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	12/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Spanish Trails Rehabilitation Suites	1610 Renaissance Blvd NE Albuquerque, NM 87107

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 39509 Based on record review and interview, the facility failed to report incidents that had occurred within 24 hours and failed to provide follow up report within 5 working days from the date of the incidents to the State Survey Agency, for 3 (R # 1,2 and 3) of 4 (R #'s 1,2,3 and 4) residents reviewed for incidents. If the facility fails to report incidents to the State Agency, then the State Agency will be unable to assure residents a safe and hazard free environment. The findings are: A. Record review of city police department report #210075341 dated 09/21/21 revealed local police were called to the facility to take a report of theft from residents. The report stated R#1's wallet with credit cards was missing as of 09/19/21 and R#'3s wallet with credit cards was noted missing on 09/20/21. The report further stated that both R#1 and R#3 had had multiple unauthorized charges placed on their credit cards. Police report did not indicate that R #2 had been investigated or questioned about missing items. Police report does not indicate if charges were made prior to filing the report. B. Record review of New Mexico Complaint #55251 follow up report dated 11/03/21 revealed an incident reported to the facility by R#1 and her daughter. R#1 daughter reported that four of R#1's credit cards had been taken and had unauthorized charges of more than $500. The facility reported they immediately started an investigation and found that other residents believed they had also had missing items. C. On 12/15/21 at 1:05 pm during interview with Certified Nurses Aide (CNA) #1, she stated that she recalled the incident of theft in September and she recalled three residents who reported loses at the time. D. On 12/15/21 at 1:10 pm during interview with R#3, she stated that sometime during September 2021 she had a credit card that was lost and learned that the credit card had been used by an unknown person to charge a hair cut. She stated she reported this to a staff member-she could not recall the name of the staff member and has heard nothing more of the report. E. On 12/15/21 at 4:04 pm during interview with facility Administrator (ADM) she stated she had reviewed all records of the theft of property reported by residents in September 2021. She stated there were no records of any investigation for possible property loss or any report of a loss or investigation being submitted to the State of New Mexico Department of Health (DOH). She confirmed that such a report should have been investigated and reported to DOH.

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41988 Based on record review and interview, the facility failed to ensure that the care plan had been revised for 1 (R #6) residents of 3 (R #'s 5, 6, and 7) reviewed by not conducting a care plan meeting quarterly (four times a year) as required. This deficient practice is likely to result in staff not being aware of residents care needs, and preferences, and residents not receiving the needed care. The findings are: A. Record review of R #6's face sheet revealed R #6 was admitted into the facility on [DATE]. B. Record review of R #6's Electronic Health Record (EHR) Care Conference page revealed R #6's most recent care conference occurred on 04/24/21. C. On 12/15/21 at 1:42 pm during an interview with the Social Services Director (SSD), she stated, We had an assistant doing those [care conferences], but she [Social Services Assistant] wasn't documenting them. I can give you a [care conference] date that I have saved in my phone, but we don't have any hard documentation stating that [care conference occurred] though. His [R #6] last one [care conference] was 11/17/21 at 12:45 pm, but I don't have it documented anywhere. SSD confirmed R #6's care conferences should have been documented to reflect any care changes requested or required for R #6. SSD also confirmed there is no proof that R #6's care conferences occurred as required. D. On 12/15/21 at 2:30 pm during an interview with R #6, he stated, I have not been invited to that [care conferences]. R #6 confirmed he was not familiar with any care conferences.