

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		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 Full-Onsite/Complaint survey completed on 05/14/19 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living. Complaint Intake # NM#30480 was unsubstantiated with no deficiencies cited.	A 000		
A 017	7 NMAC 8.2.17 Staff Training STAFF TRAINING: A. Training and orientation for each new employee and volunteer that provides direct care shall include a minimum of sixteen (16) hours of supervised training prior to providing unsupervised care for residents. B. Documentation of orientation and subsequent trainings shall be kept in the personnel file at the facility. C. Training shall be provided at orientation and at least twelve (12) hours annually, the orientation, training and proof of competency shall include: (1) fire safety and evacuation training; (2) first aid; (3) safe food handling practices (for persons involved in food preparation), to include: (a) instructions in proper storage; (b) preparation and serving of food; (c) safety in food handling; (d) appropriate personal hygiene; and (e) infectious and communicable disease control; (4) confidentiality of records and resident information; (5) infection control; (6) resident rights; (7) reporting requirements for abuse, neglect or exploitation in accordance with 7.1.13 NMAC; (8) smoking policy for staff, residents and visitors; (9) methods to provide quality resident care;	A 017		

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

TITLE

(X6) DATE

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 017	Continued From page 1 (10) emergency procedures; (11) medication assistance, including the certificate of training for staff that assist with medication delivery; and (12) the proper way to implement a resident ISP for staff that assist with ISPs. D. If a facility provides transportation to residents, employees of the facility who drive vehicles and transport residents shall have training in transportation safety for the elderly and disabled, including safe vehicle operation. [7.8.2.17 NMAC - Rp, 7.8.2.17 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.17 A C (1-3) (a-e) (4-12) Based on record review and interview the facility failed to ensure that the Direct Care Staff (DCS) received all required supervised, orientation, and annual trainings. This deficient practice has the potential for all 28 (R #s 1-28) residents listed on the census provided by the Director of Nursing on 05/08/19, to be at risk of harm or injury if staff do not receive training on the proper methods of providing care and services. The findings are: A. Record review of DCS #1's staff file revealed a hire of date 04/08/19 and no documentation of receiving sixteen (16) hours of supervised training prior to providing unsupervised care. B. Record review of DCS #2's staff file revealed a hire date of 06/09/09 and no documentation of having received the following trainings: 1. 16 hours of supervised training. 2. 12 hours of orientation training from 06/09/09 to 06/09/10.	A 017		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		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 017	Continued From page 2 3. 12 hours of annual trainings from 06/09/10 to 06/09/16. 4. 12 hours of annual trainings from 06/09/16 to 06/09/17 including: a. First aid b. Safe food handling practices to include: i. Instructions in proper storage. ii. Preparation and serving of food. iii. Safety in food handling. iv. Appropriate personal hygiene. v. Infectious and communicable disease control. c. Infection control. c. Resident rights d. Emergency procedures e. The proper way to implement a resident Individual Service Plan (ISP) for staff that assist with ISPs. 5. 12 hours of annual training from 06/09/17 to 06/09/18. C. Record review of DCS #3's staff file revealed a hire date of 02/05/18 and no documentation of having received the following trainings: 1. 16 hours of supervised training. 2. 12 hours of annual trainings from 02/05/18 to 02/05/19: a. Safe food handling practices to include: i. Instructions in proper storage. ii. Preparation and serving of food. iii. Safety in food handling. iv. Appropriate personal hygiene. v. Infectious and communicable disease control. b. Smoking policy for staff, residents, and visitors. c. Emergency procedures. d. The proper way to implement a	A 017		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 017	Continued From page 3 resident Individual Service Plan (ISP) for staff that assist with ISPs. D. Record review of DCS #4's staff file revealed a hire date of 07/03/17 and no documentation of having received the following trainings: 1. 16 hours of supervised training. 2. 12 hours of annual trainings from 07/03/17 to 07/03/18: a. Smoking policy for staff, residents, and visitors. b. The proper way to implement a resident Individual Service Plan (ISP) for staff that assist with ISPs. E. On 05/09/19 at 11:10 am, during an interview with the Director of Nursing, she confirmed that the above trainings were missing for DCS #s 1-4.	A 017		
A 020	7 NMAC 8.2.20 Admissions and Discharge ADMISSIONS AND DISCHARGE: The facility shall complete an admission agreement for each resident. The administrator of the facility or a designee responsible for admission decisions shall meet with the resident or the resident ' s surrogate decision maker prior to admission. No resident shall be admitted who is below the age of eighteen (18) or for whom the facility is unable to provide appropriate care. A. Admission agreement. The admission agreement shall include the following information: (1) the parties to the agreement; (2) the program narrative; (3) the facility's rules; (4) the cost of services and the method of payment; (5) the refund provision in case of death, transfer, voluntary or involuntary discharge;	A 020		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 020	Continued From page 4 (6) information to formulate advance directives; (7) a written description of the legal rights of the residents translated into another language, if necessary; (8) the facility's staffing ratio; (9) written authorization for staff to assist with medications; (10) notification of rights and responsibilities pursuant to the Incident Reporting Intake, Processing and Training Requirements, 7.1.13 NMAC; (11) the facility ' s bed hold policy; and (12) the admission agreement may be terminated if an appropriate placement is found for the resident, under the following circumstances: (a) there shall be a fifteen (15) day written notice of termination given to the resident or his or her surrogate decision maker, unless the resident requests the termination; (b) the resident has failed to pay for a stay at the facility as defined in the admission agreement; (c) the facility ceases to operate or is no longer able to provide services to the resident; (d) the resident ' s health has improved sufficiently and therefore no longer requires the services of the facility; (e) termination without prior notice is permitted in