

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325125	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2025
NAME OF PROVIDER OR SUPPLIER Bear Canyon Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5123 Juan Tabo Boulevard NE Albuquerque, NM 87111	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52102</p> <p>Based on record review and interview, the facility failed to provide activities of daily living (ADL; activities related to personal care such as bathing, showering, dressing, walking, toileting, and eating) assistance for showering for 1 (R #1) of 1 (R #1) residents reviewed for ADL care. This deficient practice could likely to affect the dignity and health of the residents.</p> <p>The findings are:</p> <p>A. Record review of R #1's face sheet revealed R #1 was admitted to the facility on [DATE], with the following diagnosis:</p> <ol style="list-style-type: none"> 1. Chronic Obstructive Pulmonary Disease (COPD; is an ongoing lung condition caused by damage to the lungs), 2. Syncope workup (a loss of consciousness and muscle strength characterized by a fast onset, short duration, and spontaneous recovery. It is caused by a decrease in blood flow to the brain, typically from low blood pressure), 3. Severe sepsis, (infection with systemic manifestations of sepsis along with sepsis-related tissue hypoperfusion or organ dysfunction), 4. Acute chronic hypoxic respiratory failure (a condition where there's not enough oxygen or too much carbon dioxide in your body), 5. 2/2 left-sided pneumonia (pneumonia that affects both lungs at the same time), 6. Colitis (an inflammation of the lining of the colon), 7. Diarrhea (the condition of having at least three loose, liquid, or watery bowel movements in a day). <p>B. Record review of R #1's care plan dated 02/17/25 revealed R #1 requires assistance/is dependent for ADL care in bathing, grooming, personal hygiene.</p> <p>C. Record review of facility's shower schedule (no date) revealed R #1 was scheduled to receive a shower every Monday and Thursday during the night shift.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>D. Record review of R #1's discharge Minimum Data Set (MDS; a federally mandated assessment instrument completed by facility staff) assessment dated [DATE], Section GG revealed R #1 requires supervision or touching assistance by a helper for showering and bathing.</p> <p>E. Record review of R #1's electronic health record (EHR) revealed R #1 received one shower on 02/20/25 and did not reveal any additional documentation of R #1 refusing showers.</p> <p>F. On 04/17/25 at 8:53 am, during an interview, son of R #1 stated that he had a concern with the quality of care for R#1, due to only receiving one shower the entire time since admitted to the facility. He said his mom had health issues that required more frequent showering and expected the facility to assist her, but they did not.</p> <p>G. On 04/17/25 at 9:40 am, during an interview, Director of Nursing (DON) stated R #1 was at the facility briefly in February of 2025. R #1 was experiencing breathing issues, so her son wanted her to be evaluated at the hospital and chose not to return. R #1 was discharged on [DATE]. The DON confirmed that the facility had documented evidence of one shower during R #1's stay at the facility. She stated that she expects every shower or refusal to be documented.</p>		