

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>2162</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/08/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE TRAMWAY RIDGE #2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111</b>
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8 000	Initial Comments  The following deficiencies were cited during a Complaint Survey completed on 01/08/25 for the state requirements of NMAC 8.370.14, Regulations for Assisted Living for Adults.  Census:51  Complaint intake [REDACTED] was investigated with deficiencies cited.	8 000		
8 017	8 NMAC 370.14.17 Staff Training  A. Training and orientation for each new employee and volunteer that provides direct care shall include a minimum of 16 hours of supervised training prior to providing unsupervised care for residents. B. Documentation of orientation and subsequent trainings shall be kept in the personnel file at the facility. C. Training shall be provided at orientation and at least 12 hours annually, the orientation, training and proof of competency shall include: (1) fire safety and evacuation training; (2) first aid; (3) safe food handling practices (for persons involved in food preparation), to include: (a) instructions in proper storage; (b) preparation and serving of food; (c) safety in food handling; (d) appropriate personal hygiene; and (e) infectious and communicable disease control; (4) confidentiality of records and resident information; (5) infection control; (6) resident rights; (7) reporting requirements for abuse, neglect or exploitation in accordance with 8.370.9 NMAC; (8) smoking policy for staff, residents and visitors;	8 017	Rule: 8 017 – 8 NMAC 370.14.17 Staff Training Name, title, and/or position of the person responsible for implementing the corrective action: Executive Director / Operations Specialist Complete Date: 2-21-25 Correction on both a temporary & permanent basis: An audit of all current associate personnel files will be completed by 2-21-25 to check for compliance with annual training requirements. If any missing training is identified, the training will be completed and documented. On 2-21-25 all department leaders were re-trained on annual in-service training requirements. All department leaders were provided an annual in-service training calendar that aligns with regulatory requirements for annual training. The Business Office Manager or designee is responsible for scheduling monthly training sessions in accordance with the training calendar. Monitoring system: To monitor for on-going compliance, the Executive Director or designee will audit 10 personnel files monthly for a period of three months to check for completed monthly training and appropriate documentation.	02/21/25

Division of Health Improvement  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Dimple Kamdar*  
TITLE  
**Operations Specialist**  
(X6) DATE  
**3-7-2025**

Division of Health Improvement

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8 017	<p>Continued From page 1</p> <p>(9) methods to provide quality resident care; (10) emergency procedures; (11) medication assistance, including the certificate of training for staff that assist with medication delivery; and (12) the proper way to implement a resident ISP for staff that assist with ISPs.</p> <p>D. If a facility provides transportation to residents, employees of the facility who drive vehicles and transport residents shall have training in transportation safety for the elderly and disabled, including safe vehicle operation. [8.370.14.17 NMAC - N, 7/1/2024]</p> <p>This REQUIREMENT is not met as evidenced by: 8.370.14.17 C</p> <p>Based on record review and interview, the facility failed to ensure for 1 (DCS #1) of 1 (DCS #1) whose training records were reviewed received 12 hours annual training. This deficient practice could likely result in harm to the residents if the direct care staff are not properly trained in resident care procedures.</p> <p>The findings are:</p> <p>A. Record review of Direct Care Staff (DCS) #1's staff file, hire date: 05/31/23, revealed that annual trainings were not completed for the calendar year 2024.</p> <p>B. On 01/08/24 at 9:13 AM, during an interview, the Health and Wellness Director confirmed DCS #1 did not complete the required annual trainings.</p>	8 017		

Division of Health Improvement

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8 026	Continued From page 2	8 026		
8 026	<p>8 NMAC 370.14.26 Individual Service Plan</p> <p>An ISP shall be developed and implemented within 10 calendar days of admission for each resident residing in the facility.</p> <p>A. The ISP shall address those areas of need as identified in the resident evaluation and through staff observation.</p> <p>(1) The ISP shall detail the services that are provided by the facility as well as the services to be provided by other agencies.</p> <p>(2) The resident evaluation and the ISP shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or a physician extender.</p> <p>(3) The ISP shall be reviewed and or revised at a minimum of every six months or when there is a significant change in the resident's health status.</p> <p>B. The ISP shall include the following:</p> <p>(1) a description of identified needs as noted in the resident evaluation;</p> <p>(2) a written description of all services to be provided;</p> <p>(3) who will provide the services;</p> <p>(4) when or how often the services will be provided;</p> <p>(5) how the services will be provided;</p> <p>(6) where the services will be provided;</p> <p>(7) expected goals and outcomes of the services;</p> <p>(8) documentation of the facility's determination that it is able to meet the needs of the resident;</p> <p>(9) the level of assistance that the resident will require with activities of daily living and with medications;</p> <p>(10) a crisis prevention/intervention plan when indicated by diagnosis or behavior; and</p> <p>(11) current orders for all medications, including those authorized for PRN usage.</p>	8 026	<p>Rule: 8 026 – 8 NMAC 370.14.26 Individual Service Plans</p> <p>Name, title, and/or position of the person responsible for implementing the corrective action: Executive Director / Operations Specialist Complete Date: 2-28-25</p> <p>Correction on both a temporary &amp; permanent basis: R# 1 no longer resides at the facility. An audit of all resident Personal Service Plans [PSP] will be conducted to check that the PSPs reflect areas of need identified in the resident evaluation by 2-28-25. The Health and Wellness Director will re-train the Health and Wellness Coordinator and direct care staff on the requirement that PSPs reflect the areas of need identified in the resident evaluation by 2-28-25.</p> <p>Monitoring system: Executive Director or Designee will review audit ten (10) PSPs per month for a period of two months to check that the PSPs reflect the areas of need identified in the resident evaluation.</p>	02/28/25