emergency situations for the following reasons: (i) the transfer or discharge is necessary for the resident's safety and welfare; (ii) the resident's needs cannot safely be met in the facility; or (iii) the safety and health of other residents and staff in the facility are endangered; (13) the facility shall provide a thirty (30) day written notice to residents regarding any changes in the cost or the material services provided; a new or amended admission agreement must be executed whenever services, costs or other	A 020		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		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 020	Continued From page 5 material terms are changed; and (14) facilities representing their services as "specialized" must disclose evidence of staff specialty training to prospective residents. B. Restrictions in admission. The facility shall not admit or retain individuals that require twenty-four (24) hour continuous nursing care, refer to Subsection U of 7.8.2.7 NMAC Definitions. This rule does not apply to hospice residents who have elected to receive the hospice benefit. Conditions or circumstances that usually require continuous nursing care may include but are not limited to the following: (1) ventilator dependency; (2) pressure sores and decubitus ulcers (stage III or IV); (3) intravenous therapy or injections; (4) any condition requiring either physical or chemical restraints; (5) nasogastric tubes; (6) tracheostomy care; (7) residents that present an imminent physical threat or danger to self or others; (8) residents whose psychological or physical condition has declined and placement in the current facility is no longer appropriate as determined by the PCP; (9) residents with a diagnosis that requires isolation techniques; (10) residents that require the use of a Hoyer lift; and (11) ostomy (unless resident is able to provide self care). C. Exceptions to admission, readmission and retention. If a resident requires a greater degree of care than the facility would normally provide or is permitted to provide and the resident wishes to be re-admitted or remain in the facility and the facility wishes to re-admit or retain the resident.	A 020		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 020	Continued From page 6 The facility shall comply with the following requirements. (1) Convene a team, comprised of: (a) the facility administrator and a facility health care professional if desired; (b) the resident or resident ' s surrogate decision maker; and (c) the hospice or home health clinician. (2) The team shall jointly determine if the resident should be admitted, readmitted or allowed to remain in the facility. Team approval shall be in writing, signed and dated by all team members and the approval shall be maintained in the resident's record and shall: (a) be based upon an individual service plan (ISP) which identifies the resident's specific needs and addresses the manner that such needs will be met; (b) ensure that if the facility is licensed for more than eight (8) residents and does not have complete fire sprinkler coverage, the facility shall maintain an evacuation rating score of prompt as determined by the fire safety equivalency system (FSSES); (c) evaluate and outline how meeting the specific needs of the resident will impact the staff and the other residents; and (d) include an independent advocate such as a certified ombudsman if requested by the resident, the family or the facility. (3) The team recommendation shall be maintained on site in the resident ' s file. (4) When a resident is discharged, the facility shall record where the resident was discharged to and what medications were released with the resident. D. Coordination of care. (1) Assisted living facilities shall have evidence of care coordination on an ISP for all services that	A 020		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 020	Continued From page 7 are provided in the facility by an outside health care provider, such as hospice or home health providers. (2) Residents shall be given a list of providers, including hospice and home health if applicable, and have the right to choose their provider. If applicable, the referring party shall disclose any ownership interest in a recommended or listed provider. [7.8.2.20 NMAC - Rp, 7.8.2.19 NMAC & 7.8.2.20 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.20 A (5) (12) C (1) SB0335 - 2013 AN ACT RELATING TO HEALTH CARE; REQUIRING CONTRACTS FOR ASSISTED LIVING FACILITIES TO CONTAIN A REFUND POLICY UPON TERMINATION OF A CONTRACT DUE TO THE DEATH OF THE RESIDENT; PROVIDING FOR STORAGE OF A RESIDENT'S BELONGINGS; DECLARING AN EMERGENCY. BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO: SECTION 1. A new section of the Public Health Act is enacted to read: "ASSISTED LIVING FACILITIES CONTRACTS--LIMIT ON CHARGES AFTER RESIDENT DEATH.-- A. The contract for each resident of an assisted living facility shall include a refund policy to be implemented at the time of a resident's death. The refund policy shall provide that the resident's estate or responsible party is entitled to	A 020		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 020	Continued From page 8 a prorated refund based on the calculated daily rate for any unused portion of payment beyond the termination date after all charges have been paid to the licensee. For the purpose of this section, the termination date shall be the date the unit is vacated by the resident due to the resident's death and cleared of all personal belongings. B. If a resident's belongings are not removed within one week of the resident's death and the amount of belongings does not preclude renting the unit, the facility may clear the unit and charge the resident's estate for moving and storing the items at a rate equal to the actual cost to the facility, not to exceed ten percent of the regular rate for the unit; provided that the responsible party for the resident is given notice at least one week before the resident's belongings are removed. If the resident's belongings are not claimed within forty-five days after notification, the facility may dispose of them. C. For the purposes of this section, "assisted living facility" means a facility required to be licensed as an assisted living facility for adults by the department of health." SECTION 2. EMERGENCY.--It is necessary for the public peace, health and safety that this act take effect immediately. Based on record review and interview the facility failed to ensure that: 1. The Admission/Discharge Agreements included a refund upon death policy in compliance with NMAC 7.8.2.20, (SB) 0335 - 2013, and were available for review. 2. That the agreement may be terminated "if" an appropriate placement is found for the resident. 2. A team meeting was convened prior to	A 020		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2			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)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
