor and manage resident) to protect all individuals involved-initiated 04/29/23.</li> </ul> <p>C. Record review of R #56's physician orders dated 09/05/24 did not include an order to provide 1:1 care for R #56.</p> <p>D. Record review of R #56's daily care notes between 02/08/24 and 09/08/24 did not identify any sexually inappropriate behaviors towards staff or residents.</p> <p>E. Record review of R #56's daily care notes between 02/08/24 and 09/08/24 revealed the following:</p> <ul style="list-style-type: none"> <li>On 08/20/24 resident hit a staff member and refused medications.</li> <li>On 06/18/24 resident yelled at and hit a Certified Nurse Assistant (CNA).</li> </ul> <p>F. Record review of R #56 's physician progress notes dated 03/22/24, 03/29/24, 04/02/24, 04/04/24, 04/12/24, 05/22/24, 06/05/24, 06/19/24, 06/26/24, 07/09/24, 07/23/24, 08/14/24 revealed the physician did not have any notation of having reviewed the presence and necessity of a 1:1 sitter. The notes did not have any notation of inappropriate sexual behaviors and did not have any notations of R #56 hitting of staff or residents.</p> <p>(continued on next page)</p>		

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  09/09/2024
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)		
<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>G. Record review of R #56's psychiatric provider notes dated 09/14/23 through 07/25/24, the notes did not identify any instance that R #56 had demonstrated inappropriate sexual behaviors, had hit staff or other residents or acknowledged the necessity of a 1:1 sitter.</p> <p>H. On 08/29/24 at 2:00 pm during observation of the 200 hallway, a staff member sat at a table inside the doorway of R #56's room. The table was just inside the doorway such that the doorway was partially blocked by the table and staff member.</p> <p>I. On 08/30/24 at 10:00 am during observation of the 200 hallway, a staff member sat a table inside the doorway of R #56's room. The table was just inside the doorway, the doorway partially blocked by the table and staff member.</p> <p>J. On 09/03/24 at 9:30 am during observation of the 200 hallway, a staff member sat at a table inside the doorway of R #56's room. The table was just inside the doorway, the doorway partially blocked by the table and staff member.</p> <p>K. On 09/04/24 at 11:00 pm during observation of the 200 hallway, a staff member sat at a table inside the doorway of R #56's room. The table was just inside the doorway, the doorway partially blocked by the table and staff member.</p> <p>L. On 08/29/24 at 2:00 pm during interview with Sitter #1, he stated that he was assigned to watch and monitor R #56. He stated that R #56 had a past history of inappropriate behavior towards other residents and he occasionally struck out at and yelled at staff. He stated he was to monitor R #56 at all times. He stated that R #56 generally stayed in his room and slept most of the day. If R #56 required assistance getting up from bed, going to the bathroom or required assistance with personal care then Sitter #1 would assist. Sitter #1 stated that R #56 used to try to leave his room and wander about the building, but this behavior had declined. He stated that in the past when R #56 wanted to exit his room staff would either try to redirect him back to his room or walk with him in the hallway.</p> <p>M. On 09/05/24 at 3:57 pm during interview with Director of Nursing (DON), she stated R #56 has a 1:1 sitter who has been assigned for more than a year. She stated this was due to past inappropriate touching of other female residents and staff. She stated the purpose of the sitter is to assure that R #56 doesn't go out of his room and enter a female resident's room. DON also stated if R #56 was to attempt to leave his room staff would be expected to follow and stay with him.</p> <p>N. On 09/09/24 at 11:00 am during interview with Nurse Practitioner (NP), she stated she was aware R #56 had an assigned sitter. She stated this was not a medical need and not something she had requested. She stated she could not recall R #56 having an incident of inappropriate behavior with another resident for at least a year. NP stated that her understanding of the sitter was to maintain a line of sight contact of R #56 and was to be maintained at all times to assure that R #56 did not have any inappropriate contacts with other residents.</p> <p>O. On 09/05/24 at 1:13 pm during interview with R #56's mother, she stated that she visits with her son almost daily and that she generally spends at least two hours with him with each visit. She stated occasionally staff will leave the room for a short time while she is visiting but most of the time, staff are with them. Mother stated she feels she has no privacy when visiting with her son.</p> <p>(continued on next page)</p>		

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  09/09/2024
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)		
<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>P. On 09/06/24 at 11:33 am during interview with R #56, he stated he would also like some privacy in his room and feels like he is in jail. He stated he would like to have his room to himself and would like to be able to talk to his mom in private, but he is always being watched and feels he can't do anything or participate in anything (activities- movies, socials). He often feels sad and lonely and feels like he is getting weaker from laying in his bed all the time.</p>		

