STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325125	A. Building B. Wing	05/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bear Canyon Rehabilitation Center	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)
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 observations, record review, and interviews, the facility failed to ensure residents were treated with dignity and respect for 2 (R #9 and R #17) of 2 (R #9 and R #17) residents reviewed for resident dignity, when staff failed to:Refrain from using personal cell phones while feeding R #9, who required assistance with eating.Ensure R #17's bed linens were clean and free from urine stains.This deficient practice is likely to result in residents feeling unimportant to facility staff and may increase the risk of choking and infection.The findings are: Staff Cell Phone Use:R #9:A. Record review of the facility's Personal Cell Phone Policy, revision date of 07/01/22, revealed the following: Cell phones and other portable communication devices should never be used in any way that would distract from resident care or customer service. While at work, staff were expected to exercise professional discretion regarding the use of personal cell phones and other electronic communication devices. B. Record review of R #9's care plan, dated 01/17/26, revealed R #9 required staff assistance while eating. C. On 05/06/26 at 12:09 PM, during an observation, Certified Nursing Assistant (CNA) #1 was observed attempting to feed R #9 while also using her personal cell phone. D. On 05/06/26 at 12:14 PM, during an interview, CNA #1 stated the facility's policy did not allow personal cell phone use while feeding residents. CNA #1 stated if staff use their cell phones while feeding a resident, the resident could choke. CNA #1 stated she was using her personal cell phone while trying to assist R #9 with feeding and should not have. E. On 05/11/26 at 1:41 PM, during an interview, the Director of Nursing (DON) stated it was her expectation that facility staff do not use their personal cell phones while feeding residents who require assistance. The DON stated if staff were using a personal cell phone while feeding a resident, there was a risk of the resident choking, and it could affect the resident's dignity. Bed Linens: R #17:F. Record review of R #17's face sheet revealed an admission date of 11/21/25 and the following diagnoses:Dementia (a group of conditions characterized by impairment of at least two brain functions, such as memory loss and judgment).Benign Prostatic Hyperplasia (a noncancerous enlargement of the prostate gland). G. Record review of R #17's care plan, dated 11/24/25, revealed R #17 required assistance with activities of daily living (ADL; activities related to personal care such as bathing, showering, dressing, walking, toileting, and eating) care related to cognitive decline. H. On 05/04/26, at 10:26 AM, during an observation, R #17's bed linens were observed to have urine stains present. I. On 05/04/26, at 12:07 PM, during an observation, R #17's bed linens were observed to have urine stains present. J. On 05/06/26, at 11:59 AM, during an observation, R #17's bed linens were observed to have urine stains present. K. On 05/07/26, at 1:48 PM, during an observation, R #17's bed linens were observed to have urine stains present. L. On 05/07/26 at 1:57 PM, during an interview, the Licensed Practical Nurse (LPN) #8 stated if residents soiled their linens, the bed linens should be changed immediately or in a timely manner and not several hours later. The LPN #8 stated if residents' bed linens aren't changed when soiled, it could lead to infection or impact the resident's psychosocial well-being. M. On 05/11/26 at 1:41 PM, during an interview, the DON stated it was her expectation residents' soiled bed linens be changed daily and promptly when noted to be soiled. The DON stated if soiled bed linens are not changed in a timely manner, the resident is at risk of infection or compromised dignity. The DON stated R #17's bed linens should have been changed as soon as possible once they contained urine on them.

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