Division of Health Improvement

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8 026	<p>Continued From page 3</p> <p>[8.370.14.26 NMAC - N, 7/1/2024]</p> <p>This REQUIREMENT is not met as evidenced by: 8.370.14.26 A</p> <p>Based on record review and interview, the facility failed to ensure that 1 (R #1) of 1 (R #1) residents whose Individual Service Plans (ISP's) were reviewed for compliance that the ISP reflected the areas of need as identified in the resident evaluation.</p> <p>This deficient practices could likely result in harm to the resident identified and ability to receive appropriate care and services if the Direct Care Staff (DCS) is unaware of what care and services the residents need.</p> <p>The findings are:</p> <p>A. Record review of R #1's ISP, dated 02/28/24, revealed:</p> <ol style="list-style-type: none"> <li>1. The nutrition section stated the resident needs to be provided pureed foods and requires one-on-one feeding.</li> <li>2. The goals and outcomes for showering and bathing states the resident will receive staff attention or physical assistance with showering or bathing and that [REDACTED] is to shower resident bi weekly. (Twice a week).</li> </ol> <p>B. Record review of R #1's evaluation, dated 02/28/24, revealed:</p> <ol style="list-style-type: none"> <li>1. The nutrition section stated "Provide texture modified foods" and does not state the level of assistance required.</li> <li>2. The showering and bathing section does not have services to be provided by the facility</li> </ol>	8 026		

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8 026	Continued From page 4  C. On 01/08/24 at 9:05 AM, during an interview, the Health and Wellness Director confirmed the information of the ISP does not match the information of the Evaluation.	8 026		
8 032	8 NMAC 370.14.32 Reporting of Incidents  A. The facility shall insure that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 8.370.9 NMAC. (1) The facility shall also report any incident or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within 24 hours or by the next business day, if it is a weekend or a holiday. (2) The facility shall not delay a report to the complaint hotline while an internal investigation is conducted. B. The facility is responsible for conducting and documenting the investigation of all incidents within five business days and shall submit a copy of the investigation report to the licensing authority. A copy of the report and the documentation, including the date and time that it was submitted to the licensing authority, shall be maintained on file at the facility. The investigation shall include the following: (1) a narrative description of the incident; (2) the result of the facility's investigation shall be recorded on the state approved incident report form for the current year, pursuant to 8.370.9 NMAC; and (3) plans for further actions in response to the incident. [8.370.14.32 NMAC - N, 7/1/2024]	8 032	Rule: 8 032 – 8 NMAC 370.14.32 Reporting of Incidents Name, title, and/or position of the person responsible for implementing the corrective action: Executive Director / Operations Specialist Complete Date: 2-8-25 Correction on both a temporary & permanent basis: R#1 no longer resides at the facility. A re-training will be conducted by the Operations Specialist or Health and Wellness Director by 2-8-25 on incident reporting and investigation requirements. Monitoring system: To monitor for on-going compliance, the Executive Director or designee will review Incidents during daily stand for a period of three weeks up to verify timely reporting and investigation.	02/08/25

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8 032	<p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by: 8.370.14.32 (1) (2) B</p> <p>Based on record review and interview, the facility failed to ensure for 1 (R #1) of 1 (R #1) resident that incidents were reported to the Licensing Authority within 24 hours and investigation of incidents were conducted and submitted to the Licensing Authority within five (5) business days.</p> <p>These deficient practices could likely result in harm, injury, or death to R#1 if there is an unusual occurrence, suspected abuse, or neglect and is not investigated and reported to the Licensing Authority.</p> <p>The findings are:</p> <p>A. Record review of R #1's incident reports revealed the following:</p> <ol style="list-style-type: none"> <li>1. R #1 had seven unwitnessed falls in 30 day dated; with three of the falls resulting in injury.               <ol style="list-style-type: none"> <li>a. 01/13/24</li> <li>b. 01/23/24 at 12:30 pm</li> <li>c. 01/23/24 at 2:00 pm</li> <li>d. 01/27/24</li> <li>e. 02/06/24</li> <li>f. 02/09/24</li> <li>g. 02/13/24</li> </ol> </li> <li>2. There was not a 5-day investigation report done following the incidents that occurred with injuries to R#1 on:               <ol style="list-style-type: none"> <li>a. 02/06/24 - [REDACTED]</li> </ol> </li> </ol>	8 032		