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41988 Based on record review and interview, the facility failed to provide ADL (activities of daily living) assistance for baths/showers for 2 (R #'s 5 and 7) of 2 (R #'s 5 and 7) residents reviewed for ADL care. This deficient practice is likely to affect the dignity and health of the residents. The findings are: Findings for R #5: A. Record review of R #5's face sheet revealed R #5 was admitted into the facility on [DATE]. B. Record review of R #5's Point of Care History dated 10/16/21- 11/15/21 revealed R #5 was given a shower on 10/21/21, 10/24/21, 10/30/21, and 11/07/21. No other showers were documented as given during that time frame. C. Record review of R #5's Skin Monitoring: Comprehensive CNA (Certified Nursing Assistant) Shower Review dated 10/16/21-11/15/21 revealed R #5 was given a shower on 11/06/21. No other showers were documented as being given. D. Record review of R #5's Point of Care History dated 11/15/21- 12/15/21 revealed R #5 was given a shower on 11/19/21, 11/21/21, 11/24/21, 11/28/21, 12/02/21, 12/05/21, 12/09/21, and 12/13/21. No other showers were documented as being given. E. Record review of R #5's Skin Monitoring: Comprehensive CNA Shower Review dated 11/15/21-12/15/21 revealed R #5 was given a shower on 11/19/21, 11/20/21, and 11/24/21. No other showers were documented as being given. F. Record review of R #5's Therapy Progress Note dated 11/15/21 revealed, [.] She [R #5] reported that no one would help her get ready; she wanted to shower before going because she has not had a shower in 'weeks'. G. Record review of R #5's Care Conference Note dated 11/30/21 revealed, Resident has had difficulty with getting showers as scheduled. H. On 12/15/21 at 11:36 am during an interview with R #5, she stated, I still don't know about my showers. The longest I went so far [without a shower] was 14 days a couple of weeks ago. They [facility] took me off shower nights and put me on shower days. Today [12/15/21] is my shower day. I want a shower 3 times a week. It [going without a bath or shower] makes me feel dirty and horrible. I. On 12/15/21 at 2:06 pm during an interview with CNA #2, she stated, Showers are missed all the time. Whoever [CNA] is on the floor is assigned showers. Lately we've [facility] been short on staff. J. On 12/15/21 at 2:22 pm during an interview with CNA #3, she stated, The only times she [R #5]refuses is when the [Name of professional football team located in Nevada] are on. CNA #3 confirmed showers will be missed due to staffing and all showers are recorded in the Electronic Health Record (EHR) and paper chart, if showers are not documented then showers were not done. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	K. On 12/15/21 at 4:35 pm during an interview with the Regulatory Specialist/ Registered Nurse (RS/RN), she stated, We have them [resident showers] scheduled three times a week. We identified that [lack of resident showers]. We identified that showers are an issue. RS/RN confirmed R #5 was not offered as many showers as she should have been. Findings for R #7: L. Record review of R #7's face sheet revealed R #7 was admitted into the facility on [DATE]. M. Record review of R #7's Point of Care History dated 10/16/21- 11/15/21 revealed R #7 was given a bed bath on 10/25/21 and a shower on 11/10/21. No other bed baths or showers were documented as being given. N. Record review of R #7's Skin Monitoring: Comprehensive CNA Shower Review dated 10/16/21-11/15/21 revealed R #7 was given a shower on 11/10/21 and 11/12/21. No other showers were documented as being given. O. Record review of R #7's Point of Care History dated 11/15/21- 12/15/21 revealed R #7 was given a shower on 11/18/21, 11/23/21, 12/01/21, and 12/13/21. No other showers were documented as being given. P. Record review of R #7's Skin Monitoring: Comprehensive CNA Shower Review dated 11/15/21-12/15/21 revealed R #7 was given a shower on 11/18/21, 11/22/21, 11/24/21, 12/03/21, and 12/13/21. No other showers were documented as being given. Q. On 12/15/21 at 12:15 pm during an interview with R #7, she stated, Before this [broken leg] happened to me, I was getting one [shower] three times a week. When I got back, I was in so much pain, I was lucky to get one bed bath a week. I never get my showers three times a week like I'm supposed to. It's always there's not enough staff, as a matter of fact, today is a shower day but, because the people they set up for shower aides are now on the floor. I know I won't get one [shower] today. I've gone days [without shower/ bed bath], the last one I got was probably last week or the week before. It's been three weeks in a row, not counting this week [without a bed bath or shower]. It's really bad and I stink. I get so upset and I feel like I've been digging ditches all day long. When I don't get showered up, it's bad. R. On 12/15/21 at 2:26 pm during an interview with CNA #3, she stated, Today is her [R #7]shower day. It's been so crazy and she [R #7] understands [when R #7 isn't given a shower as scheduled]. She [R #7] gets it [shower/ bed bath] within the week S. On 12/15/21 at 4:38 pm during an interview with the RS/RN, she confirmed R #7 was not showered as often as expected and R #7 should have been.

