

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325069	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/30/2024
NAME OF PROVIDER OR SUPPLIER  Albuquerque Heights Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  103 Hospital Loop NE Albuquerque, NM 87109	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40795</b></p> <p>Based on record review and interview, the facility failed to update a resident's care plan for 1 (R #2) of 2 ( R #2 and R #3) residents reviewed for a change in condition. This deficient practice could likely result in residents not receiving the care or treatment needed to ensure their overall safety or ability to maintain their highest practicable well being.</p> <p>The findings are:</p> <p>A. Record review of R #2's face sheet revealed R #2 was admitted to the facility on [DATE] with the pertinent diagnoses of unspecified dementia and other behavioral disturbance.</p> <p>B. Record review of R #2's physician notes, dated 04/14/24, revealed R #2 began to display a new symptom of increased phlegm (a specific type of mucus that originates in your lungs and throat).</p> <p>C. Record review of R #2's physician orders, dated 04/15/24, revealed an order for a suction machine at bedside as needed.</p> <p>D. Record review of R #2's care plan, last reviewed on 03/25/24, revealed staff did not document the need for a suction machine at bedside.</p> <p>E. On 05/30/24 at 12:44 pm, during an interview with the facility's Director of Nursing, she stated R #2's care plan should include R #2's need for a suction machine at beside.</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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