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  09/09/2024
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)
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47031</p> <p>Based on observation, record review and interview, the facility failed to ensure that a Comprehensive MDS (Minimum Data Set) Assessment was accurate for 1 (R # 72) of 1 (R #72) residents reviewed for accurate MDS Assessments. If resident assessments are not accurate, the facility could misidentify clinical complications resulting in failure to provide adequate care to treat the resident's medical condition. The findings are:</p> <p>A. On 8/30/24 at 2:41 pm, during an observation and interview with R #72, R #72 was only able to hear if spoken to loudly and close to his ear. He also did not have vision out of his right eye. R #72 stated that he had problems seeing and was blind on his right eye and his hearing was bad.</p> <p>B. Record review of R #72's quarterly MDS assessment dated [DATE] indicated that he had adequate vision and hearing.</p> <p>C. On 09/09/24 12:39 PM, during an interview with the MDS Coordinator, she stated she did complete MDS incorrectly and should have coded hearing and vision as not adequate.</p>

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  09/09/2024
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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>39509</p> <p>Based on observation, record review and interview the facility failed to develop and implement a comprehensive person-centered care plan for 1 (R #56) of 3 (R #56, 58, and 104) residents. Failure to develop and implement a resident centered care plan may result in staff's failure to understand and implement the needs and treatments of residents possibly resulting in decline in abilities and a failure to thrive. The findings are:</p> <p>A. On 08/29/24 at 10:00 am during an observation of the 200 unit, a staff member sat at a desk just inside the door to room and R #56 laid in bed and watched TV.</p> <p>B. On 09/05/24 at 12:02 am during an observation of the 200 unit, a staff member sat at a desk just inside of the door to R #56's room. The staff member exited the room and told Licensed Practical Nurse (LPN) #2, she was going on break. LPN #2 acknowledged this and then walked to the end of the hall into another resident room. A staff member was not was designated to provide 1:1 monitoring of R #56.</p> <p>C. On 09/06/24 at 11:56 am during an observation of the 200 unit, a staff member sat at a desk just inside the door to R #56's room. The staff member exited the room and told LPN #1 she (sitting staff) was going to lunch. A staff member was not was designated to provide 1:1. R #56 laid in his bed and watched TV. R #56's mother sat in the room with him.</p> <p>D. Record review of R #56's care plan dated 04/28/23 revealed R #56 tends to exhibit sexually inappropriate behavior. Interventions included 1:1 monitoring to protect all individuals.</p> <p>E. On 09/09/24 12:40 pm during interview with Minimum Data Set (MDS)/Care Planner, she stated she updated R #56's care plan in April 2023. She stated the care plan has not been altered. MDS stated the care plan was understood by staff and they knew the 1:1 sitter was to monitor and maintain a line of site view of R #56. She stated staff knew the care plan allowed for staff not to sit with R #56 when his mother was present or when he was asleep. She acknowledged the care plan did not include these specific exceptions and interpretations of the care plan.</p>

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  09/09/2024
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)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>34439</p> <p>Based on record review and interview, the facility failed to revise the care plan for 2 (R #25 and #56) of 2 (R #25 and #56) residents reviewed. If the facility is not updating the care plan to reflect the coordination of care with outside entities then the facility may not be providing the appropriate care and treatment to meet the residents' needs. The findings are:</p> <p>A. On 09/03/24 at 10:24 am during an interview with R #25's responsible party, he stated, he had been informed by the facility that an unidentified gentleman wearing hospital scrubs had been observed in the facility providing personal hygiene care to R #25, but was unsure of the date.</p> <p>B. On 09/04/24 12:14 PM during an interview with Weekend Nurse Supervisor (WNS), she stated. I am not sure of the date, I walked into [name of R #25's] room looking for the nurse on duty and I noticed a gentleman in scrubs standing over [name of R #25] who was laying in bed with a towel covering his abdomen, the gentleman stated he was ready to give personal care to [name of R #25]. I assumed it was a hospice worker, so I went to look for his nurse to ask if she knew the person in the room (R #25's). When I returned to [name of R #25's] room the gentleman was gone. I asked [name of R #25] if he knew the gentleman and if he was comfortable with him providing him personal care. R #25 responded he did know the gentleman and was ok with him providing care. WNS further stated she did not ask the name of the gentleman nor did she ask him what he was doing, but that she was curious as to who he was and what he was doing. WNS further stated the gentleman returned later that day and was going to change R #25's brief (adult diaper) and he was told that the facility staff would provide the brief change. She informed R #25's aunt who is also his decision maker about the incident and the Director of Nursing.</p> <p>C. On 09/04/24 at 12:59 pm during an interview with the facility Administrator, she stated, she was aware of the incident where there was a gentleman in the room with R #25 and then he was gone. [Name of R #25] was interviewed and he verified that he knew the gentleman and he was comfortable with him. She further stated that she did not believe R #25 would allow anyone to touch him if it was unwanted, and that maybe it should be written somewhere if someone is providing care for him other then facility staff. These issues should be brought up in the care plan meetings.</p> <p>D. On 09/09/24 at 12:55 pm during an interview with Minimum Data Set Coordinator, she stated that a care plan is developed so that staff know what to do, what care is to be provided to the residents and who should be providing the care. Facility staff are educated to follow the care plans for each resident. She further stated that all care should be entered into the care plans so staff are aware.</p> <p>E. Record review of care plan printed on 09/04/24 did not reveal any mention of a unknown gentleman being allowed/authorized to provide personal care to R #25.</p> <p>R #56</p> <p>F. Record review of R #56's care plan dated 04/28/23 revealed R #56 tends to exhibit sexually inappropriate behavior. Interventions included 1:1 monitoring to protect all individuals.</p> <p>(continued on next page)</p>		

