STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	325036	A. Building B. Wing	02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Las Palomas Center	8100 Palomas Avenue NE Albuquerque, NM 87109

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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35632 Based on interview and record review the facility failed to provide the required supervision for 1 (R #6) of 3 (R #6, 7, and 8) residents reviewed for appropriate diets when R #6 with known behaviors of searching for food, not within his diet was able to grab food from another resident's tray and choke. This deficient practice likely resulted in R #6 needing to be resuscitated (revived from unconsciousness or apparent death) and suctioned (removal of food) and then go into cardiac arrest (loss of heart function, breathing and consciousness) while enroute to the hospital, resulting in multiple strokes (damage to brain from interruption of its blood supply). The findings are: A. Record review of the face sheet for R #6 indicated the following: R #6 was admitted to the facility on [DATE]. He was admitted as a full code (all necessary interventions) and he had a diagnosis of Dysphagia (difficulty swallowing food or liquid), Barrett's Esophagus (an abnormal change of the cells present in the lower portion of the esophagus/food pipe due to acid reflux-a chronic digestive disease where the liquid content of the stomach refluxes into the esophagus, the tube connecting the mouth and stomach-which causes the lining to thicken and become inflamed) with Dysplasia (dysplasia is defined as a precancerous condition in which cells that are very similar to cancer cells can grow). Metabolic Encephalopathy (abnormalities of the water, electrolytes, vitamins, and other chemicals that adversely affect brain function). This is not an inclusive list of all diagnoses. B. Record review of R #6's nursing progress notes dated [DATE] indicated the following: resident was found by CNA (Certified Nursing Assistant) o (sic) bed cool clammy drooling code status check and BLS (basic life support) innated (sic) RN (Registered Nurse) from cert (skilled side of facility) called for help supervisor made aware 911 called resident pink ion (sic) color awake at time of arrival of EMS(Emergency Medical Services) took over. (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 0689 Level of Harm - Actual harm Residents Affected - Few	C. Record review of R #6's hospital records dated [DATE] and under History of Present Illness indicated the following: Patient was at facility were (sic) faculty noticed the patient was short of breath with a food tray next to them EMS was called, patient went into arrest (stopped breathing) during transport to ED (Emergency Department), received 1 round of CPR (Cardio Pulmonary Resuscitation-an emergency lifesaving procedure performed when the heart stops beating) and EPI (epinephrine-a type of hormone injected whenever a person experiences fear, anxiety, or stress) with ROSC (return of spontaneous circulation, when in cardiac arrest this increases the chances of survival to hospital but doesn't increase neurologically intact survival). Patient was sating in the SO's (sic) upon arrival to the ED and intubated (the process of inserting a tube called an endotracheal tube (ET) into the mouth or nose and then into the airway (trachea) to hold it open). Per nurse/EMS patient somehow got a sandwich, aspirated (occurs when contents such as food, drink, saliva or vomit enters the lungs) was diaphoretic (excessive sweating) and drooling, started BLS (basic life support) and suctioned a good amount of food, 10 minutes until ROSC, was awake for EMS and pink. Oxygen at baseline ,d+[DATE]L (liters) . Dysphagia diet and is unclear how they received a sandwich. D. Record review of R #6's the hospital records; Hospital Course by Diagnosis indicated the following: 68 YO man with history of Ischemic Stroke (the blockage caused by this stroke reduces the blood flow and oxygen to the brain) in [DATE] discharged to skilled nursing facility. Pt presented to ED in cardiac arrest. admitted to the Medical Intensive Care Unit (MICU) for status post cardiac arrest ,d+[DATE] foreign body aspiration (foreign body aspiration occurs when a foreign body enters the airway which can cause difficulty breathing or choking) intubated on [DATE], extubation (is when the doctor takes out a tube that helps you breathe) on [DATE]. Pt was found to be altered with significant left side weakness and MRI brain (an MRI (magnetic resonance imaging) scan, also called a head MRI, is a painless procedure that produces very clear images of the structures inside of your head) showed new stroke . Pt has significant known atherosclerosis (condition where the arteries become narrowed and hardened due to buildup of plaque (fats) in the artery wall) and stenosis of vessels as well as aortic ulcerated plaques (the plaque wears down the inner lining of the aorta, which is the largest blood vessel in the body and branches off from the heart) that likely embolized (stops blood flow) during resuscitative efforts causing current strokes in multiple territories. He has failed multiple swallow evaluations and PEG (percutaneous endoscopic gastrostomy is the preferred route of feeding and nutritional support) was placed. E. Record review of R #6's diet orders are as follows: [DATE] Regular Dysphagia Puree (smooth and creamy texture) [DATE] Large portions regular Dysphagia Puree [DATE] Regular Dysphagia Advanced (cut up food and avoid tough meats and chewy, sticky breads). F. Record review of R #6's progress note written on [DATE] by the Registered Dietician (RD) indicated the following: Increase portions to double to ensure (name of resident) does not feel the need to get food off trays left in the hall. