

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 12/12/2025
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on record review and interview, the facility failed to complete and submit a Five-Day Report (a report sent to the State Survey Agency which includes the results of the facility's investigation into alleged violations) to the State Agency regarding allegations of abuse for 1 (R #5) of 1 (R #5) residents. If the facility does not submit follow-up reports, then the State Agency cannot ensure the residents are safe and free of abuse. The findings are: A. Record review of the facility's Reportable Incident, dated 09/15/25, revealed the facility submitted a report for resident-to-resident abuse to the State Survey Agency. B. Record review of State Agency's incident tracking system revealed the State Agency received an initial incident report, dated 09/15/25, from the facility regarding resident-to-resident abuse.C. Record review of facility's records revealed the records did not contain documentation to show the facility submitted a Five-Day Report to the State Survey Agency.D. On 12/12/25 at 2:37 pm during an interview, the Administrator stated she was not able to locate the facility's Five-Day Report for the report submitted to the State Survey Agency on 09/15/25. She stated it was her expectation for staff to submit the Five-Day Report within the required five days.</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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