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  09/09/2024
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)
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>G. On 09/09/24 12:40 pm during interview with Minimum Data Set (MDS)/Care Planner, she stated she updated R #56's care plan in April 2023. She stated the care plan has not been altered since then.</p>

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  09/09/2024
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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41988</b></p> <p>Based on record review, and interview, the facility failed to provide activities of daily living (ADL; activities related to personal care such as bathing, showering, dressing, walking, toileting, and eating) assistance for baths and showers by the facility staff for 2 (R #'s 96 and 105) of 2 (R #'s 96 and 105) residents reviewed for ADL care. This deficient practice is likely to affect the dignity and health of the residents. The findings are:</p> <p>R #96:</p> <p>A. Record review of R #96's face sheet revealed R #96 was admitted into the facility on [DATE].</p> <p>B. Record review of R #96's care plan dated 08/09/24, revealed R #96 required ADL care assistance with bathing, grooming, personal hygiene, dressing, eating, bed mobility, and transfer due to: memory changes, anxiety, depression, and pain.</p> <p>C. Record review of the facility's shower schedule revealed R #96 was scheduled to be showered/bathed on Mondays, Wednesdays, and Fridays.</p> <p>D. Record review of R #96's documentation survey report (ADL tracking form located in the electronic health record- EHR) dated 08/07/24 through 08/31/24 revealed R #96 was offered/received four (4) baths/showers out of 10 opportunities.</p> <p>E. Record review of R #96's shower sheets dated 08/07/24 through 08/31/24 revealed the shower sheets were not completed for R #96.</p> <p>F. Record review of R #96's documentation survey report dated 09/01/24 through 09/05/24 revealed R #96 was not offered/received any baths/showers out of two (2) opportunities.</p> <p>G. Record review of R #96's shower sheets dated 09/01/24 through 09/05/24 revealed the shower sheets were not completed for R #96.</p> <p>H. On 09/04/24 at 4:38 pm during an interview with R #96, she stated she does not receive enough baths/showers and she would like more. R #96 confirmed she feels gross when she is not bathed/showered often. R #96 further stated when she asks for a shower, staff will tell her they do not have enough staff available, and will not provide R #96 a shower.</p> <p>I. On 09/05/24 at 1:53 pm during an interview with Licensed Practical Nurse (LPN) #3, she stated all CNAs (Certified Nursing Assistants) are required to document each shower/bath given to a resident on the shower sheets and in the residents chart located in the EHR (electronic health record).</p> <p>J. On 09/05/24 at 2:00 pm during an interview with CNA #5, she stated R #96 likes to receive baths/showers and R #96 does not refuse baths/showers. CNA #5 also confirmed resident baths/showers are documented on shower sheets and in the EHR.</p> <p>(continued on next page)</p>		

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  09/09/2024
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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>K. On 09/05/24 at 2:59 pm during an interview with Registered Nurse (RN) #2, she stated R #96 refusing baths/showers has not been reported to her, indicating R #96 enjoys receiving baths/showers.</p> <p>L. On 09/05/24 at 3:45 pm during an interview with the Director of Nursing (DON), she confirmed R #96 has not been offered/provided enough baths/showers and R #96 should have been offered/provided more baths/showers.</p> <p>R #105:</p> <p>M. Record review of R #105's face sheet revealed R #105 was admitted to the facility on [DATE] and discharged on [DATE].</p> <p>N. Record review of R #105's care plan dated 08/08/24 revealed R #105 required ADL care assistance with bathing, grooming, personal hygiene, dressing, eating, bed mobility, and transfer due to: decreased mobility and pain.</p> <p>O. Record review of the facility shower schedule revealed R #105 was scheduled to be showered/bathed on Mondays, Wednesdays, and Fridays.</p> <p>P. Record review of R #105's documentation survey report dated 08/06/24 through 08/23/24 revealed R #105 was offered/received two (2) baths/showers out of 8 opportunities.</p> <p>Q. Record review of R #105's shower sheets dated 08/06/24 through 08/23/24 revealed R #105 was given on bath/shower out of 8 opportunities.</p> <p>R. On 09/05/24 at 12:01 pm during an interview with R #105's Son-In-Law, he stated R #105 was not given enough baths/showers while she was in the facility and he notified nursing staff of that.</p> <p>S. On 09/05/24 at 2:46 pm during an interview with LPN #4, she stated R #105 was always very weak and exhausted, but she would never refuse a bed bath when offered.</p> <p>T. On 09/05/24 at 3:46 pm during an interview with the DON, she confirmed R #105 was not offered/provided enough baths/showers and R #105 should have been offered/provided more baths/showers.</p>		

