

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2161	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/13/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER
BROOKDALE TRAMWAY RIDGE

STREET ADDRESS, CITY, STATE, ZIP CODE
**4910 TRAMWAY RIDGE DRIVE NE
ALBUQUERQUE, NM 87111**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

A 000 Initial Comments

The following deficiencies were cited during a Complaint survey completed on [REDACTED] 23 for the state requirements of NMAC 7.8.2, Regulations for Assisted Living Facilities for Adults.

Complaint Intake ID [REDACTED] was investigated with deficiencies cited.

Census: 25

A 032 7 NMAC 8.2.32 Reporting of Incidents

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 7.1.13 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 twenty-four (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 (5) 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;

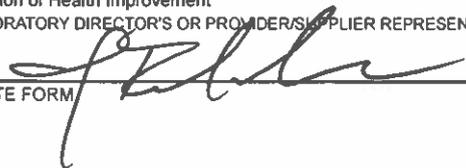
(2) the result of the facility's investigation shall be recorded on the state approved incident report form for the current year, pursuant to 7.1.13

A 000 The following plan of correction for Brookdale Tramway Ridge regarding the statement of deficiencies dated [REDACTED] 2023. This plan of correction is not to be construed as an admission of or agreement with findings and conclusions in the statement of deficiencies or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulator regulations. In this document, we have outlined specific actions in response to each allegation or findings nor have we identified mitigating factors. We remain committed to the delivery of quality healthcare services and will continue to make changes and improvement to satisfy that objective.

A) The Community will insure that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 7.1.13 NMAC

- 1) The community will report any incidents or unusual occurrence which has or could threaten the health, safety or welfare of the resident within 24 hours.
- 2) The community will not delay a report to the Complain hotline while an internal investigation is conduct
- 3) The community will be conducting the investigation of all incidents with 5 business days and will summit a copy of the investigation report to the licensing authority.
- 4) Community will conduct description of the incident
- 5) The result of the investigation will be recorded on the state approved incident report form for the current year
- 6) Completion date [REDACTED] 2023
- 7) Health and wellness director (DON) will complete investigation

Division of Health Improvement
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



STATE FORM

6899

TITLE
Executive Director

(X6) DATE 11-27-23

11/17/23

CDA911

If continuation sheet 1 of 7

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2161	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/13/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 032	<p>Continued From page 1</p> <p>NMAC; and (3) plans for further actions in response to the incident. [7.8.2.32 NMAC - Rp, 7.8.2.32 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.32 A (1) B</p> <p>7.1.13 INCIDENT REPORTING, INTAKE, PROCESSING AND TRAINING REQUIREMENTS</p> <p>Refer to NMAC 7.1.13.7 W. & B. (2)</p> <p>W. "Reportable incident" means possible abuse, neglect, exploitation, injuries of unknown origin and other events including but not limited to falls which cause injury, unexpected death, elopement, medication error which causes or is likely to cause harm, failure to follow a doctor's order or an Individual Service Plan (ISP) or any other incident which may evidence abuse, neglect, or exploitation.</p> <p>B. (2) Division incident report form and notification by licensed health care facilities: The licensed health care facility shall report incidents utilizing the division's incident report form consistent with the requirements of the division's incident management system guide and CMS regulations as applicable. The licensed health care facility shall ensure that all incident report forms alleging abuse, neglect, exploitation, injuries of unknown origin or other reportable incidents are submitted by a reporter with direct knowledge of an incident, are completed on the</p>	A 032		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2161	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/13/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 032	<p>Continued From page 2</p> <p>bureau's incident report form and received by the division within twenty-four (24) hours of an incident or allegation of an incident or the next business day if the incident occurs on a weekend or a holiday. The licensed health care facility shall ensure that the reporter with the most direct knowledge of the incident assists with the preparation of the incident report form.</p> <p>Based on record review and interview, the facility failed to ensure for [REDACTED] resident whose Internal Incident Reports were reviewed for compliance that all suspected cases or known incidents of resident abuse, neglect or exploitation, or unusual occurrences which has or could threaten the health, safety, or welfare of the residents were:</p> <ol style="list-style-type: none"> 1. Reported to the Licensing Authority within twenty-four (24) hours or by the next business day, if it is a weekend or a holiday. 2. Conducted an internal investigation and submitted a copy of the Investigation/Follow-Up Report to the Licensing Authority within five (5) business days from the date the incident occurred. <p>These deficient practices could likely result in the residents to be at risk of harm, injury, and/or death, if incidents of possible abuse, neglect, exploitation, or unusual occurrence occur and there is no oversight by the Licensing Authority. The findings are:</p> <p>A. Record review of Complaint Intake [REDACTED] dated [REDACTED]/23, revealed the complainant reported the following:</p> <ol style="list-style-type: none"> 1. On [REDACTED]/23, R #1 had fallen in [REDACTED] apartment and was calling for help. 2. It took staff approximately 30-45 minutes to respond to R #1's call for help. 	A 032		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2161	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