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F 0825 Level of Harm - Actual harm Residents Affected - Few	Provide or get specialized rehabilitative services as required for a resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41988 Based on record review and interview, the facility failed to meet professional standards of care for 1 (R #5) of 3 (R #5, 7, and 10) residents reviewed by not providing physical therapy services as ordered by a physician. This deficient practice likely resulted in R #5 to have a decrease in mobility and pain, preventing her from ambulating on her own and going to activities, likely resulting in psychosocial harm and despair. The findings are: A. Record review of R #5's face sheet revealed R #5 was admitted into the facility on [DATE]. B. Record review of R #5's physician orders dated 08/20/21 revealed, PT [Physical Therapy] Evaluation and Treatment. C. Record review of R #5's Physician Progress Notes dated 08/25/21 revealed, Assessment and Plan- 4.) Debility(physical weakness) 2/2 chronic comorbidities (more than one disease or condition present in the same person at the same time), PT [Physical Therapy]/ OT [Occupational Therapy] eval [evaluation]. D. Record review of R #5's Physical Therapy Evaluation and Plan of Treatment dated 11/09/21 revealed, Clinical Impressions: Pt [patient] is cooperative and motivated to participate in therapy but her functional mobility is currently limited by overall weakness and c/o [complains of] BLE [bilateral lower extremity] pain and tingling sensation; Reason for Skilled Services: Patient requires skilled PT [Physical Therapy] services to increase LE [Lower Extremity] ROM [Range of Motion] and strength, increase functional activity tolerance, increase independence with gait, promote safety awareness and enhance rehab potential in order to enhance patient's quality of life by improving ability to perform functional mobility with reduced risk of falls and return to prior level of functional abilities; and Risk Factors: Due to the documented physical impairments and associated functional deficits, without skilled therapeutic intervention, the patient is at risk for: falls, further decline in function, immobility, increased agitation, increased dependency upon caregivers and increased pain. E. Record review of R #5's Electronic Health Record (EHR) Resident Documents page revealed R #5 was seen for Occupational Therapy on 10/01/21 and 10/11/21. R #5's first Physical Therapy appointment was on 11/09/21. F. Record review of R #5's Therapy Progress Note dated 11/15/21 revealed, History of Present Illness: She [R #5] was transferred to LTC [Longterm Care] and is frustrated that her PT [Physical Therapy] stopped. G. Record review of R #5's progress notes dated 11/22/21 revealed, Rsd [resident] was crying and feeling depressed about not getting regular physical therapy sessions she came to the facility for. Rsd (resident) stated that 'she was walking when she first got here about 3 months ago and now, she cant carry her own weight on her feet anymore, which makes her so sad'. Writer encouraged her to not be too hard herself and that the day shift nurse will be informed to follow up on the request for a PT schedule. Rsd received her PRN [as needed] pain meds [medications] to manage her pains. (continued on next page)

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F 0825 Level of Harm - Actual harm Residents Affected - Few	H. On 12/15/21 at 11:40 am during an interview with R #5, R #5 became emotionally distressed and stated, I didn't get therapy for a long time like I was supposed to. I couldn't get out of bed and I love going to the activity room to watch football. I told them I needed therapy. I'm still not getting it [therapy] like I should be. I thought I should be getting it [therapy] 3 times a week. She [Physical Therapist] just comes whenever and doesn't check on me. I. On 12/15/21 at 3:51 pm during an interview with Physical Therapist (PT) #1, she stated, She's [R #5] three times a week for physical therapy. She [R #5] was evaluated on 11/09/21. We get orders from the doctor to evaluate her [R #5]. She [R #5] was requesting therapy at that point, and it was patient driven. We got the referral and order from her [R #5's] doctor. She [R #5] was noted to have a decline in her functional mobility. She [R #5] had pain in her low back and legs, difficulty with mobility. Prior to that, I believe she [R #5] was walking herself to get to activities. She [R #5] said for about a week or, so she was unable to walk and was having pain. I know I was asked to screen her a week prior [to 11/09/21 PT evaluation] by our former Director of Rehab (DOR) and after that I was asked for an evaluation. She [R #5] had Occupational Therapy in October [2021], but it looks like it was just evaluation and one treatment. I'm not sure why it [R #5 PT evaluation and treatment] wasn't done sooner. PT #1 confirmed R #5 did not receive Physical Therapy in a timely manner from the 08/20/21 physician order and should have. J. On 12/15/21 at 4:42 pm during an interview with the DOR, she stated, We submitted a request [for R #5 to receive therapy services sooner], and [Name of Business Office Manager] said we needed to wait for an approval which was going through [Name of previous Administrator]. DOR confirmed R #5's Physical Therapy should have been started sooner and it was not.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41988 Based on record review and interview, the facility failed to ensure that 1 (R #5) of 6 (R #5, 6, 7, 8, 9, and 10) residents reviewed for pneumococcal (bacterial infection) vaccines were offered the pneumococcal vaccines. This deficient practice is likely to result in residents being at risk of exposure to pneumonia (infection of the air sacs in the lungs)/pneumococcal infections. The findings are: A. Record review of R #5's face sheet revealed R #5 was admitted into the facility on [DATE]. B. Record review of R #5's Informed Consent For Pneumococcal Vaccine dated 10/06/21 revealed R #5 gave the facility permission to administer the Pneumococcal vaccine. C. Record review of R #5's Preventive Health Care- Vaccine page printed on 12/15/21 and located in R #5's Electronic Health Record (EHR) revealed R #5 had not been administered the Pneumococcal vaccine as requested. D. On 12/15/21 at 11:36 am during an interview with R #5, she confirmed she had not received the Pneumococcal vaccine by the facility. E. On 12/15/21 at 4:55 pm during an interview with the Regulatory Specialist/ Registered Nurse (RS/RN), she confirmed R #5 had not received the Pneumococcal vaccine and R #5 should have.