A 020	Continued From page 9 admitting/retaining residents who have chosen to receive hospice services. These deficient practices have the potential for all 28 (R #s 1-28) residents listed on the census, provided by the Director of Nursing on 05/06/19, to be at risk of: 1. The resident's estate or responsible party suffering financial hardship by not receiving the refund that is due upon the resident's death. 2. Becoming homeless if they do not have a place to go before being discharged. 3. Harm and/or not receiving the higher level of care/services needed because the facility admitted/retained residents whose needs are beyond what the facility is able to provide. The findings related to the Admissions/Discharge agreement: A. Record review of R #s 3 & 4 Admission/Discharge agreements revealed, they did not include the following information: 1. A refund provision in case of death that complied with state statutes for a prorated refund. 2. The agreement may be terminated "if" an appropriate placement is found for the resident. B. On 05/07/19 at 2:20 pm, during an interview with the Administrator, he confirmed that the above information was not included in R #s 3 & 4 Admission/Discharge Agreements. The findings related to Hospice: C. Record review of R #3's resident file revealed that resident was admitted to hospice on [REDACTED]/17. No documentation found that a team meeting was convened prior to his admission to	A 020			

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		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)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 020	Continued From page 10 hospice services on [REDACTED]/17. D. On 05/07/19 at 2:20 pm, during an interview with the Administrator, he confirmed that a team meeting was not convened prior to R #3's admission to hospice on [REDACTED]/17.	A 020		
A 022	7 NMAC 8.2.22 Facility Reports, Records, Rules, Policies FACILITY REPORTS, RECORDS, RULES, POLICIES AND PROCEDURES: A. Reports and records. Each facility shall keep the following reports, records, policies and procedures on file at the facility and make them available for review upon request by the licensing authority, residents, potential residents or their surrogate decision makers: (1) fire inspection report; (2) zoning approval; (3) building official approval (certificate of occupancy); (4) a copy of the approved building plans; (5) a copy of the most recent survey conducted by the licensing authority, to include adverse actions or appeals and complaints; (6) for facilities with food establishments/kitchens that require a permit from the local health authority that has jurisdiction, a copy of the current inspection report in accordance with the applicable, municipal, or federal laws and regulations and pursuant to Subsection B of 7.6.2.8 NMAC, regarding kitchen and food management; if a facility is considered a licensed private home and not required to meet specific requirements by the local health authority, a copy of that determination must also be maintained; (7) where necessary, a copy of the liquid waste disposal and treatment system permit from the	A 022		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		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 022	Continued From page 11 local health authority that has jurisdiction; (8) thirty (30) days of menus as planned, including snacks and thirty (30) days of menus as served, including snacks; (9) record of monthly fire drills conducted at the facility and the fire safety evaluation system (FSES) rating, if applicable; (10) written emergency plans, policies and procedures for medical emergencies, power failure, fire or natural disaster; plans shall include evacuation, persons to be notified, emergency equipment, evacuation routes, refuge areas and the responsibilities of personnel during emergencies; plans shall also include a list of transportation resources that are immediately available to transport the residents to another location in an emergency; the emergency preparedness plan shall address two types of emergencies: (a) an emergency that affects just the facility; and (b) a region/area wide emergency; (11) a copy of this rule, Requirements for Assisted Living Facilities for Adults, 7.8.2 NMAC); (12) for facilities with two or more residents (that are not related to the owner), a valid custodial drug permit issued by the NM board of pharmacy, that supervise administration and self-administration of medications or safeguards with regard to medications for the residents; and (13) vaccination records for pets in the facility. B. Reports and records. Each facility shall keep the following reports, records, policies and procedures on file at the facility and make them available for review upon request by the licensing authority: (1) a copy of the facility license; (2) employee personnel records, including an application for employment, training records and personnel actions:	A 022		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 022	Continued From page 12 (a) caregiver criminal history screening documentation pursuant to 7.1.9 NMAC; (b) employee abuse registry documentation pursuant to 7.1.12 NMAC; and (3) a copy of all waivers or variances granted by the licensing authority. C. Rules. Prior to admission to a facility a prospective resident or his or her representative shall be given a copy of the facility rules. Each facility shall have written rules pertaining to resident ' s rights and shall include the following: (1) resident use of tobacco and alcohol; (2) resident use of facility telephone or personal cell phone; (3) resident use of television, radio, stereo and cd; (4) the use and safekeeping of residents ' personal property; (5) meal availability and times; (6) resident use of common areas; (7) accommodation of resident ' s pets; and (8) resident use of electric blankets and appliances. D. Policies and procedures. All facilities shall have written policies and procedures covering the following areas: (1) actions to be taken in case of accidents or emergencies; (2) policy and procedure for updating and consolidating the residents current physician or PCP orders, treatments and diet plans every six (6) months or when a significant change occurs, such as a hospital admission; (3) policy for medication errors; (4) method of staying informed when residents are away from the facility (e.g., sign-out sheets or other record indicating where the resident will be, cell phone contact, etc.); (5) the handling of resident's funds, if the facility	A 022		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 022	Continued From page 13 provides such services; (6) reporting of incidents, including abuse, neglect and misappropriation of property, injuries of unknown cause, environmental hazards and law enforcement interventions in accordance with 7.1.13 NMAC; (7) reporting and investigating internal complaints; (8) reporting and investigating complaints to the incident management bureau; (9) staff and resident fire and safety training; (10) smoking policy for staff, residents and visitors; (11) the facility's bed hold policy; (12) admission agreement; (13) admission records; (14) resident records including maintenance and record retention if the facility closes; (15) program narrative; (16) resident's rights with regard to making health care decisions and the formulation of advance directives; (17) personnel policies; (18) identifying and safeguarding resident possessions; (19) securing medical assistance if a resident's own physician is not available; (20) staff training appropriate to staff responsibilities; (21) staff training for employees who provide assistance to residents with boarding or alighting from motor vehicles and safe operation of motor vehicles to transport residents; (22) witnessed destruction of unused, outdated or recalled medication by the facility administrator with the consulting pharmacist present; and (23) mealtimes, daily snacks, menus, special diets, resident ' s personal preference for eating alone or in the dining room setting.	