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  09/09/2024
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)
<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p>47031</p> <p>Based on record review, interview and observation, the facility failed to provide an ongoing program of activities designed to meet the interests for 1 (R # 72) of 1 (R # 72) residents reviewed for activities by not providing meaningful individualized activities based upon residents' interests as identified on his individual care plan. If resident is not provided or encouraged to attend/participate in activities that meets his interests, then he is likely to experience an increase in boredom, isolation, and depression. The findings are:</p> <p>A. Record review of R #72's care plan dated 01/24/24 revealed the following:</p> <p>-Focus: [Name of R #72] is at risk for limited and/or meaningful engagement related to LTC (Long Term Care). R #72 is a Hospice patient.</p> <p>--Approaches: Provide one to one room visits individualized to R #72 interests and activities.</p> <p>B. Record review of Activity Individual Resident Daily Participation Record dated 08/01/24 through 08/31/24 revealed R #72 participated in the following activities:</p> <ol style="list-style-type: none"> <li>1. Watching or Listening to TV or Movies 15 times</li> <li>2. The record did not contain any documentation that R #72 was invited to participate in activities or any refusals to participate in activities.</li> </ol> <p>C. On 09/06/24 09:37 am during an observation of R #72's room, the room did not contain a television or music listening device in his room.</p> <p>D. On 09/06/24 at 9:37 am during an interview with Certified Nurse Aide (CNA) #3 confirmed R #72 did not have a TV in his room.</p> <p>E. On 09/06/24 at 2:41 pm during an interview with the Activity Assistant she confirmed R #72 does not like to go out of his room and she is not sure how he is able to watch TV if there is not one present in his room. Activity Assistant was not able to provide an explanation as to how the resident was able to listen to music. AA confirmed that the documentation was inaccurate.</p>

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  09/09/2024
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)
<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47091</b></p> <p>Based on interview and record review, the facility failed to ensure ongoing communication and collaboration with the dialysis (clinical purification of blood as substitute for normal kidney functioning) facility regarding dialysis care and services for 2 (R #'s 29 and 115) of 2 (R #'s 29 and 115) residents reviewed for dialysis. If the facility is unaware of the status, condition or complications that arise during dialysis treatment, then residents are likely to not receive the appropriate monitoring and care they need. The findings are:</p> <p>R #29:</p> <p>A. Record review of R #29's physician orders revealed an order for Dialysis on Mondays, Wednesdays, and Fridays at 3:30 pm. Arrive 30 minutes early to complete paperwork.</p> <p>B. Record review of R #29's Hemodialysis Communication Records revealed, incomplete communication notes (post dialysis form) and the facility's follow-up report related to the dialysis visits on the following days:</p> <p>-08/02/24 -08/09/24 -08/12/24 -08/14/24 -08/19/24 - 09/04/24</p> <p>C. On 09/04/24 at 11:52 am during an interview with Registered Nurse (RN) # 3, when asked to review R #29's Hemodialysis Communication forms, RN #3 looked them over the Hemodialysis Communication forms and confirmed that the Hemodialysis Communication forms were not completed. She further stated the nurses are supposed to take vital signs (VS) including temperature, blood pressure, pulse, and checking R #29's dialysis site and then complete the form (post-dialysis sections) when R #29 returns from dialysis treatment.</p> <p>D. On 09/04/24 at 2:34 pm during interview with the Director of Nursing (DON), she stated her expectation would be that nursing staff are filling out the dialysis communication forms completely. She confirmed that the Hemodialysis Communication forms were not being completed. She further stated the nurses should be checking the dialysis site, obtaining VS and signing the bottom of the forms.</p> <p>41988</p> <p>R #115:</p> <p>(continued on next page)</p>

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  09/09/2024
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)		
<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>E. Record review of R #115's face sheet revealed R #115 was admitted into the facility on [DATE] and was discharged on [DATE].</p> <p>F. Record review of R #115's physician orders dated 06/10/24 revealed R #115 went to dialysis every Tuesday, Thursday, and Saturday.</p> <p>G. Record review of R #115's nursing progress notes dated 06/10/24 through 06/21/24 revealed R #115 refused to go to dialysis two times during that timeframe on 06/15/24 and 06/20/24.</p> <p>H. Record review of R #115's dialysis communication forms dated 06/10/24 through 06/21/24 revealed the dialysis communication forms were not in R #115 record.</p> <p>I. On 09/05/24 at 1:46 pm during an interview with Licensed Practical Nurse (LPN) #3, she stated the facility nursing staff is required to complete the pre-dialysis and post-dialysis sections of the dialysis communication forms each time a resident goes to dialysis.</p> <p>J. On 09/05/24 at 3:50 pm during an interview with the DON, she stated the facility nursing staff should complete the dialysis communication forms each time a resident goes to dialysis. DON confirmed R #115 did not have any dialysis communication forms completed and should have.</p>		