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8 032	Continued From page 6   3. The falls were not reported to the Licensing Authority.  B. On 01/08/25 at 9:05 AM, during an interview, the Health and Wellness Director confirmed R#1s incidents and 5-day investigation was not reported to the Licensing Authority.	8 032		
8 038	8 NMAC 370.14.38 Housekeeping Services  The facility shall maintain the interior and exterior of the facility in a safe, clean, orderly and attractive manner. The facility shall be free from offensive odors, safety hazards, insects and rodents and accumulations of dirt, rubbish and dust. A. All common living areas and all bathrooms shall be cleaned as often as necessary to maintain a clean and sanitary environment. B. Combustibles such as cleaning rags or flammable substances shall be stored in closed metal containers in approved areas that provide adequate ventilation. Combustibles shall be stored away from the food preparation areas and away from the resident rooms. C. Poisonous or flammable substances shall not be stored in residential areas, food preparation areas or food storage areas. If hazardous chemicals are stored on the property, material safety data sheets shall be maintained and stored in the same area as the chemicals, pursuant to state environment department requirements, 11.5.2.9 NMAC. [8.370.14.38 NMAC - N, 7/1/2024]  This REQUIREMENT is not met as evidenced by:	8 038	Rule: 8 038 – 8 NMAC 370.14.38 Housekeeping Services Name, title, and/or position of the person responsible for implementing the corrective action: Executive Director / Operations Specialist Complete Date: 2/13/2025 Correction on both a temporary & permanent basis: R#1 no longer resides at the facility. R#2's room was cleaned and vacuumed on 1-10-25. This included cleaning debris from under the bed and around her bed. Dusting the end table. Cleaning crumbs and dust from bedside table. Cleaning and sanitizing the toilet seat, back of toilet and toilet bowl. This room was put onto a cleaning schedule for routine cleaning and sanitizing. A re-training of housekeeping staff by Maintenance Manager and Executive Director will be completed on 2-13-25 for proper cleaning and sanitizing of resident rooms. Monitoring system: To monitor for on-going compliance, the Executive Director or Designee will perform spot checks of five (5) resident units per week for a period of 12 weeks to identify any concerns or misses in cleaning protocols.	02/13/2025

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8 038	<p>Continued From page 7</p> <p>8.370.14.38 A</p> <p>Based on observation and interview, the facility failed to ensure for 2 (R #'s 1 and 2) of 2 (R #'s 1 and 2) resident rooms were in a clean, orderly and attractive manner and free from offensive odors, accumulations of dirt, rubbish and dust.</p> <p>This deficient practice could likely affect the health and well being to of the residents if their rooms are not clean and free of odors.</p> <p>The findings are:</p> <p>A. On 01/06/24 at 1:35 PM, during an interview with R #2 revealed [redacted] room had only been cleaned once since [redacted] moved in before Thanksgiving.</p> <p>B. On 01/06/24 at 1:35 PM, while the surveyor observed R #2's room, debris (scattered pieces of waste or remains) was seen under [redacted] table where [redacted] eats [redacted] meals.</p> <p>C. On 01/07/25 at 10:45 AM, during an interview, R #1's spouse revealed [redacted] room had only been vacuumed twice in the past year.</p> <p>D. On 01/07/25 at 10:45 AM, during observation of R #1's room revealed:</p> <ol style="list-style-type: none"> <li>1. Debris under her bed and around [redacted] bed.</li> <li>2. Dust accumulated on [redacted] end table.</li> <li>3. Bedside table had food crumbs and dust.</li> <li>4. Dried urine on the toilet seat, as well as dried fecal matter inside in the back of the toilet bowl.</li> <li>5. The room had a strong smell of urine.</li> </ol> <p>F. On 01/08/25 at 9:05 AM, during an interview, the Health and Wellness Director confirmed there</p>	8 038		

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8 038	<p>Continued From page 8</p> <p>is no schedule for cleaning resident rooms and there has been a smell in R #1's room for 6 months.</p> <p>G. On 01/08/25 at 9:55 AM, during an interview, the Housekeeper confirmed there are no logs for keeping track of what rooms are cleaned or need to be cleaned.</p> <p>H. On 01/08/25 at 10:42 AM, the Maintenance and Engineering Manager confirmed:</p> <ol style="list-style-type: none"> <li>1. There is not a formal process for completion of housekeeping tasks.</li> <li>2. They do once a week cleaning minimum, resident's are to ask if they need more.</li> <li>3. There are no written schedules for daily or weekly housekeeping tasks.</li> <li>4. There is no log to track what tasks have been completed.</li> </ol>	8 038		