STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325069	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Albuquerque Heights Healthcare and Rehabilitation	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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51919 Based on record review and interview, the facility failed to ensure the Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff) was accurate for 1 (R #10) of 1 (R #10) resident when the MDS Nurse did not document the decline in R #10's weight to reflect R #10's status at the time of the assessment. This deficient practice is likely to result in R #10 not receiving the appropriate care and treatment she needs. The findings are: A. Record review of R #10's Comprehensive admission MDS, dated [DATE], revealed the MDS nurse documented R #10's weight as 180 pounds. B. Record review of R #10's discharge MDS, dated [DATE], revealed the MDS nurse documented the following: - R #10's weight as 163 pounds. - R #10 did not have a weight loss of 5 percent (%) or more in the last month. - R #10 did not have a weight loss of 10% or more in last 6 months. C. Record review of R #10's weight assessments revealed staff documented the following: - On 09/07/24, R #10 weighed 180.2 pounds. - On 10/01/24, R #10 weighed 162.6 pounds. - Additional weight assessments were not recorded (while in fact R #10 lost 10% of her weight in the last 30 days prior to the discharge MDS assessment). D. On 01/13/25 at 3:00 pm, during an interview with the MDS Nurse, she stated R #10 lost more than 5% of her weight in the last 30 days prior to the discharge MDS assessment, and she should have documented that on R #10's discharge MDS.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325069	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Albuquerque Heights Healthcare and Rehabilitation	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)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. 51919 Based on interviews and record review, the facility failed to identify a resident at nutritional risk or address the risk factors for impaired nutritional status for 1(R #10) of 1(R #10) resident. When the facility's staff failed to weigh R #10 weekly or when ordered by the facility's provider. This deficient practice could likely lead to the resident to suffer from unplanned weight loss. The findings are: A. Record review of R #10's facesheet dated 09/07/24, revealed the following: -R #10's admitted to the facility was 09/07/24. -R #10's discharge date to an assisted living facility (ALF) was 10/03/24. B. Record review of R #10's care plan dated 09/07/24, revealed Nurse #1 recorded R #10 was at nutritional risk for weight loss. C. Record review of R #10's provider's progress notes dated 09/26/24, revealed the following: 1. R #10 had a poor appetite and there was some concerns for possible weight loss. 2. R #10 had the following diagnoses: - Wedge compression fracture of second lumbar vertebra (a fracture in the spine), - Poor appetite, - Confusion (a decline in cognitive ability, ability to think, learn and understand), - Legally blind (when a person's vision is so poor that they can't see well enough to drive or perform other daily tasks). D. Record review of R #10's provider order sheet, dated 09/16/24, revealed the following: - An order to reweigh R #10 one time, upon R #10's daughter's request. - Additional orders to weigh R #10 were not recorded. E. Record review of R #10's weight assessments revealed staff documented the following: - On 09/07/24, R #10 weighed 180.2 pounds. - Staff did not document a weight for the week of 09/16/24. - On 10/01/24, R #10 weighed 162.6 pounds. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325069	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Albuquerque Heights Healthcare and Rehabilitation	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)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Additional weight assessments were not recorded. F. On 01/13/25 at 3:00 pm, during an interview with the Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff) Nurse, she stated R #10 lost more than 5% of her weight in the last 30 days prior to the discharge MDS assessment, and she should have documented that on R #10's discharge MDS. G. On 01/14/25 at 11:23 am, during an interview with R #10's daughter, she stated that no one would weigh her mom when she called requesting that. The facility's staff always said they were busy to weigh her. She stated that when she called they always gave her the old weight they took when R #10 was admitted . She stated taking her weight was never done. She stated R #10's weight at the ALF was in the 140's and she knew R #10 did lose weight, because her mother called her multiple times during her stay at the facility and complained of not eating well due to her multiple food allergies and her food preferences that staff did not honor. H. On 01/14/25 at 2:45 pm, during an interview, the 100 Hall Nurse Manager stated she expected staff to weigh R #10 per provider's order dated 09/16/24 and weekly on Sundays, as scheduled. I. On 01/14/25 at 3:45 pm, during an interview with the facility's dietician, stated R #10 reported not eating well due to her multiple food allergies and food preferences. She stated she added snacks on R #10's meal ticket, R #10 had a poor appetite and she agreed to have snacks to supplement her short list of food preferences. The dietician stated nurses did not made her aware of R #10 weight loss and she expected staff to make her aware of R #10's weight loss.