A 032	<p>Continued From page 3</p> <p>3. On [REDACTED]/23, the complainant was notified of the fall and R #1 had been sent out to the hospital.</p> <p>B. Record review of R #1's Internal Incident Report dated [REDACTED]/23, revealed R #1 attempted to get up out of bed alone and fell. R #1 had a bump (raised area to the back of [REDACTED] and was sent out to a local hospital. R #1 was diagnosed with a [REDACTED] and admitted to the hospital. There was no documentation that the facility:</p> <ol style="list-style-type: none"> 1. Reported the incident to the Licensing Authority within 24 hours or the next business day if a holiday or weekend. 2. Conducted an internal investigation and submitted a Follow-Up/Investigation report to the Licensing Authority within five (5)-business days from the date the incident occurred. <p>C. On [REDACTED] 23 at 8:49 am, during an interview, the Health and Wellness Director confirmed R #1's unwitnessed fall with a [REDACTED] on [REDACTED]/23:</p> <ol style="list-style-type: none"> 1. Was not reported to the Licensing Authority within 24 hours or the next business day, if holiday or weekend. 2. The facility did not conduct a thorough internal investigation and submit a Follow-up/Investigation report to the Licensing Authority within five (5) business days from the date the incident occurred. 	A 032		
A 038	<p>7 NMAC 8.2.38 Housekeeping Services</p> <p>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</p>	A 038		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2161	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/13/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

A 038	<p>Continued From page 4</p> <p>hazards, insects and rodents and accumulations of dirt, rubbish and dust.</p> <p>A. All common living areas and all bathrooms shall be cleaned as often as necessary to maintain a clean and sanitary environment.</p> <p>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.</p> <p>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, [7.8.2.38 NMAC - Rp, 7.8.2.39 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.38 A</p> <p>Based on observation and interview, the facility failed to ensure that the common living areas and bathrooms were kept clean and sanitary at all times. This deficient practice could likely result in the [REDACTED] residents listed on the census provided by the Health and Wellness Director on [REDACTED] 23, to be at risk of harm, injury, or death if residents were exposed to bacteria, germs, or feces (waste matter discharged from the bowels after food has been digested).</p> <p>The findings are:</p>	A 038	<p>A) The community will maintain the interior and exterior of the facility in a safe, clean, orderly and attractive manner, the facility will be free from offensive odors, safety, hazards, insects and rodents and accumulations of dirt, rubbish and dirt.</p> <ol style="list-style-type: none"> 1) All common living areas and all bathrooms will be cleaned as often as necessary to maintain a clean and sanitary environment. 2) Combustibles such as cleaning rags or flammable substance will be stored in closed metal containers in approved areas that provide adequate ventilation. combustibles will be stored away from the food preparation area and away for the Resident rooms. 3) The community will poisonous or flammable Substances will not be stored in residential Areas food preparation area or food storage Areas, also if hazardous chemical are stored on The property, material safety data sheets will be Maintained and stored in the same area as the Chemicals, pursuant to state environment Department requirements. 4) Property, material safety data sheets will be Maintained and stored in the same area as the Chemical, pursuant to state environment Department requirements. 5) Completion date [REDACTED] 6) Full-Time housekeeper to monitor odors daily 	
-------	--	-------	---	--

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2161	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/13/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 038	<p>Continued From page 5</p> <p>A. On [REDACTED]/23 at 12:38 pm, during an observation of [REDACTED] revealed, that upon entering the building, there was a smell of urine. The extremely strong urine odors were present in the Northwest corridor outside [REDACTED].</p> <p>B. On [REDACTED]/23 at 12:47 pm, during an observation of the bathroom (bathroom/shower room/laundry room) [REDACTED] revealed an extremely strong urine odor was present throughout the bathroom.</p> <p>C. On [REDACTED]/23 at 12:47 pm, during an interview, Direct Care Staff (DCS) #s 3 and 4, confirmed there was a strong smell of urine in the corridor outside [REDACTED] and in the bathroom by [REDACTED]. DCS #3 stated the smell has been present for a couple months.</p> <p>D. On [REDACTED]/23 at 12:50 pm, during an interview with the Housekeeper, he confirmed the [REDACTED] and bathrooms/laundry rooms smell like urine.</p> <p>E. On [REDACTED]/23 at 9:24 am, during an interview with the New Maintenance Technician, stated the carpets in the [REDACTED] building were shampooed last week, but they need to be cleaned again.</p> <p>F. On [REDACTED]/23 at 9:42 am, during an interview with DCS #1 stated that in the [REDACTED] there is a resident that has been peeing on carpet in corridors and in the resident room due to memory issues and the carpets are not shampooed but just sprayed with a deodorizer.</p> <p>G. On [REDACTED]/23 at 8:43 am, during an interview, the Health and Wellness Director confirmed the</p>	A 038		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2161	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/13/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

A 038	Continued From page 6 corridor near [REDACTED] and the bathroom by [REDACTED] had a strong odor of urine. According to the Health and Wellness Director, she has smelled the strong urine odor. She stated there is a resident who is [REDACTED] [REDACTED] and has been using the bathroom anywhere in the facility.	A 038		
-------	--	-------	--	--