A 022		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 022	Continued From page 14 [7.8.2.22 NMAC - Rp, 7.8.2.23 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.22 A (9) C (2) D (2) (5) (9) (14) (17) (20) Based on record review and interview the facility failed to ensure that they had the following records, policies and procedures on file at the facility available for review. These deficient practices have the potential for all 28 (R #s 1-28) residents listed on the census, provided by the Director of Nursing on 05/06/19 to be at risk of injury, illness, death, if the facility does not have the required records and policies and procedure's so staff know what to do and how to provide good care and services to the residents. The findings are: A. Record request for the facility Fire Drill logs revealed no documentation that the facility had conducted monthly Fire Drills. B. On 05/08/19 at 11:10 am during interview, the Maintenance Technician (MT) confirmed the facility had not conducted any monthly fire drills. C. Record review and request for the following records, policies and procedures revealed they had either incomplete or did not include the following information: 1. Not included: a. Handling of resident's funds. b. Staff and resident fire and safety training.	A 022		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 022	Continued From page 15 c. Resident records including maintenance and record retention if the facility closes. d. Staff training for appropriate staff responsibilities. 2. Incomplete: a. Updating and consolidating current doctor's orders, treatments, diet plans. and hospital admissions every six (6) months or when a significant change in condition occurs. b. Program narrative. c. Personnel Policies. D. On 05/14/19 at 9:35 am, during an interview with the Administrator, he confirmed that the above policies and procedures were either not included or incomplete.	A 022		
A 025	7 NMAC 8.2.25 Resident Evaluation RESIDENT EVALUATION: A. A resident evaluation shall be completed by an appropriate staff member within fifteen (15) days prior to admission to determine the level of assistance that is needed and if the level of services required by the resident can be met by the facility. B. The initial resident evaluation shall establish a baseline in the resident ' s functional status and thereafter assist with identifying resident changes. The resident evaluation shall be reviewed and updated at a minimum of every six (6) months or when there is a significant change in the resident ' s health status. C. The resident ' s evaluation shall be documented on a resident evaluation form and at a minimum include the following abilities, behaviors or status:	A 025		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2			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 025	Continued From page 16 (1) activities of daily living; (2) cognitive abilities; reasoning and perception; the ability to articulate thoughts, memory function or impairment, etc; (3) communication and hearing; ability to communicate needs and understand instructions, etc; (4) vision; (5) physical functioning and skeletal problems; (6) incontinence of bowel/bladder; (7) psychosocial well-being; (8) mood and behavior; (9) activity interests; (10) diagnoses; (11) health conditions; (12) nutritional status; (13) oral or dental status; (14) skin conditions; (15) medication use and level of assistance needed with medications; (16) special treatments and procedures or special medical needs such as hospice; and (17) safety needs/high risk behaviors; history of falls agitation, wandering, fire safety issues, etc. D. The resident evaluation shall include a history and physical examination and an evaluation report by a physician or a physician extender within six (6) months of admission. A resident shall have a medical evaluation by a physician or a physician extender at least annually. E. The resident evaluation shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or physician extender at the time the individual service plan is reviewed, at a minimum of every six (6) months or when a significant change in health status occurs. [7.8.2.25 NMAC - Rp, 7.8.2.25 NMAC, 01/15/2010]	A 025			

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		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)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 025	Continued From page 17 This REQUIREMENT is not met as evidenced by: 7.8.2.25 A B D E Based on record review and interview the facility failed to ensure for 3 (R #s 1, 3 & 4) of 3 (R #s 1, 3 & 4) residents whose Evaluations/Assessments were reviewed for compliance that they: 1. Were completed within 15 days prior to admission. 2. Reviewed and/or updated at a minimum of every 6 months. 3. Reviewed by a Licensed Practical Nurse (LPN), Registered Nurse (RN), or Physicians Extender (PE). This deficient practice has the potential to negatively affect the health and safety of residents by not receiving needed care/services, if the evaluations have not been completed, reviewed, and/or revised so the Direct Care Staff (DCS) know what care/services to provide. The findings are: A. Record review of R #1's resident file revealed (Admission date [REDACTED]/15) no documentation that an evaluation was completed. B. Record review of R #3's Evaluation/Assessment (dated 12/18/12) revealed no documentation it was: 1. Completed within 15 days prior to admission on 12/15/12. 2. Reviewed and/or updated at a minimum of every 6 months. 3. Reviewed by a Licensed Practical Nurse	A 025		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2			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 025	Continued From page 18 (LPN), Registered Nurse (RN), or Physicians Extender (PE). C. Record review of R #'s Evaluation/Assessments (dated 05/29/13 and 06/20/17) revealed no documentation that it had been: 1. Reviewed and/or updated at a minimum of every 6 months. 2. Reviewed by a Licensed Practical Nurse (LPN), Registered Nurse (RN), or Physicians Extender (PE). D. On 05/07/19 at 2:20 pm, during an interview with the Administrator, she confirmed the Evaluation/Assessment findings listed above for R #'s 1, 3 & 4.	A 025			
