STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325131	A. Building B. Wing	04/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Spanish Trails Rehabilitation Suites	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)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34439 Past non-compliance Based on interview and record review, the facility failed to prevent misappropriation of resident money when debit card was used by unauthorized parties for 1 (R #47) of 2 (R #47, and 156) residents reviewed for exploitation (the fact of making use of a situation to gain unfair advantage for oneself). This deficient practice is likely to cause residents to feel unsafe, experience anger and frustration along with dealing with debit card theft, and fraud. The findings are: A. Record review of the facility's investigative narrative report dated [DATE] revealed that R #156 had been admitted to the hospital on [DATE] and $1300.00 was withdrawn from her account on [DATE]. R #156 expired in the hospital on [DATE]. The facility was unable to substantiate abuse or neglect or misappropriation. The facility is unable to determine who, make purchases or withdrew money from her account. All pertinent information has been turned over to law enforcement for further investigation. Staff have been in-serviced on abuse and neglect and misappropriation, along with Professional Boundaries. These in-services will continue to be on-going. Both [name of staff #1 and #2) have been terminated from facility for failure to report the lost or stolen card and other conflicts of interest. B. Record review of the facility's grievance summaries reported by R #47 on [DATE] revealed I want to talk to her about the mother and daughter, the family who used to work here. The daughter and mother were Certified Nurse Aides (CNA)'s and the mother has my debit card. C. Record review of the facility's Initial Incident Report dated [DATE] at 5:31 pm revealed, Resident reported that a CNA who used to work here in 2023 took his debit card without his permission. D. On [DATE] at 10:30 am during an interview with R #47, he stated, that his debit card had been stolen and he knew who it was and he had been asking to speak to one of the employees certified Medication Aide (CMA) #1 that still worked at the facility because she was related to the CNA that had stolen his debit card. R #47 stated he had never been asked if he had ever had any missing personal items before by any of the facility staff. R #47 further stated that he had been asking other staff if they knew how to get hold of CMA #1, CNA #1 and CNA #2 and they were not able to get him any information. He became aware of the missing money when he was told by the facility that his application for assistance had been denied some time in November of 2024 due to having a bank account. R #47 at that time([DATE]) investigation was started and R #47 was taken to the bank and discovered that he was missing approximately $23,000.00. (continued on next page)

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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F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	E. On [DATE] at 2:33 pm during an interview with facility Administrator (ADM), she stated that she had terminated [name of CMA #1] related to the case of the missing debit card with R #47. Administrator stated that during an interview with CMA #1, she stated that R #47 had asked her to ask her mom (staff #1) to return his debit card. The facility felt that CMA #1 should have reported the missing debit card when R #47 had asked her to ask her mom (staff #1) for the debit card back in November of 2024. ADM stated that the facility was reimbursing R #47 and had interviewed other residents in the facility to ensure that this incident was not occurring to any others in the building. Facility informed law enforcement on [DATE], in-services were conducted on [DATE] with all staff. F. On [DATE] at 12:32 pm during an interview with former Administrator (FA), she stated that concerns had been brought to her by R #156's son after his mother R #156 had passed away. Facility was informed that that several hundred dollars had gone missing from R #156's account. A police report was filed and in-services were done with the staff on [DATE]. FA did not recall interviewing any residents to ensure that they had not had any issues with missing money or issues with any of the staff asking for money or had access to personal bank accounts. FA further stated that she was unable to substantiate the allegation of abuse, neglect or misappropriation. The facility was unable to determine who made purchases and withdrew the money from R #156's account and all information had been given to law enforcement on [DATE]. Both staff #1 and #2 had been terminated for false reporting and conflict of interest on [DATE]. G. On [DATE] at 4:54 pm during an interview with Social Services Director (SSD), she stated that a facility staff came to her and told her R #47 wanted to speak to her immediately on [DATE]. R #47 presented her with a bank letter and she in turn brought it to the business office. R #47 further informed her that his bank card had been stolen by a family that used to care for him at the facility (staff #1, #2 and CMA #1), he then stated that he had asked CMA #1 to ask her mother (staff #1) to return his bank card. SSD stated at that point they started an investigation and took R #47 to the bank, law enforcement was called and other residents were interviewed to confirm that this had not occurred to any other residents. CMA #1 was terminated [DATE] for not reporting that R #47 had been asking her to have her mother return his bank card. H. On [DATE] at 1:47 pm during a follow-up interview with R #47, he stated that he thought Staff #1, Staff #2 and CMA #1 were his friends and he did not believe that they would take anything from him. R #47 stated he gave them is food card so that they could purchase food items for him at the grocery store and he gave them his food card PIN number (personal identification number) which was also the PIN for his debit card. R #47 did not give them his debit card as far as he can remember it was in his wallet, they took it without his permission. There was a large amount of money missing from his account. R #47 was taken to the bank to get his bank statements and he confirmed there were large amounts of withdrawals that he had not consented to on his bank statements. The facility transported him to the bank to retrieve the bank statements. R #47 felt that he had been betrayed and has lost trust of other people and he is afraid to allow other facility staff to have access/knowledge of his financial business. (continued on next page)

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F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	I. On [DATE] at 3:33 pm during an interview with the Assistant Business Office Manager (ABOM), she stated that she had submitted a re-certification application for R #47 in [DATE] was submitted without bank statements, and she received a denial letter approximately thirty days later. ABOM went to talk with R #47 about his denial letter and was informed by R #47 that he was not receiving his bank statements and was not able to provide bank statements to have his application re-submitted. ABOM stated that facility did not follow up at the time because they did not have a Business office Manager (BOM) at the time of the denial to assist R #47 in getting bank statements or re-submitting his application for approval. Bank statements would have confirmed that R #47 had large withdrawals from his account at the time of submission of his application.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. 34439 Based on record review, observation, and interview, the facility failed to ensure that 1 (R #47) of 1 (R # 47) resident reviewed for skin issues received care and treatment that met the resident's needs by not documenting, assessing or treating residents skin issue. If the facility fails to provide the highest level of care to it's residents, then residents are likely to experience a decline in their wellbeing. The findings are: A. On 04/22/25 at 10:30 am during an interview with R #47 and observation of R #47's right eye, R #47 had redness and a sore on the right side of his face next to his right eye. R #47 stated he had a wound next to his right eye and he did not know what was wrong with it. R #47 further stated that it bothered him (pain) and he had asked someone to look at it. R #47 was unsure as to who he had let know about the wound . R #47 feels that he scratched himself because at times he does not have control of his hands. R #47 stated nursing had not examined it as of this day. R #47 was unsure of when he had scratched himself or when he had notified staff. B. On 04/24/25 at 5:35 pm during an interview with the Director of Nursing (DON), she stated she was not aware of any skin issue with R #47. DON further stated that it should be reported to a nurse and documented on the shower sheets. C. On 04/25/25 at 4:59 pm during an interview with the Assistant Director of Nursing (ADON) #2, she stated that R #47 had asked for an eye exam on 04/24/25, and there was a scratch on the side of R #47's eye. ADON further stated that if a Certified Nurse Aide observed it, it should be documented on the shower sheets and a nurse should be notified. D. Record review of shower sheets dated 04/10/25, 04/15/25, 04/17/25 and 04/22/25, revealed the shower sheet did not contain any documentation of a skin issue for R #47.