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	G. Record review of R #6's Care Plan dated [DATE] (date of initial care plan) revealed that no update to the care plan for a new goal, intervention or behavior monitoring was made to address R #6 taking food off trays in the hall or off of other's plates. H. Record review of the Minimum Data Set (MDS) for R #6 had a BIMS (Brief Assessment of Mental Status) score of 8 on admission, which indicated his cognitive ability (thinking, reasoning and remembering) was moderately impaired. BIMS scoring guide: 13 - 5 cognitively intact; 8 -12 moderately impaired and 0 -7 severely impaired. I. On [DATE] at 11:53 am, during an interview with the Kitchen Manager, he stated that he hasn't been here very long. He stated that the trays being passed out and picked up can be an issue. He stated that the trays for dinner are delivered around 4:30 or 5 pm. He stated that he has seen trays still out on the floors when he leaves for the night around 6:45 pm. He stated that the snacks are locked up in the nourishment rooms and the residents can't get in there to get them, they have to ask a staff member for a snack. J. On [DATE] at 2:00 pm during an interview with the Speech Language Pathologist (SLP), she evaluated R #6 on [DATE] and decided that he was puree initially and then she trialed(tested) him and he became Dysphagia advanced/mechanical soft puree when he came in, because he was weak and had some problems swallowing. Trialed (tested) him on mechanical soft on [DATE]. When he was puree, he was getting up and going into patient rooms. He was taking food off other resident's trays. He was hungry. At least one incident that she heard of. Might have been at dinner time. He would eat in his room only. He wasn't totally cognitively intact he had moderate cognitive issues. The SLP stated that she thinks he understood the foods he should or shouldn't eat. He should have been eating sandwiches that were ground or chopped. Soft piece of bread with some moisture like chicken salad, or tuna salad. A whole slice of meat like a ham sandwich and turkey sandwich would not be for a resident who is eating mechanical soft/dysphagia advanced diet. K. On [DATE] at 3:09 pm, during an interview with Certified Nursing Assistant (CNA) #2 he stated that they very seldom see a resident try to take food from other residents trays or off of the food cart that holds trays. He stated that when they (staff) do see this, they always stop the residents. He stated that he just now passed the snacks and that they keep the snacks in the nourishment room, they don't just leave them out. L. On [DATE] at 8:40 am, during an interview with CNA #1 she stated that she did remember R #6 he would wander around in his wheelchair. He always ate in his room. She stated that he was on a puree diet. CNA #1 stated that when the food cart was out she would watch him try to get into it. She would stop him and he would say that he was hungry so she would bring him some snacks like yogurt. She stated that they keep the door to the food cart latched when they walk away from it so residents can't get into it. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	M. On [DATE] at 9:22 am, during an interview with the Registered Dietician, she stated that R #6 was underweight and Edentulous (no teeth) on puree texture and was on double portions and snacks. The RD stated that he was always hungry. He was mobile in his wheelchair and he would frequently be up and down the halls looking for food. He would take food off others room trays and from the food cart that was parked in the hall if he could. The RD stated that this was common information that he would do this and he would sometimes search all day for food. She stated in a follow up interview that she was aware of the behavior because she saw him try to take something off another tray once and she stated that MDS nurse knew. She was not sure whether or not R #6 understood his food limitations. N. On [DATE] at 12:51 pm, during an interview with the Center Nursing Executive (CNE), she stated that what she knows about R #6 is that he choked on some food, they started CPR, called EMS and he went to the hospital and did not return to the facility. The CNE stated that she was not notified that R #6 would eat off of others trays and would search for food. She stated that this would have been addressed as a behavior if she had known this. She stated that they did a PIP (Program Improvement Plan) for this, but they were looking at residents diets not behaviors. O. On [DATE] at 2:19 pm, during an interview with CNA #5, he stated that he did remember R #6, he stated that he would wander around at night. He was a puree diet. He was aware that he would seek food and would often times just ask him for food. So he would get him a snack.