A 026	7 NMAC 8.2.26 Individual Service Plan INDIVIDUAL SERVICE PLAN (ISP): An ISP shall be developed and implemented within ten (10) calendar days of admission for each resident residing in the facility. A. The ISP shall address those areas of need as identified in the resident evaluation and through staff observation. (1) The ISP shall detail the services that are provided by the facility as well as the services to be provided by other agencies. (2) The resident evaluation and the ISP shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or a physician extender. (3) The ISP shall be reviewed and or revised at a minimum of every six (6) months or when there is a significant change in the resident's health status. B. The ISP shall include the following:	A 026			

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2			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 026	Continued From page 19 (1) a description of identified needs as noted in the resident evaluation; (2) a written description of all services to be provided; (3) who will provide the services; (4) when or how often the services will be provided; (5) how the services will be provided; (6) where the services will be provided; (7) expected goals and outcomes of the services; (8) documentation of the facility's determination that it is able to meet the needs of the resident; (9) the level of assistance that the resident will require with activities of daily living and with medications; (10) a crisis prevention/intervention plan when indicated by diagnosis or behavior; and (11) current orders for all medications, including those authorized for PRN usage. [7.8.2.26 NMAC - Rp, 7.8.2.26 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.26 A (1-3) Based on record review and interview, the facility failed to ensure for 3 (R #s 1, 3 & 4) of 3 (R #s 1, 3 & 4) residents whose Individual Service Plans (ISP's) were reviewed for compliance were: 1. Completed within 10 days after admission. 2. Reviewed by a Licensed Practical Nurse (LPN), Registered Nurse (RN), or a Physician Extender (PE). 3. Reviewed and updated at a minimum of every 6 months and when there was a change in condition.	A 026			

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2			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 026	Continued From page 20 These deficient practices have the potential for residents to be at risk of injuries and neglect by caregivers who do not know what care/services to provide if the ISP's had not been: 1. Completed. 2. Reviewed by a nurse for accuracy. 3. Updated to reflect changes in care. A. Record review of R #1's ISPs dated 11/21/17 revealed no documentation it was reviewed: 1. At a minimum of every six months. 2. By a nurse. B. Record review of R #3's ISPs dated 12/18/12, 06/02/17, 03/08/19 revealed no documentation it was reviewed: 1. At a minimum of every six months. 2. By a nurse. C. Record review of R #4's ISPs (dated 06/14/13, 06/20/17) revealed no documentation it was: 1. Completed within 10 days of admission on 05/29/13. 2. Reviewed at a minimum of every six months. 3. Reviewed by a nurse. D. On 05/07/19 at 2:20 pm, during an interview with the Administrator, he confirmed the findings listed above for R #s 1, 3 & 4 ISP's.	A 026			
A 031	7 NMAC 8.2.31 Handling of Emergencies HANDLING OF EMERGENCIES: A. Upon admission, each resident or surrogate decision maker shall designate a primary care practitioner (PCP) to be called in case of a medical necessity. Each resident or representative shall also designate a concerned	A 031			

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		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 031	Continued From page 21 person to be called in case of an emergency. The facility shall establish a policy to secure medical assistance if the resident's own physician is not available. In the event of an illness or an injury to the resident, the PCP or a physician extender shall be notified by the facility. B. The facility shall have a first aid kit that contains at a minimum, gauze, adhesive tape, antiseptic ointment and bandages for emergencies. The first aid kit shall be kept in a designated, easily accessible place within the facility. C. An easily accessible and functional telephone shall be available in each facility for summoning help in case of an emergency. A pay telephone does not fulfill this requirement. D. A list of emergency numbers including: fire department, police department, ambulance services and poison control shall be posted near each public telephone in the facility. [7.8.2.31 NMAC - Rp, 7.8.2.32 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.31 D Based on observation and interview, the facility failed to ensure that a list of emergency numbers was posted near each public phone including: 1. Fire Department. 2. Police Department. 3. Ambulance Services. 4. Poison Control. This deficient practice has the potential for all 28 (R #s 1-28) residents identified on the census	A 031		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 031	Continued From page 22 provided by the Director of Nursing on 05/06/19, to be at risk of harm, injury, or death due to a delay in emergency services if there are no emergency numbers posted next to the public phones in the facility. The findings are: A. On 05/14/19 at 1:35 pm, during observation of the public phones in the facility, no emergency numbers were observed to be posted near the phone available for use by residents/family/visitors/staff. B. On 05/14/19 at 1:40 pm, during an interview with the Director of Nursing, she confirmed that emergency numbers were not posted near the public phones in the facility.	A 031		
A 034	7 NMAC 8.2.34 Custodial Drug Permits CUSTODIAL DRUG PERMITS: A facility with two (2) or more residents that is licensed pursuant to this rule and that assists with self-administration or safeguards medications for residents shall have a current custodial drug permit issued by the state board of pharmacy. A. Procurement, labeling and storage. The facility shall provide assistance to the resident in obtaining the necessary medications, treatment and medical supplies as identified in the ISP. The facility shall procure, label and store medications for residents who require assistance with self-administration of medication in compliance with state and federal laws. (1) All medications, including non-prescription drugs, shall be stored in a locked compartment or in a locked room, as approved by the board of pharmacy and the key shall be in the care of the administrator or designee. (2) Internal medication shall be kept separate	A 034		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		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 034	Continued From page 23 from external medications. Drugs to be taken by mouth shall be separated from all other delivery forms. (3) A separate, locked