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  09/09/2024
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)		
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>41988</p> <p>Based on interviews, the facility failed to ensure the facility had sufficient staff to meet the needs of all 114 residents who resided in the facility when staff failed to:</p> <ol style="list-style-type: none"> <li>1. Offer baths or showers to residents as scheduled.</li> <li>2. Provide meals and snacks to residents timely.</li> <li>3. Meet the needs of the residents.</li> </ol> <p>These deficient practices are likely to negatively impact resident comfort. The findings are:</p> <p>Resident Baths/Showers:</p> <ol style="list-style-type: none"> <li>A. Refer to F0677 for findings related to baths/showers.</li> <li>B. On 09/05/24 at 1:29 pm during an interview with Certified Nursing Assistant (CNA) #3, she confirmed resident showers are missed due to low staffing.</li> <li>C. On 09/05/24 at 1:46 pm during an interview with Licensed Practical Nurse (LPN) #3, she stated that there is staffing issues and she is aware of residents missing baths/showers due to staffing issues.</li> <li>D. On 09/05/24 at 1:56 pm during an interview with CNA #5, she confirmed staffing issues and that residents missed baths/showers due to staffing.</li> <li>E. On 09/05/24 at 2:55 pm during an interview with Registered Nurse (RN) #2, she stated that resident baths/showers get missed due to low staffing and resident baths/showers are also not completed at night due to staffing.</li> </ol> <p>Frequency of Meals:</p> <ol style="list-style-type: none"> <li>F. Refer to F0809 for findings related to frequency of meals.</li> </ol> <p>Resident Needs:</p> <ol style="list-style-type: none"> <li>G. On 09/06/24 at 8:35 am during interview with LPN #1, she stated R #54's medications were administered late today (09/06/24). LPN #1 further stated she was taken away from her morning medication pass, so she could help pass the morning meal trays.</li> <li>H. On 09/05/24 at 12:40 pm during an interview with the Activities Director (AD), she stated staff will call in often and sometimes she will have to answer call lights to help the nursing staff.</li> </ol> <p>47031</p> <p>(continued on next page)</p>		

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  09/09/2024
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)		
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>I. On 09/04/24 at 3:01 pm during an interview with R #30, R #37, R #51, R #69, R #73 and R #75 during resident council, the residents stated they felt there were not enough nursing staff. The residents further stated they have to wait a long time for their call light to be answered by nursing staff and they were told they were short staffed when they answered call lights.</p>		

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  09/09/2024
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)
<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>39509</p> <p>Based on observation, record review and interview, the facility administered medications with an error rate greater than 5%. Medications were observed being administered to 2 (R #33 and 54) residents past the ordered medication administration time. Of 25 opportunities, 12 medication were administered late, an error of administration. This likely resulted in a medication error rate of 48%. If medications are not administered at the scheduled ordered times, the treatment will be less effective and residents will receive less than optimal care. The findings are:</p> <p>Medication Administration R #33</p> <p>A. On 09/05/24 at 10:44 am during observation of medication administration, Licensed Vocational Nurse (LVN) #1 poured the following medications:</p> <ul style="list-style-type: none"> <li>-Acetaminophen (a medication to relieve pain and swelling) 2 tablets</li> <li>-Aspirin (a medication to relieve and reduce risk of blood clots) 81 mg (milligrams)</li> <li>-GlycoLax Powder (a medication to promote bowel movement) 17 grams mixed with water</li> <li>-Senna (a medication to prevent and treat constipation) 2 tablets</li> <li>-Vitamin B Complex (a medication to supplement needed vitamins) 1 tablet</li> <li>-Cyclobenzaprine ( a medication to reduce muscle spasms) 10 mg</li> <li>-Hydrochlorothiazide (a medication to reduce water in the blood) 25 mg</li> <li>-Metformin (a medication to treat diabetes and manage blood sugar) 500 mg</li> </ul> <p>After pouring each medication LVN #1 administered all of the poured medication to R #33.</p> <p>R #33 took all poured medications.</p> <p>B. Record review of R #33's Medication Administration Record (MAR) dated September 2024 revealed:</p> <ul style="list-style-type: none"> <li>-Acetaminophen 2 tablets,</li> <li>-Aspirin 81 mg,</li> <li>-GlycoLax Powder 17 grams,</li> <li>- Cyclobenzaprine 10 mg,</li> <li>-Senna 2 tablets and</li> </ul> <p>(continued on next page)</p>

