STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325123	A. Building B. Wing	01/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fiesta Park Wellness & Rehabilitation	8820 Horizon Boulevard NE Albuquerque, NM 87113

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation and interview, the facility failed to ensure residents where give prior notice and equal accommodations during a remodeling project for 4 (R #1, #2, #3, and #4) out of 4 residents. These deficient practices could result in residents feeling as if they were unimportant, restricted, did not have freedom to make their own choices, and did not have privacy. The findings are: A. On 01/15/26 at 1:15 pm, observation revealed the 400 hallway was under renovation. Multiple resident rooms did not have furniture or flooring, and construction workers were present laying flooring in the empty rooms. Residents were present in the 400 hallway and some resided in rooms 423, 424, 425, and 426. B. On 01/15/26 at 12:50 pm, during an interview, R #4 stated staff kicked me out of my room yesterday, and he had to sit in his wheelchair from 7:40 am to 6:00 pm. He stated the staff did not give him any notice, and they just told me to get out. The resident stated the facility made him leave his room so they could remove the carpet and replace it with flooring. R #4 stated he did not have access to his own bathroom or any of his belongings when he had to leave his room. He stated he did not have anywhere to lay down if he wanted, and he sat in his wheelchair all day. He stated that was uncomfortable for him. C. On 01/15/26 at 1:30 pm observation revealed R #1, R #2, and R #3 were in a resident room together. R #2 and R #3 sat in wheelchairs, and R #1 lay in a hospital bed without railings. D. On 01/15/26 at 1:30 pm during an interview, R #1 stated she was moved out of her room without notice, from a bariatric bed with rails to a standard hospital bed without rails. She stated she asked staff how long she would be out of her room, but the staff did not tell her how long it would be. She stated the staff told her the facility needed to replace the flooring. R #1 stated staff did not inform her how they would assist her with restroom assistance, since she required equipment located back in her assigned room. She stated she was worried about when it was time for her to have a bowel movement. R #1 stated she used a bariatric bed, but the bed she was moved to was smaller and did not have rails. She stated that made her a little nervous, and she hoped she would not be in the smaller bed too long. E. On 01/15/26 at 1:35 pm during an interview, R #2 stated she was removed from her room the previous day at 8:00 am, and she was not allowed to return until after 7:00 pm. She stated she was not given prior notice before she had to leave her room. She stated staff walked in and told her she had to leave her room for the day. She stated she was exhausted, and she did not have a place to nap during the construction of her room. R #2 stated she was in her wheelchair all day while she waited for access to her room, and she saw other residents who slept on the couches in the common areas while they were removed from their rooms as well. F. On 01/15/26 at 1:36 pm during an interview, R # 3 stated she was moved out of her room without notice, due to the flooring being replaced in her room. She stated staff did not tell her when she would be permitted to return or where she could use the restroom with her wheelchair privately. G. On 01/15/26 at 2:31 pm during an interview the Administrator stated the facility replaced the flooring throughout the facility. She stated the 400 hallway was the last area to complete. She stated she did (continued on next page)

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
	325123	A. Building B. Wing	01/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fiesta Park Wellness & Rehabilitation	8820 Horizon Boulevard NE Albuquerque, NM 87113

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	not receive any complaints from Residents during the construction. The Administrator did not state whether residents were given notice or options before they were told to leave their rooms for the day.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325123	A. Building B. Wing	01/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fiesta Park Wellness & Rehabilitation	8820 Horizon Boulevard NE Albuquerque, NM 87113