refrigerator shall be provided by the facility for medications. The refrigerator temperature shall be kept in compliance with the state board of pharmacy requirements for medications. (4) All medications, including non-prescription medications, shall be stored in separate compartments for each resident and all medications shall be labeled with the resident's name. (5) A resident may be permitted to keep his or her own medication in a locked compartment in his or her room for self-administration, if the physician's order deems it appropriate. (6) The facility shall not require the residents to purchase medications from any particular pharmacy. (7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes shall comply with the national fire protection association (NFPA) 99. (8) A proof of use record shall be maintained separately for each schedule II through IV drug (controlled substances). The proof of use sheet shall document: (a) the type and strength of the schedule II through IV drugs; (b) the date and time staff assisted with self-administration; (c) the resident's name; (d) the prescriber's name; (e) the dose; (f) the signature of the person assisting with delivery of the medication; and (g) the balance of medication remaining. (9) Any remaining medication discontinued by a	A 034		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		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 034	Continued From page 24 physician's order, or upon discharge or death of the resident shall be inventoried and moved to a separate locked storage container. Such discontinued medications shall be destroyed upon the next quarterly visit by the consulting pharmacist in accordance with 16.19.11.10 NMAC. (10) The record of medication destruction shall be signed by the administrator or designee and the pharmacist and shall be kept on file at the facility. B. Consulting pharmacist. The facility shall maintain records demonstrating that the consulting pharmacist provides the following oversight and guidance. (1) Reviews the medication regimen as needed, but at least quarterly/every three (3) months, to determine that all medications and records are accurate and current. All irregularities shall be reported to the administrator of the facility and these irregularities shall be resolved by the administrator within seventy-two (72) hours. (2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation. (3) Consultation shall be provided on all aspects of pharmacy services in the facility, including reference information regarding side effects and, when needed, physician consultation in cases involving the use of psychotropic medications. (4) The consulting pharmacist will be responsible for assuring that the facility meets all requirements for storage, labeling, destruction and documentation of medications as required by the state board of pharmacy, 16.19.11.10 NMAC and 7.8.2 NMAC. [7.8.2.34 NMAC - Rp, 7.8.2.35 NMAC, 01/15/2010]	A 034		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 034	Continued From page 25 This REQUIREMENT is not met as evidenced by: 7.8.2.34 A Based on observation and interview the facility failed to ensure for 1 (R #4) of 4 (R #s 1-4) residents whose medications were reviewed for compliance were available at the facility. This deficient practice has the potential for all residents to be at risk of harm, injury, and death if prescribed medications are not available to be taken when needed. The findings are: A. On 05/14/19 at 2:17 pm, during observation of the medication cart revealed: 1. The following medications listed on R #4's [REDACTED]/19 thru [REDACTED]/19 Medication Administration Record (MAR) were not found in the medication cart. [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] B. On 05/14/19 at 2:24 pm, during an interview with the Director of Nursing, she confirmed that the above medications were missing from the medication cart.	A 034		
A 035	7 NMAC 8.2.35 Medication MEDICATIONS: Administration of medications or staff assistance with self-administration of	A 035		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 035	Continued From page 26 medications shall be in accordance with state and federal laws. No medications, including over-the-counter medications, PRN (when needed) medications, or treatment shall be started, changed or discontinued by the facility without an order from the physician, physician assistant or nurse practitioner and with entry into the resident's record. A. State board of nursing licensed or certified health care professionals are responsible for the administration of medications. Administration may only be performed by these individuals. B. Facility staff may assist a resident with the self-administration of medications if written consent by the resident is given to the administrator of the facility or the administrator ' s designee. If the resident is incapable of giving consent, the surrogate decision maker named in accordance with New Mexico law may give written consent for assistance with self-administration of medications. All staff that assist with self-administration of medications shall have successfully completed a state approved assistance with self-administration of medication training program or be licensed or certified by the state board of nursing. C. PRN (pro re nada) medication. (1) Physician or physician extender ' s orders for PRN medications shall clearly indicate the circumstances in which they are to be used, the number of doses that may be given in a 24-hour period and indicate under what circumstances the primary care practitioner (PCP) is to be notified. (2) The utilization of PRN medications shall be reviewed routinely. Frequent or escalating use of PRN medications shall be reported to the PCP. D. Only a licensed nurse (RN or LPN) shall administer any medications or conduct any invasive procedures provided by the following	A 035		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 035	Continued From page 27 routes: intravenous (IV), subcutaneous (SQ), intramuscular (IM), vaginal or rectal. Only a licensed nurse shall administer non-premixed nebulizer treatments. E. The facility shall have medication reference material that contains information relating to drug interactions and side effects on the premises. Staff that assist in the self-administration of medications shall know interactions or possible side effects that might occur. F. Medications prescribed for one resident shall not be used for another resident. G. Medication assistance record (MAR). For residents who are not independent and require assistance with self administration, the facility shall have a MAR that documents the details of the residents' medication, including PRN and over-the-counter medication that is assisted with self-administration by qualified staff or administered to the resident by licensed or certified staff. The information in the MAR shall include: (1) the resident's name; (2) any known allergies to medication that the resident has; (3) the name of the resident's PCP