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  09/09/2024
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)		
<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Vitamin B Complex 1 tablet were all to be administered daily at 7:00 am.</p> <p>-Hydrochlorothiazide 25 mg and Metformin 500 mg were both to be administered at daily at 8:00 am.</p> <p>C. On 09/05/24 at 10:44 am during an interview LVN #1 stated she was normally assigned to another hall and was not accustomed to the medication times and routines.</p> <p>D. On 09/05/24 at 11:00 am during interview with Director of Nursing (DON) she stated all medications are scheduled to be administered at certain times through the day. She stated all medications are to be administered within one hour before and one hour after the scheduled administration times. DON confirmed that the medications provided to R #33 were late.</p> <p>Medication Administration R #54</p> <p>E. On 09/06/24 at 8:28 am during observation of medication administration, Licensed Practical Nurse (LPN) #1 poured the following medications:</p> <p>-Duloxetine (a medication to treat symptoms of depression) 30 mg</p> <p>-Meloxicam (a medication to treat pain and inflammation) 15 mg</p> <p>-Oxycarbazepine (a medication to manage pain) 150 mg</p> <p>-Oxybutynin (a medication to reduce bladder spasms) 5 mg</p> <p>F. Record review of R #54's MAR dated September 2024 revealed that Duloxetine 30 mg, Meloxicam 15 mg, Oxycarbazepine 150 mg and Oxybutynin 5 mg were scheduled to be administered daily at 7:00 am</p> <p>G. On 09/06/24 at 8:35 am during interview with LPN #1, she stated R #54's medications were administered late. She stated she was taken away from her morning medication pass so she could help pass the morning meal trays.</p>		

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  09/09/2024
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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47031</p> <p>Based on observation and interview the facility failed to:</p> <ol style="list-style-type: none"> <li>1. Ensure all medications were stored properly and in the original, labeled packaging.</li> <li>2. Ensure medical supplies in the medication storage room were not expired.</li> </ol> <p>These deficient practices are likely to negatively impact the health of all residents, if staff administered or used potentially compromised or contaminated medications and medical supplies due to inappropriate storage. The findings are:</p> <p>Medication Storage and Labels</p> <p>A. On [DATE] at 10:52 am during an observation of medication storage on the 400 unit, one gallon whiskey was not labeled in medication room refrigerator.</p> <p>B. On [DATE] at 10:52 am during an observation of medication storage on the the 400 unit, revealed one expired Intravenous (IV-within a vein) dressing change kit (a single use kit with sterile contents to start and maintain an IV site) with the expiration date of [DATE].</p> <p>C. On [DATE] at 10:52 am during an observation of Medication Storage revealed four boxes of [name brand of enema] laxative enemas (injection of fluid to cleanse or stimulate the emptying of your bowel) with the expiration date of ,d+[DATE], and one with expiration date of ,d+[DATE].</p> <p>D. On [DATE] at 10:52 am during an observation of the 200 Unit Medication Cart, one loose round white pill on bottom of second drawer was found.</p> <p>E. On [DATE] at 11:34 am am during an interview with the Registered Nurse (RN) #1, she stated that the one gallon of whiskey belonged to [name of R#68] and gallon of whiskey should be labeled and dated.</p> <p>F. On [DATE] at 11:34 am during an interview with Certified Medication Assistant (CMA) #1, she confirmed the one loose round pill on bottom of second drawer, and that any loose pills or expired medication should be discarded.</p> <p>47091</p> <p>G. On [DATE] a 10:35 am during random observation of R #103's room revealed one Basaglar Insulin injectable pen (Insulin Glargine-yfgn Subcutaneous Solution Pen-injector 100 UNIT/ML) Lot# 643235A, which had an expiration date of [DATE] was on R #103's bedside table.</p> <p>(continued on next page)</p>		

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  09/09/2024
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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>H. Record review of R #103's physicians orders revealed the following order of Insulin Glargine-yfgn Subcutaneous Solution Pen-injector 100 UNIT/ML (Insulin Glargine-yfgn) Inject 20 unit subcutaneously two times a day for DM II (Diabetes Mellitus Type II a condition that happens because of a problem in the way the body regulates and uses sugar as a fuel).</p> <p>I. On [DATE] at 10:35 am during interview R #103 stated the nurse (RN #2) left that medicine (insulin pen) there, (on bedside table) this morning.</p> <p>J. On [DATE] at 10:36 am during interview, Certified Nurse Aide (CNA) #1 entered confirmed the insulin pen was left on R #103's bedside table.</p> <p>K. On [DATE] at 10:40 am during interview with RN #2, she confirmed the insulin pen was left in R #103's room and that it should not have been left there.</p>		

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  09/09/2024
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)		
<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain dental services for each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46064</p> <p>Based on observation, record review, and interview, the facility failed to ensure residents obtained routine dental care for 1 (R #68) of 1 (R #68) resident reviewed for dental services. This failure is likely to result in the resident experiencing pain, embarrassment over condition of teeth, and potential weight loss. The findings are:</p> <p>A. Record review of R #68's face sheet revealed R #68 was admitted into the facility on [DATE].</p> <p>B. Record review of R #68's care plan dated 07/30/24 revealed R #68 exhibits or is at risk for oral health or dental care problems as evidenced by altered mucous membranes/gums (blistering in the mouth and gums).</p> <p>C. On 08/30/24 at 1:22 PM during an observation and interview with R #68, R #68 had visual evidence of tooth decay and discoloration of his teeth. R #68 stated, he had not been to the dentist while a resident of the facility and had not been offered an appointment. R #68 stated he had not been to the dentist in a long time and has occasional pain.</p> <p>D. On 09/04/24 at 2:03 PM during an interview with Social Services Director, she stated she does not schedule appointments, but will let the scheduler know when an appointment is needed or requested during care plan meetings.</p> <p>E. On 09/05/24 at 8:18 AM during an interview with the facility scheduler, she stated that Social Services Director had requested an appointment for R #68 on 09/04/24, but did not have any prior requests.</p>		