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to maintain a safe and comfortable environment for all residents and occupants during a remodeling project when staff failed to:- Maintain proper ventilation of construction flooring adhesive odors.- Maintain the means of egress (a continuous and unobstructed way of travel from any point in the building or structure to a public way) throughout the facility. If staff fail to maintain a safe environment, then the residents could find themselves in an emergency situation which could endanger their health and safety. The findings are:Construction Adhesive Fumes A. Record review of the facility's Safety Plan for the floor renovation project, dated 09/16/2025, revealed the following: - The resident units affected were Gila, [NAME], and Pecos. - Potential issues included unpleasant odors due to the materials in use. - Staff were instructed to contain the aerosol dust/debris with ventilation as needed, close doors where applicable to provide barriers, and remove patient activity and exposure in areas being worked on as allowable. B. On 01/15/26 at 1:10 pm, observation revealed the following:- Multiple five gallon buckets of industrial flooring adhesive were present in the 400 hallway and uncovered. Three buckets of flooring adhesive sat in an electrical closet with the door open. One bucket of flooring adhesive sat on a table in the hallway, and another sat on the floor. The buckets contained some adhesive on the side and bottom of buckets. Further observation revealed residents moved throughout the units around the open buckets of flooring adhesive.- Resident room (RR) 427 had flooring adhesive on the floor, and the door was open. A construction worker laid flooring over the adhesive. The worker wore a face mask. Further observations revealed there was a strong odor from the adhesive throughout the 400 hallway. The windows in RR 427 were not open, and the exit door at the end of the hallway was not open. The hallway did not have any fans present. Residents were present on the hallway in RR 423, 424, 425, and 426, and the doors to residents' rooms were open. C. Record review of the manufacturer's instructions for the flooring adhesive revealed first aid instructions for inhalation. The instructions stated supply fresh oxygen, call for a doctor, and in case of unconsciousness, place in side position for transportation. D. On 01/15/26 at 1:30 pm during an interview with R #1, #2, #3, and a visitor, the visitor stated she could smell the flooring adhesive when she came onto the unit. She stated the odor was unpleasant and strong, and she could smell it through her face mask. The visitor stated closing the resident's room door would help protect them from the unpleasant odor. R #3 stated she could not smell the odor, because she had difficulty smelling anything. She stated to odor was concerning for her, because she had asthma. E. Record review of the flooring adhesive's Material Safety Data Sheet (MSDS, a product identification and hazards information sheet) revealed the following: - If inhaled, move to fresh air in case of accidental inhalation of vapors or decomposition products.- In case of skin contact, wash off with soap and water. Get medical attention if irritation develops and persists.- In case of eye contact, flush eyes with water at least 15 minutes. Get medical attention if eye irritation develops or persists.- If swallowed, if conscious, drink plenty of water. Never give anything by mouth to an unconscious person. Consult a physician if necessary.- Accidental release measures. Methods and materials for containment and clean up: Ventilate the area.- Handling and storage. Local/Total ventilation: Use only with adequate ventilation. Advice on safe handling: Use only with adequate ventilation/personal protection. Keep container closed when not in use. Conditions for safe storage: Keep container tightly closed in a dry and well-ventilated place.- Exposure controls/personal protection. Personal protective equipment, respiratory protection: Use respiratory protection unless adequate risk management measures (exhaust/ventilation) were provided or exposure (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325123	A. Building B. Wing	01/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fiesta Park Wellness & Rehabilitation	8820 Horizon Boulevard NE Albuquerque, NM 87113