or the prescriber of the medication; (4) the diagnosis or reason for the medication; (5) the name of the medication, including the drug product brand name and the generic name; (6) notation if the medication is a schedule II-IV drug; (7) the dosage of the medication; (8) the strength of the medication; (9) the frequency or how often the medication is to be taken or given; (10) the route of delivery for the medication (mouth, eye, ear, other); (11) the method of delivery for the medication	A 035		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 035	Continued From page 28 (pills, drops, IM injection, other); (12) the date that the medication was started or discontinued; (13) any change in the medication order; (14) pre-medication information (i.e., pulse, respiration, blood pressure, blood sugar) as required by the medication order; (15) the date and time that the medication is self-administered, administered with assistance or is administered; (16) the initials and signature of the person assisting with or administering the medication; (17) the desired results obtained from or problems encountered with the medication (pain relieved, allergic reaction, etc.); (18) any refused dose of medication; (19) any missed dose of medication; and (20) any medication error. H. No medication shall be stopped or started without specific orders from the primary care physician. I. If a resident refuses to take a prescribed medication, it shall be documented and the facility shall report it to the prescriber. J. A suspected adverse reaction to a medication shall be documented on the MAR and reported immediately to the PCP and the resident's surrogate decision maker. If applicable, emergency medical treatment shall be arranged. Documentation of the event shall be kept in the resident's record. K. Prescription medication, other than blister packs and unit dose containers, shall be kept in the original container with a pharmacy label that includes the following: (1) the resident's name; (2) the name of the medication; (3) the date that the prescription was issued; (4) the prescribed dosage and the instructions for	A 035		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 035	Continued From page 29 administration of the medication; and (5) the name and title of the prescriber. L. Any medication that is removed from the pharmacy container or blister pack shall be given immediately and documented by the staff that assisted with the medication delivery. M. The facility shall report all medication errors to the physician, documentation of medication errors and the prescriber's response shall be kept in the resident's record. N. The facility shall develop and follow a written policy for unused, outdated, or recalled medications kept in the facility in accordance with 16.19.11.10 NMAC (AS AMENDED). [7.8.2.35 NMAC - Rp, 7.8.2.35 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.35 G (5) (19) Based on record review and interview, the facility failed to ensure for 1 (R #4) of 4 (1-4) residents whose Medication Administration Records (MARs) were reviewed for compliance included the following information: - Both the brand/generic names for the medications. - Notes/reason for missed doses of prescribed medications. This deficient practice has the potential for residents to be at risk of harm, injury, or death if the medications do not have both the brand/generic names and the Direct Care Staff (DCS) who assist with medications do not know what the medication (new name) is for. The	A 035		

Division of Health Improvement
STATE FORM

Division of Health Improvement
STATE FORM

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		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 036	Continued From page 32 (1) Meal service. The facility shall: (a) serve at least three (3) meals or their equivalent each day at regular times with no more than sixteen (16) hours between the evening meal and morning meal with snacks freely available; (b) provide snacks of nourishing quality and post on the daily menu; (c) develop menus enjoyed by the residents and served at normal intervals appropriate to the residents' preferences; (d) post the weekly menu, including snacks where residents and families are able to view it; posted menus shall be followed and any substitution shall be of equivalent nutritional value and recorded on the posted menu; identical menus shall not be used within a one (1) week cycle; (e) have special menus or meal items following guidelines from the resident's physician for residents who have medically prescribed special diets; (f) serve all residents in a dining room except for residents with a temporary illness, or with documented specific personal preference to have meals in their room; (g) allow sufficient time for meals to enable residents to eat at a leisurely pace and to socialize; and (h) contact the resident's PCP within forty-eight (48) hours if a resident consistently refuses to eat. (2) Staff in-service training. The facility shall provide an in-service training program for staff that are involved in food preparation at orientation and at least annually and that includes: (a) instruction in proper food storage; (b) preparation and serving food; (c) safety in food handling;	A 036		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		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 036	Continued From page 33 (d) appropriate personal hygiene; and (e) infectious and communicable disease control. B. Dietary records. The facility shall maintain the following documentation onsite: (1) a systematic record of all menus and revisions, including snacks, for a minimum of thirty (30) calendar days; (2) a systematic record of therapeutic diets as prescribed by a PCP; (3) a copy of the most recent licensing inspection and for facilities with 10 or more residents, a copy of the New Mexico environment department inspection with notations made by the facility of action taken to comply with recommendations or citations; and (4) a daily log of the recorded temperatures for all facility refrigerators, freezers and steam tables maintained and available for inspection for thirty (30) calendar days. C. Clean and sanitary conditions. All practices shall be in accordance with the standards of the state environment department, pursuant to 7.6.2 NMAC. (1) Kitchen sanitation. (a) Equipment and work areas shall be clean and in good repair. Surfaces with which food or beverages come into contact shall be of smooth, impervious material free of open seams, not readily corrodible and easily accessible for cleaning. (b) Utensils shall be stored in a clean, dry place protected from contamination. (c) The walls, ceiling and floors of all rooms that food or drink is stored, prepared or served shall be kept clean and in good repair. (2) Washing and sanitizing kitchenware. (a) All reusable tableware and kitchenware shall be cleaned in accordance with procedures that include separate steps for prewashing, washing,	A 036		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 