

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Manzano Del Sol by Purehealth		STREET ADDRESS, CITY, STATE, ZIP CODE 5201 Roma Avenue NE Albuquerque, NM 87108	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50752</p> <p>Based on record review and interview, the facility failed to ensure a comprehensive Minimum Data Set Assessment (MDS; a federally mandated assessment instrument completed by facility staff) was accurate for 1 (R #1) of 1 (R #1) residents reviewed for accurate MDS Assessments. If resident assessments are not complete and accurate, the facility could misidentify clinical complications and fail to provide adequate care to treat the resident's medical condition. The findings are:</p> <p>A. Record review of R #1's admission MDS, dated [DATE], indicated the resident did not have any pressure ulcers (PU; an injury to skin and underlying tissue resulting from prolonged pressure on the skin) upon admission.</p> <p>B. Record review of R #1's progress notes, dated 05/26/24, revealed R #1 had a pressure ulcer to coccyx (tail bone) which measured 2 centimeters (cm) by 1.4 cm by 0.2 cm on admission.</p> <p>C. Record review of R #1's progress notes, dated 06/06/24, revealed R #1 had a stage 3 pressure ulcer (full thickness skin loss that extends into deeper tissue and fat but not into muscle, tendon, or bone) at the time of discharge.</p> <p>D. Record review of R 1's discharge MDS Assessment, dated 06/06/24, indicated the resident did not have any pressure ulcers upon discharge.</p> <p>E. On 01/30/24 at 12:11 pm, during an interview with the Director of Nursing (DON), she stated R #1 had a pressure ulcer on his coccyx at admission and at discharge, staff incorrectly coded R #1's MDS.</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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