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325069	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Albuquerque Heights Healthcare and Rehabilitation	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)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50752 Based on record review and interview, the facility failed to ensure ongoing communication and collaboration with the dialysis (clinical purification of blood as a substitute for the normal function of the kidney) facility regarding dialysis care and failed to monitor the resident before and after dialysis treatment for 2 (R #1 and R #2) of 2 (R #1 and R #2) residents reviewed for dialysis care. These deficient practices could likely result in the facility being unaware of the resident's condition, possible complications that arise during dialysis treatment, and residents may not receive the appropriate monitoring and care. The findings are: R #1: A. Record review of R #1's face sheet revealed an initial admitted [DATE] with a diagnosis of end stage renal disease (ESRD; chronic irreversible kidney failure). B. Record review of R #1's physician orders revealed an order, revision date 10/30/24, for dialysis on Tuesdays, Thursdays, and Saturdays at 06:00 A.M. C. Record review of R #1'S Electronic Medical Record (EMR) revealed: 1. Dialysis Communication Record, dated 09/04/24, the facility completed pre-dialysis information, and the dialysis center completed the dialysis information. The form did not include any post dialysis information, monitoring, or assessments. 2. Dialysis Communication Record, dated 09/17/24, the facility completed pre-dialysis information, and the dialysis center completed the dialysis information. The form did not include any post dialysis information, monitoring, or assessments. 3. Dialysis Communication Record, dated 10/03/24, the facility completed pre-dialysis information, and the dialysis center completed the dialysis information. The form did not include any post dialysis information, monitoring, or assessments. 4. Dialysis Communication Record, dated 10/08/24, the facility completed pre-dialysis information, and the dialysis center completed the dialysis information. The form did not include any post dialysis information, monitoring, or assessments. 5. Dialysis Communication Record, dated 10/24/24, the facility completed pre-dialysis information, and the dialysis center completed the dialysis information. The form did not include any post dialysis information, monitoring, or assessments. 6. Dialysis Communication Record, dated 09/18/24, the facility completed pre-dialysis information, and the dialysis center completed the dialysis information. The form did not include any post dialysis information, monitoring, or assessments. D. Record review of R #1 progress note on 01/16/25 revealed, the note did not contain any documentation of post-dialysis information. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325069	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Albuquerque Heights Healthcare and Rehabilitation	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)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R #2 E. Record review of R #2's face sheet revealed an initial admitted [DATE] with a diagnosis of ESRD. F. Record review of R #2 's physician orders revealed an order, revision date 10/17/24, for dialysis on Tuesdays, Thursdays, and Saturdays at 07:00 A.M. G. Record review of R #2's EMR revealed: 1. Dialysis Communication Record, dated 10/12/24, the facility completed pre-dialysis information, and the dialysis center completed the dialysis information. The form did not include any post dialysis information, monitoring, or assessments. 2. Dialysis Communication Record, dated 10/15/24, the facility completed pre-dialysis information, and the dialysis center completed the dialysis information. The form did not include any post dialysis information, monitoring, or assessments. 3. Dialysis Communication Record, dated 10/31/24, the facility completed pre-dialysis information, and the dialysis center completed the dialysis information. The form did not include any post dialysis information, monitoring, or assessments. 4. Dialysis Communication Record, dated 11/05/24, the facility completed pre-dialysis information, and the dialysis center completed the dialysis information. The form did not include any post dialysis information, monitoring, or assessments. H. Record review of R #2 progress notes on 01/16/25 revealed the note did not contain any documentation of post-dialysis information. I. On 01/16/25 at 12:30 PM, during an interview, the Director of Nursing (DON) stated the nurse assigned to the resident was required to complete the dialysis communication sheets daily for proper documentation. The DON confirmed the dialysis communication sheets were not filled out on the specified dates, but it was expected for nurse to complete them.