

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  07/30/2025
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on a record review and interviews, the facility failed to update physician's orders for 1 (R #1) of 1 (R #1) resident who received supplemental oxygen, when the resident required a greater oxygen flow rate. If staff fail to update the physician's orders, then the resident may not receive the services for optimum health. The findings are: A. Record review of R #1's face sheet revealed an admission date of 06/06/25 with the following diagnoses:- Chronic obstructive pulmonary disease (COPD; lung disease)- Acute and chronic respiratory failures with hypercapnia (an excessive amount of carbon dioxide in the blood),- Hypoxia (a low level of oxygen in the blood).B. Record review of R #1's physician orders, dated 06/06/25, revealed an active order to titrate oxygen between 1 to 5 liters per minute (L/min) to maintain oxygen saturation between 88% and 92%.C. Record review of R #1's oxygen vitals log, dated 05/06/25 through 06/11/25, revealed the following:-On 05/17/25 at 12:55 p.m., the oxygen flow rate was 6 L/min. -On 05/17/25 at 7:43 p.m., the oxygen flow rate was 6 L/min.-On 05/19/25 at 7:39 a.m., the oxygen flow rate was 6 L/min. -On 05/20/25 at 9:55 p.m., the oxygen flow rate was 6 L/min. D. Record review of R #1's progress note, dated 06/11/25, revealed the resident had an oxygen saturation of 79% on 6 L/min. The resident was transported to the hospital for acute respiratory failure.E. On 07/30/25 at 2:15 p.m., during an interview with the Director of Nursing (DON), she stated the resident's oxygen order required titration between 1 to 5 L/min. She confirmed the resident was on 6 L/min at times, and the order should have been updated when the flow exceeded the prescribed range. She stated the resident had fluctuating oxygen needs, but she could not provide documentation to show staff notified the resident's provider.F. On 07/30/25 at 2:49 p.m., during an interview with the Administrator, she stated a new order was necessary if the resident received an oxygen flow rate higher than the prescribed dose of 1 to 5 L/min.G. On 08/04/25 at 10:30 a.m., during an interview with the Medical Director, he stated the facility should follow orders as written.</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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