Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2162	A. BUILDING: _____ B. WING _____	C 06/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE TRAMWAY RIDGE #2	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
8 000	Initial Comments The following deficiencies were cited during a Complaint survey completed on 06/24/25 for the state requirements of NMAC 8.370.14, Regulations for Assisted Living Facilities for Adults. Resident Census: 30 Assisted Living 16 Memory Care Complaint Intake # NM[redacted] was investigated with deficiencies cited. Complaint Intake # NM[redacted] was investigated with no deficiencies cited. Complaint Intake # NM[redacted] was investigated with no deficiencies cited. Complaint Intake # NM[redacted] was investigated with no deficiencies cited. .	8 000		
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	8 032	8 032 Reporting of Incidents Solution: On 7/1/25 the Operations Manager educated the HWD and other leadership members on Brookdale's Abuse Policy, how and when to report abuse as well as how to initiate and finalize an investigation. Permanent Solution: The Operator or designee will review the 24 hr report in morning meeting to verify incidents were accurately reported and investigated for a period of four weeks to verify on-going compliance.	

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8 032	Continued From page 1 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] This REQUIREMENT is not met as evidenced by: 8.370.14.32 (A) (B) REPORTING OF INCIDENTS: A. The facility shall ensure (to make certain that something shall occur or be the case) 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 twenty-four (24) hours or by the next business day, if it is a weekend or a holiday. 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,	8 032		

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8 032	Continued From page 2 shall be maintained on file at the facility. Based on record review and interview, the facility failed to ensure for 2 (R #1, R #5) of 2 (R #1, R #5) residents that incidents were reported within twenty-four (24) hours and a follow-up investigation was conducted and submitted within five (5) business days to the Licensing Authority (LA). This deficient practice could impede (delay or prevent) regulatory oversight and hinder (create difficulties resulting in delay) the identification of care trends or patterns that may affect resident outcomes. The findings are: A. Record review of Complaint Intake #79661 (a facility self-report, received on 11/27/24) revealed on 11/26/24 at 12:44 PM, R #1's [redacted] aide found bruising to right upper arm, chest, both sides of [redacted] thighs, and right shoulder blade during a routine shower. B. Record review of the facility's self-report for R #1's incident which occurred on 11/25/24 was not submitted to the licensing authority within five (5) business days. C. On 06/15/25 at 12:04 PM, during an interview, the Health and Wellness Director (HWD) confirmed that the facility did not submit a FUR to the licensing authority within five (5) business days. D. Record review of a facility's self-report, reviewed on 06/18/25 at 12:04 PM, R #5 was found on the floor near [redacted] chair in the corner of [redacted] room on 01/07/2025. [redacted] obtained a cut on	8 032		

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8 032	Continued From page 3 [redacted] forehead and nose. E. Record review of the facility's self-report for R #5's incident that occurred on 01/07/25, was not reported within twenty-four (24) hours and a follow-up investigation was not conducted and submitted within five (5) business days to the Licensing Authority (LA). F. On 06/15/25 at 12:04 PM, during an interview, the HWD confirmed R #5's incident that occurred on 01/07/25, was not reported within twenty-four (24) hours and a follow-up investigation was not conducted and submitted within five (5) business days to the Licensing Authority (LA).	8 032		
8 063	8 NMAC 370.14.63 Fire Extinguishers Fire extinguisher(s) must be located in the facility, as approved by the state fire marshal or the fire prevention authority with jurisdiction. A. Facilities must as a minimum have two 2A10BC fire extinguishers: (1) one extinguisher located in the kitchen or food preparation area; (2) one extinguisher centrally located in the facility; (3) all fire extinguishers shall be inspected yearly and recharged as needed; all fire extinguishers must be tagged noting the date of the inspection; (4) the maximum distance between fire extinguishers shall be 50 feet. B. Fire extinguishers, alarm systems, automatic detection equipment and other firefighting equipment shall be properly maintained and inspected as recommended by the manufacturer, state fire marshal, or the local fire authority. [8.370.14.63 NMAC - N, 7/1/2024]	8 063	8063 Fire Extinguishers Solutions: on 6/18/25 The Maintenance Manager removed and replaced the expired fire extinguishers. Permanent Solution: The Executive Director or Maintenance Manager will conduct monthly inspections and expiration dates of all fire extinguishers located throughout the community. This will occur one time a month for three months to verify on-going compliance.	

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8 063	Continued From page 4 This REQUIREMENT is not met as evidenced by: 8.370.14.63 A (3) Reference NAPA 10, Standard for Portable Fire Extinguishers, 1998 Edition: 4-3 Inspection. 4-3.1* Frequency. Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals. Fire extinguishers shall be inspected at more frequent intervals when circumstances require. Based on observation and interview, the facility failed to ensure the facility's fire extinguishers were inspected monthly as recommended by the manufacturer. This deficient practice could likely result in the residents, staff members, and other building occupants to be at risk of harm, injury, or death if a fire were to occur and the fire extinguishers did not work. The findings are: A. On 06/16/25 at 11:19 am, during observation, one fire extinguisher located in the basement of the facility, in the maintenance room had not been inspected monthly for March, April, and May 2025. B. On 06/16/25 at 11:43am, during an interview with the BOM (Business Office Manager), she confirmed the fire extinguisher had not been inspected monthly as recommended by the manufacturer.	8 063		