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	assessment demonstrates that exposures are within recommended exposure guidelines. Organic vapor type. Skin and body protection: Skin should be washed after contact. Protective measures: Avoid contact with skin. Hygiene measures: Avoid contact with skin, eyes, and clothing.- Toxicological information (the harmful effects of substances on living organisms): No data available for acute toxicity, skin corrosion/irritation, serious eye damage/eye irritation, respiratory or skin sensitization.- The NFPA 704 sign (a standardized symbol with four colored quadrants indicating specific dangers to health, flammability, instability, and special hazards): health hazard 1, slight. F. On 01/15/26 at 2:30 pm during an interview with the Plant Operations Manager (POM) and the Administrator, the Administrator stated she did not think the residents were at risk from inhalation of the adhesive's vapors, and she did not receive any complaints throughout the facility's floor renovations. The Administrator stated she and the POM reviewed the manufacturer's instructions for the flooring adhesive, and she did not think the occupants of the building were at risk of adverse effects from the flooring adhesive odors. The POM stated the hallway did have mechanical ventilation, and they thought the mechanical ventilation would be sufficient to contain the odors during the remodeling project. He stated the [NAME] and Pecos Unit exit doors should be opened for ventilation if the residents were uncomfortable. Means of Egress G. Record review of National Fire Protection Association (NFPA) 101, Life Safety Code, 2012 edition, revealed the means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. (7.1.10, 7.1.10.1) H. On 01/15/26 at 12:24 pm observation revealed the 400 hallway was under renovation, and residents lived on the hallway. Further observation revealed the means of egress from the residents' rooms to the public way (a street, alley, or other similar parcel of land essentially open to the outside air deeded, dedicated, or otherwise permanently appropriated to the public for public use) was blocked by two trash cans, four beds, one armchair, three tables, one chair, three 4-gallon buckets, one industrial tile cutter, and piled boxes of wood flooring strips. Observations also revealed residents moved in their wheelchairs around the items in the hallways.- The means of egress, located in the Utility hallway, was blocked by three boxes containing wheelchairs, a plastic crate, and two cardboard boxes. - The means of egress, located in the kitchen dock hallway, was blocked by a 6-foot- tall food tray cart, a box of disinfectant cleaner bottles, a broom, and five cardboard boxes. Further observation revealed the means of egress from double exit doors was blocked by a wood pallet and a cardboard box. - The means of egress, located in the Administration wing, was blocked by eight vacuums, two chairs, three tables, five cardboard boxes, a housekeeping cart, an industrial floor cleaning machine, a hoyer lift (equipment used to move residents who have limited mobility), a 6 foot (ft.) by 3 ft. wooden cabinet, a mobile standing scale with handrails, a hospital bed, a wheelchair, a bedside rolling table, a 5-ft. tall kitchen appliance, a 3-ft. tall storage bag with an air mattress, a motorized wheelchair, an industrial floor cleaning machine, a rolling walker, a black rolling plastic cart with a plastic box on top, and stacked cardboard boxes. Further observation revealed the emergency exit door was blocked by an oxygen cylinder, an industrial printer, a computer processing unit, two desk printers, and cardboard boxes. - The means of egress door from the Administration wing was blocked by a vacuum, a gallon jug of cleaning liquid, an industrial roll of baseboard materials, two dustpans, a broom, a cardboard box, and a rolled floor mat. - The means of egress, located in the hallway outside resident room [ROOM NUMBER], was blocked by a utility cart which was not in use. - The means of egress, located in the hallway outside resident room [ROOM NUMBER], was blocked by a treatment car which was not in use. - The means of egress, located in the hallway outside resident room [ROOM NUMBER], was blocked by a treatment cart and mattress which was not in use. - The means of (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325123	A. Building B. Wing	01/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fiesta Park Wellness & Rehabilitation	8820 Horizon Boulevard NE Albuquerque, NM 87113

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	egress, located in the hallway outside resident room [ROOM NUMBER], was contained a wheelchair which encroached into the means of egress through the double exit doors.- The means of egress, located in the hallway outside resident room [ROOM NUMBER], was blocked by a medication cart which was not in use. - The means of egress, located in the hallway outside resident room [ROOM NUMBER], was blocked by a three tier service cart which was not in use. - The means of egress, located in the hallway outside resident room [ROOM NUMBER], contained a three tier cart which was not in use. I. On 01/15/26 at 12 :50 pm during an interview, R #4 stated staff told him to leave his room on 01/14/26 from 7:40 am to 6:00 pm. He stated the facility made him leave his room so they could remove the carpet and replace it with flooring. R #4 stated the items in the 400 hallway were there when he had to get out of his room. He stated staff moved the items out of the hallway and then brought them back again. He stated it had been like that for a while. J. On 01/15/26 at 2:31 pm during an interview, with the Plant Operations Manager (POM) and the Administrator, the Administrator stated the Maintenance Department was responsible to maintain the facility according to the Life Safety Code. She stated the facility was replacing all of the flooring in the building, and the 400 hallway was the last part of the building to complete. The POM stated the means of egress should be maintained throughout the remodeling/renovation period. He stated facility staff should remove items stored within the means of egress.