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  09/09/2024
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)
<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>46064</p> <p>Based on observation, record review and interview, the facility failed to ensure the nutritional needs and preferences were met for 1 (R #51) of 1 (R #51) residents reviewed for food preferences. If the facility is not incorporating resident preferences into resident diets the residents are likely to experience weight loss, frustration and depression. The findings are:</p> <p>A. On 08/29/24 at 12:39 PM during the lunch meal observation, R #51 sat at a table with his lunch meal, R #51 was served carrots</p> <p>B. On 09/03/24 at 11:18 AM, during an interview with R #51, he stated he does not like some foods and has asked that they not be served to him. R #51 stated They still do. I won't eat, what I don't like and sometimes I just leave the dining room cause I get tired of telling them not to serve me the food I don't like. R #51 stated he does not like rice, carrots and fish, he is served those foods and has requested tahr they not be served to him.</p> <p>C. Record review of R #51's dislikes report, revealed R #51 does not like fish group, shellfish group, turkey group, carrots, green/red peppers, milk to drink, and peas. It further listed the menu items that contain these foods.</p> <p>D. On 09/09/24 at 1:07 PM during an interview with Certified Nurse Aide (CNA) #2, she stated R #51 often complains to her, because he is served items he does not like. She further stated that the facility meal tickets do have dislikes noted on them and does not understand why they keep serving him the items he does not like.</p>

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  09/09/2024
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)
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>47031</p> <p>Based on observation and interview, the facility failed to ensure food holding temperatures were at 135 (degrees). Failure to ensure the food is at appropriate temperature is likely to cause residents not to eat meals which could lead to weight loss. The findings are:</p> <p>A. On 09/04/24 at 5:37 pm during an observation of the dinner meal, revealed the turkey's temperature was at 134 degrees, steamed broccoli was at 128 degrees and mashed potatoes were at 132 degrees. Hot food should be at 135 or higher and cold food should be at 41 or lower.</p> <p>B. On 09/04/24 at 5:39 pm during an interview with Dietary Manager (DM), she confirmed the turkey, steamed broccoli and mashed potatoes temperatures were not within safe serving range. Hot foods should be at 135 degrees or above and cold food should be 41 degrees.</p>

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  09/09/2024
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)		
<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>39509</p> <p>Based on observation, record review, and interview, the facility failed to:</p> <ol style="list-style-type: none"> <li>1. Deliver meals consistently and timely</li> <li>2. Deliver snacks consistently and timely</li> </ol> <p>These deficient practices affected all 114 residents residing in the facility and are likely to cause anger and frustration with the residents. The findings are:</p> <ol style="list-style-type: none"> <li>1. Deliver meals consistently and timely           <ol style="list-style-type: none"> <li>A. Record review of meal times revealed that the lunch meal was to be served at 12:00 pm daily.</li> <li>B. On 08/29/24 at 12:01 pm during the lunch meal observation, meal service in the dining area began at 12:33 pm and trays were sent in food carts to:               <ul style="list-style-type: none"> <li>-Hall 100 at 12:30 pm</li> <li>-Hall 200 at 1:10 pm</li> <li>-Hall 300 at 1:25 pm</li> </ul> </li> <li>C. On 09/03/24 at 12:19 pm during the lunch meal observation, meal service in the dining area began at 12:19 p and trays were sent in food carts to:               <ul style="list-style-type: none"> <li>-Hall 100 at 12:17 pm</li> <li>-Hall 200 at 12:58 pm</li> <li>-Hall 400 at 12:28 pm</li> </ul> </li> <li>D. On 09/06/24 at 12:10 pm during the lunch meal observation, meal service in the dining area began at 12:15 pm and trays were sent to food carts to:               <ul style="list-style-type: none"> <li>-Hall 100 at 12:20 pm</li> <li>-Hall 200 at 12:39 pm</li> <li>-Hall 300 at 12:55 pm</li> <li>-Hall 400 at 1:06 pm</li> </ul> </li> </ol> </li> </ol> <p>(continued on next page)</p>		

