

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  06/10/2025
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation and interview, the facility failed to maintain a homelike environment when the facility did not have enough bath towels and face cloths for the residents. This deficient practice could cause residents to miss a shower if there are not enough towels available. The findings are:</p> <p>A. On 06/09/25 at 10:55 am, during an interview, Certified Nursing Assistants (CNA) #15 stated the facility was always short on linens, such as sheets and towels. She stated there were times when they opened the linen storage closet, and there were not any linens at all. She stated she went to other units to get what they needed, but the other units did not have much either.</p> <p>B. On 06/09/25 at 11:22 am, during an interview, Family Member (FM) #1 stated she will try to clean up R #1, but there was often not any towels or facecloth for her to use. She stated the facility frequently did not have enough clean linens available.</p> <p>C. On 06/09/25 at 12:15 pm, during an interview, the Housekeeping Director (HD) stated they did not have enough linens. She stated the management staff ordered new towels and linens every month. The HD stated even though management ordered new items there still was not enough towels and linens for the residents. The HD stated the facility did not do their own laundry at the facility. She stated the laundry went to another facility for cleaning. The HD stated she wondered if they received back the same amount of linens that they sent out to have washed.</p> <p>D. On 06/09/25 at 12:25 pm, observation of the new linens available for resident use and in the supply area revealed several bags of new towels and one large bag of washcloths.</p> <p>E. On 06/09/25 at 1:30 pm, during an interview, the Administrator stated linen and towels were an ongoing issue. The Administrator stated she was aware they ran short on linens, and they received complaints about not having enough towels and linens. She stated they placed orders every month for new linens. The Administrator stated she was not sure why the deficit continued to occur, because she ordered new towels, sheets, and facecloths every month.</p> <p>F. On 06/10/25 at 7:45 am, during an interview, R #11 stated there were times when there were not any towels available for showers. R #11 stated the newer CNAs told residents they could not have a shower when there were not any towels available, but the other CNAs got a blanket to use as a towel.</p> <p>G. On 06/10/25 at 8:30 am, during an interview, CNA #8 stated the facility was usually short on towels when she came to work on Monday mornings. CNA #8 stated she went to other units to get towels if she needed. She stated the laundry came in around midday.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>H. On 06/10/25 at 8:45 am, during an interview, R #12 stated the facility was always short on linens and towels. She stated she missed a shower in the past, because towels were not available.</p> <p>I. On 06/10/25 at 9:30 am, during an interview, CNA #13 stated there were issues with towels and facecloths not available everyday. CNA #13 stated she postponed or did not give the shower to residents at all if there were not any towels available for the resident.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on record review and interview, the facility failed to ensure resident records were complete when staff did not document the evening meal percentages for 9 (R #1, #2, #3, #4, #5, #6, #7, #8 and #9) of 9 (R #1, #2, #3, #4, #5, #6, #7, #8 and #9) residents reviewed for meal intakes. This deficient practice could likely cause the Registered Dietician (RD) to not implement nutrition interventions if the meals were not documented for the RD's consideration during resident record reviews. The findings are:</p> <p>A. Record review of the meal intakes, dated 05/12/25 through 06/10/25 indicated staff did not document the evening meals for R #1, #2, #3, #4, #5, #6, #7, #8 and #9.</p> <p>B. On 06/10/25 at 7:21 am, during an interview, Registered Nurse #3 stated she was not sure which shift should document the dinner meal intakes. She stated the dinner meal trays were still coming out, and residents were still eating dinner during the staff shift change. She stated the dinner meal intake documentation should be done by the evening shift staff.</p> <p>C. On 06/10/25 at 7:28 am, during an interview, Registered Nurse #5 stated evening shift staff should document dinner meal intakes for the residents.</p> <p>D. On 06/10/25 at 7:36 am, during an interview, Certified Nursing Assistant (CNA) #1 stated her shift was from 6:00 am to 6:00 pm. CNA #1 stated staff usually served dinner trays between 5:15 pm to 6:00 pm. She stated residents were typically still eating when the night shift started working. CNA #1 stated night shift should document the evening meal percentages for the residents, since the residents were often still eating when shift change occurred.</p> <p>E. On 06/10/25 at 11:00 am, during an interview, the Registered Dietician (RD) stated she used information from all sources when she did the residents' quarterly nutrition assessment. She stated the residents' meal intakes percentages were a part of how she determined if residents should have an intervention in place. The RD stated she addressed staff not documenting the dinner meal intakes before, because the missing information could make it more challenging for her to do her resident nutritional assessments.</p> <p>F. On 06/10/25 at 11:20 am, during an interview, the Director of Nursing (DON) stated staff did not document the dinner meal percentages for the nine residents. The DON stated the dinner meal documentation was a compliance issue with the night CNAs. She stated the night shift should document the residents' dinner meal percentages.</p>		