

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  325131	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/18/2024
NAME OF PROVIDER OR SUPPLIER  Spanish Trails Rehabilitation Suites		STREET ADDRESS, CITY, STATE, ZIP CODE  1610 Renaissance Blvd NE Albuquerque, NM 87107	
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 - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>39509</p> <p>PAST NON-COMPLIANCE</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 with toileting and brief changes for 1 (R #1) of 1 (R #1) resident reviewed. These deficient practices have the potential to affect the dignity and health of the residents. The findings are</p> <p>A. Record review of Facility Reported Incident (FRI), dated 06/06/24, revealed R #1's daughter contacted the Assistant Director of Nursing (ADON) to inform ADON that she reviewed an in-room video camera recording of R #1's care during the day of 05/28/24. The daughter stated the recording showed staff did not enter R #1's room to provide care, to assist with toileting, or to check the resident's brief on 05/28/24. The FRI further documented the ADON interviewed the Certified Nurses Aide (CNA) assigned to provide care to R #1 on 05/28/24. The CNA stated R #1 did not use her call light during the day, and the CNA did not check on R #1 during her 12 hour shift.</p> <p>B. On 09/17/24 at 1:30 pm during an interview with R #1's daughter, she stated she was R #1's Power of Attorney (a legally appointed person to make decisions on behalf of another person). She stated she requested and was permitted to install a camera in R #1's room so she could monitor R #1's daily care. The daughter stated that on 05/29/24, she reviewed the camera video for the prior day (05/28/24) and noticed no one entered her mother's room anytime during the day. The daughter stated her mother would not be able to lay in bed for the entire day without someone checking and changing her brief.</p> <p>C. On 09/18/24 at 10:00 am during interview with the facility Administrator (ADM), stated R #1's daughter told her of the family's concern regarding R #1's care on 05/28/24. The ADM stated she immediately began to investigate the allegation. The ADM stated she spoke with the CNA who worked on R #1's hallway on 05/28/24. The ADM stated the CNA stated she went into R #1's room one time to check on the resident. The ADM stated the CNA said she did not provide care to R #1 on 05/28/24. The ADM stated the CNA was immediately relieved of her duties and asked to leave the building. The ADM stated the CNA was not allowed to return.</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 - Few</p>	<p>D. On 09/18/24 at 9:30 am during interview with ADON and Director of Nursing (DON), they stated they were aware the CNA who worked on R #1's hallway on 05/28/24 did not provide care to R #1 on 05/28/24. They stated they immediately checked other residents and confirmed all the others received prompt care and attention from staff. They stated they immediately began to educate other nursing staff of the need to physically check on all residents throughout the entire day and to check all residents who might be incontinent to ensure they are assisted with toileting and brief changes throughout the day.</p> <p>E. Record review of the facility Nursing Meeting agenda, dated 06/04/24 and provided by the DON, revealed staff were educated to continue to monitor, check, and change all incontinent residents, as needed.</p>		