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  09/09/2024
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)		
<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>E. On 08/29/24 at 10:38 am during interview with the Dietary Manager (DM), she confirmed that the midday meal service was scheduled for 12:00 pm. She confirmed that meal service was consistently late.</p> <p>F. On 08/30/24 at 10:27 am during interview with R #88, in her room in the 300 hallway, she stated she was unhappy with her meals because they arrived late and were cold.</p> <p>G. On 09/03/24 at 12:41 am during interview with R #61, in her room in the 300 hallway, she stated she was unhappy with meal service because the meals were almost always late and often cold.</p> <p>H. On 09/04/24 at 3:01 pm during Resident Council (a group of residents who meet to discuss resident concerns and requests regarding facility services) meeting, multiple resident complained that meals are consistently served late.</p> <p>47031</p> <p>2. Deliver snacks consistently and timely.</p> <p>I. On 09/04/24 at 3:01 pm during an interview with Resident Council members revealed they were not offered any HS (bed time) snacks.</p> <p>J. On 09/04/24 at 3:01 pm during an interview with R #30, R #37, R #51, R #69, R #73, R #75 at resident council meeting they stated that they were not offered any bed time snacks.</p> <p>K. On 09/06/24 at 10:00 am during an interview with DM , she stated snacks are available for residents in the nourishment room and are provided at 10:00 am, 2:00 PM, and 7:00 PM .Dietary staff are not responsible for distributing snacks nursing staff is responsible for delivering snacks, so she is not aware if they are being delivered or accessible to residents once they are delivered from the kitchen.</p> <p>L. On 09/05/24 at 10:10 am during an interview with DM, she stated the dietary staff do not hand out snacks to residents, she stated snacks are left in the nourishment room for those residents who ask for a snack. DM stated she did not know if nursing staff passes out snacks.</p>		

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  09/09/2024
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47031</p> <p>Based on observation, interview, and record review, the facility failed to maintain the kitchen in a sanitary manner when staff failed to :</p> <ul style="list-style-type: none"> <li>-Store open food in a manner that prevents cross contamination and label and date food.</li> <li>-Utilize hair restraints and beard guards in a manner which restrained all hair while in the kitchen.</li> <li>- Document the correct sanitizing solution as required.</li> <li>-Maintain the kitchen environment in a clean and sanitary manner.</li> </ul> <p>These failures have the potential to result in cross contamination, the growth of foodborne pathogens, and foodborne illnesses. This failure had the potential to affect all residents who ate food from the kitchen. The findings are:</p> <p>Unlabeled and Undated Food Items</p> <p>A. On 08/29/24 at 9:42 am during an observation of the walk-in refrigerator revealed the following:</p> <ul style="list-style-type: none"> <li>-One (12 ct.) of flour tortilla pack open to air and not dated.</li> <li>- One 6( inch) steel pan with salsa not labeled and not dated.</li> <li>- One 6 steel pan with green Chile not labeled and not dated.</li> <li>- One 6 steel pan with what appeared to be puree food not labeled and not dated.</li> <li>- Two 18 qt (quart). plastic containers of juice not labeled or dated.</li> <li>- One 5 lb.(pound) bag of sliced Swiss cheese open to air and not dated.</li> <li>- One 5 lb. bag of shredded cheese open to air and not dated.</li> <li>- One 5 lb. bag of shredded carrots not dated.</li> <li>- One 12 oz. (ounce) can of Mountain Dew open to air on the food prep area.</li> <li>- One personal cell phone on food prep area.</li> </ul> <p>B. On 08/29/24 at 9:42 am during an observation of the kitchen, Dietary Aide (DA) #1 was not wearing a hairnet to restrain his hair while in the kitchen.</p> <p>(continued on next page)</p>		

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  09/09/2024
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>C. On 08/29/21 at 9:42 am during an observation of the kitchen Dietary [NAME] (DC) #1 wore a beard guard, but it did not cover all his facial hair. DC #1 was around food and food related items during food preparation.</p> <p>D. On 08/29/24 at 9:44 am, during and interview, Dietary Manager (DM) stated that all Dietary Staff should be wearing a hair restraint while in the kitchen and that beard guard should cover all facial hair.</p> <p>E. Record review of the dishmachine temperature and sanitizer log revealed the documentation of sanitizer was incomplete. The correct PPM (part per million) is 50 PPM. They were also missing temperatures for the following days 08/27/24, 08/28/24, and 08/29/24.</p> <p>F. On 8/29/24, at 10:33 am during interview with DM, she confirmed that the temperatures were not filled out on the temperature log for 08/27/24, 08/28/24, and it should have been documented.</p> <p>G. On 09/5/24 at 11:37 am during an interview with Director of Operations for Dietary Services (DO) and DM, they both confirmed documentation was incorrect, and should be documented according to manufacturers recommended PPM. The recommended PPM is 50 PPM.</p> <p>Kitchen Cleanliness</p> <p>H. On 08/29/24 at 9:43 am during an observation of the food warmer located next to the stove in dietary, revealed the following:</p> <ul style="list-style-type: none"> <li>- The door of the food warmer had spills and spatters inside and outside. Inside the food warmer was a 6 (inch) pan of egg and pan of biscuits to be served to the residents.</li> <li>- Bottom of the food warmer was visibly soiled with crumbs, was rusted and and not clean.</li> </ul> <p>I. On 08/29/24 at 9:44 am during an interview, DM confirmed food warmer was visibly soiled and visibly spattered.</p>		