

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325126	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2026
NAME OF PROVIDER OR SUPPLIER Las Estancias by Pure Health		STREET ADDRESS, CITY, STATE, ZIP CODE 3620 Las Estancias Dr SW Albuquerque, NM 87121	

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 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to coordinate vision services for 1 (R# 1) of 1 (R #1) resident reviewed for outside vision services, when: The facility did not adhere to the care plan and failed to schedule a vision appointment for approximately three months. This deficient practice is likely to result in residents being unable to achieve their full visual potential, thereby diminishing their quality of life. The findings are: A. Record review of R #1's face sheet revealed R #1 was admitted into the facility on [DATE]. B. Record review of R #1's care plan dated 09/07/25 revealed R #1 was diagnosed with Hyperopia (a common vision condition in which distant objects are clear, but close objects look blurry). A facility intervention was to arrange consultation with eye care practitioner as required. C. Record review of R #1's electronic health record (EHR) dated 07/07/26, revealed there was no documentation indicating R #1 had a vision appointment completed or was scheduled for a vision consultation. D. On 01/07/26 at 11:37 am, during an interview, R #1 stated he has not been to the eye doctor in over two years and the facility was aware that he had not gone to the eye doctor. R #1 confirmed one of his major concerns was he has not had a vision appointment, and he wanted one. E. On 01/07/26 at 5:11 pm, during an interview, the Scheduler (SCH) stated she is responsible for making appointments for residents in the facility. The SCH stated R #1 has not had a vision consultation since he was admitted into the facility, and his next appointment is scheduled for July 2026. F. On 01/08/26 at 10:14 am, during an interview, the SCH stated R #1's next vision consultation was scheduled for 07/01/26, and she did not call to schedule this appointment until 12/16/25. The SCH confirmed R #1's vision appointment should have been scheduled sooner than 12/16/25 since his care plan was updated on 09/07/25, indicating R #1 needed a vision appointment scheduled. G. On 01/08/26 at 11:27 am during an interview, the Social Services Assistant (SSA) stated the facility no longer has an in-house vision provider. The SSA confirmed R #1 should have had a vision appointment scheduled sooner than 12/16/25 since his care plan was updated on 09/07/25.</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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