

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 R-C 01/17/2024
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BROOKDALE TRAMWAY RIDGE

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 deficiency was cited during an onsite Revisit/Follow-up survey completed on [REDACTED]/24 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living for Adults. Resident Census is 45	{A 000}	The following plan of correction for Brookdale Tramway Ridge Regarding the statement of deficiencies dated delivered via [REDACTED], 2024. This plan of correction is not to be construed as an admission of or agreement with findings and conclusions in the statement of deficiency 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 on 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 038}	7 NMAC 8.2.38 Housekeeping Services 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. [7.8.2.38 NMAC - Rp, 7.8.2.39 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: This is a repeat deficiency from survey dated	{A 038}	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. 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 from 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) Full-Time housekeeping to clean and monitor all Offensive odors daily. 6) Completion date [REDACTED] 2024	

Division of Health Improvement

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6890

CDA912

If continuation sheet 1 of 3

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NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111		
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{A 038}	Continued From page 1 ██████/23. 7.8.2.38 A Based on observation and interview, the facility failed to ensure the common living areas and bathrooms were kept clean and sanitary at all times. This deficient practice could likely result in the ██████ residents listed on the census provided by the Administrator on ██████ 24, 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). The findings are: A. On ██████ 24 at 8:50 am, during an observation of the ██████ revealed that upon entering the building, there was a smell of urine. B. On ██████ 24 at 8:50 am, during an interview, Direct Care Staff (DCS) #5 confirmed a strong smell of urine in the facility. She (DCS #5) stated that the floors and carpets had not been cleaned, and housekeeping had sprayed an odor eliminator; However, the strong odor of urine remains in the facility. C. On ██████/24 at 8:55 am, during observation (with DCS #6) of resident ██████ revealed a strong smell of urine. D. On ██████/24 at 9:00 am, during observation (with DCS #6) of resident ██████ revealed a strong smell of urine, and the floors in the room were sticky and dirty.	{A 038}			

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{A 038}	Continued From page 2 E. On [REDACTED] 24 at 9:00 am, during an interview with DCS #6, she confirmed that resident room [REDACTED] smelled of urine, and the floors were sticky and dirty due to [REDACTED] peeing on the floor and in the trash can in the room. DCS #6 stated she reported the smell and dirty floor to the Administrator but reports nothing has been done to address the concern. F. On [REDACTED] 24 at 9:01 am, during an observation (with DCS #6) of resident [REDACTED] revealed a strong smell of urine. G. On [REDACTED] 24 at 9:02 am, during an observation (with DCS #6) of resident [REDACTED] revealed a strong smell of urine. H. On [REDACTED] 24 at 9:03 am, during an interview with DCS #6, she confirmed that resident room [REDACTED] had a strong smell of urine. I. On [REDACTED] 24 at 1:00 pm, during an interview with the Administrator, he confirmed that housekeeping goes into the [REDACTED] [REDACTED] five days a week to clean, and confirmed that the facility does have an odor of urine.	{A 038}			