036	Continued From page 34 rinsing and sanitizing. (b) Proper dishwashing procedures and techniques shall be utilized and understood by the dishwashing staff. (c) Periodic monitoring of the operation of the detergent dispenser, washing, rinsing and sanitizing temperatures shall be performed and documented. (d) When a dishwashing machine is utilized, the cleanliness of the machine, its jets and its thermostatic controls shall be monitored and documented by the facility. A monthly log of the recorded temperature of the dishwasher shall be maintained in the facility and available for inspection. (3) Sinks for hand washing shall include hot and cold running water, hand-washing soap and disposable towels. (4) All garbage and kitchen refuse that is not disposed of through a garbage disposal unit shall be kept in watertight containers with close-fitting covers and disposed of daily in a safe and sanitary manner. (5) Cooks and food handlers shall wear clean outer garments and hair nets or caps and shall keep their hands clean at all times when engaged in handling food, drink, utensils or equipment in accordance with the local health authority. Disposable gloves shall be used in accordance with the local health authority. D. Food management. The facility shall store, prepare, distribute and serve food under sanitary conditions and in accordance with the regulations governing food establishments of local health authority having jurisdiction, 7.6.2 NMAC. (1) The facility shall ensure that a minimum of a three (3) calendar day supply of perishables and a five (5) calendar day supply of non-perishables or canned foods is available for the residents.	A 036		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 036	Continued From page 35 (2) The facility refrigerator and freezer shall have an accurate thermometer which reads within or not more than plus or minus three (3) degrees fahrenheit of the required temperature, located in the warmest section of the refrigerator and freezer and shall be accessible and easily read. (a) The temperature of the refrigerator shall be thirty-five (35) - forty-one (41) degrees fahrenheit. (b) Freezer temperatures shall be maintained at zero (0) degrees fahrenheit or below. (3) Refrigerators and freezers shall be kept clean and sanitary at all times. Food stored in refrigerators and freezers shall be covered, dated and labeled. Unused leftover food shall be discarded after three (3) calendar days. (4) Steam tables, hot food tables, slow cookers, crock pots and other hot food holding devices shall not be used in heating or reheating food. Hot food temperatures shall be checked periodically to insure that a minimum of one hundred forty (140) degrees fahrenheit is maintained. (5) Medication, biological specimens, poisons, detergents and cleaning supplies shall not be kept in the same storage areas used for storage of foods. Medications shall not be stored in the refrigerator with food; an alternate refrigerator for medication shall be used pursuant to Subsection B of 7.6.2.8 NMAC. (6) Canned or preserved foods shall be procured from sources that process the food under regulated quality and sanitation controls. This does not preclude the use of local fresh produce. The facility shall not use home-canned foods. (7) Dry or staple food items shall be stored at least six (6) inches off the floor in a ventilated room that is not subject to sewage, waste water back-flow or contamination by condensation, leakage, rodents or vermin.	A 036		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 036	Continued From page 36 (8) The facility shall ensure the following: (a) all perishable food is refrigerated and the temperature is maintained no higher than forty-one (41) degrees fahrenheit; (b) the temperature for all hot foods is maintained at one hundred forty (140) degrees fahrenheit; and (c) all displayed or transported food is protected from environmental contamination and maintained at proper temperatures in clean containers, cabinets or serving carts. E. Milk. (1) Raw milk shall not be used. (2) Condensed, evaporated, or dried milk products that are nationally recognized may be employed as " additives " in cooked food preparation but shall not be substituted or served to residents in place of milk. F. Collateral requirements. Compliance with this rule does not relieve a facility from the responsibility of meeting more stringent municipal regulations, ordinances or other requirements of state or federal laws governing food service establishments. Local health authority having jurisdiction means municipal, county, state or federal agency(s) that have laws and regulations governing food establishments, liquid waste disposal, treatment facilities and private wells. [7.8.2.36 NMAC - Rp, 7.8.2.37 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.36 B (4) C (1) (a) (c) (2) (d) (4) D (3) (5) correctly Based on observation and interview, the facility failed to ensure: 1. Food stored in the walk-in refrigerator was	A 036		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 036	Continued From page 37 dated, labeled, and unused leftover food discarded after 3 calendar days. 2. A monthly log was maintained and available in the facility kitchen, which documented the monitoring of the dishwashing machine cleanliness, its jets, thermostatic controls and contained the recorded temperature of the dishwasher. 3. All garbage and kitchen refuse in the facility kitchen was kept in containers with close-fitting covers. 4. A daily log (30 calendar days) of the recorded temperatures for the steam table in the 1st floor servery was maintained and available for inspection in the facility. 5. The 1st floor servery equipment, walls, cabinet, counters, sinks, and floors were kept in good working condition, clean, sanitary, and free from mold. These deficient practices have the potential for all 28 (R #s 1-28) residents listed on the census provided by the Director of Nursing on 05/06/19, to be at risk of harm, injury, or illness if: 1. Food stored in the walk-in refrigerator was is not dated and labeled, resulting in residents eating food that is past its expiration date, spoiled, and no longer safe to eat. 2. The dishwasher used to wash the residents' dishes and utensils is not cleaned and temperatures monitored to ensure that the dishes, cups, and utensils used by the residents are sanitized and free from food residue and bacteria. 3. Trash and refuse were to spill out into the kitchen and contaminate the clean cooking, storage, and preparation areas. 4. A daily log (30 calendar days) of the recorded temperatures for the steam table in the 1st floor servery is maintained to ensure that the	A 036		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 036	Continued From page 38 steam table keeps food temperatures at a minimum of 140 degrees Fahrenheit. 5. The 1st floor servery equipment, walls, cabinet, counters, sinks, and floors are not kept in a good working condition, clean, sanitary, and free from safety hazards and mold. Findings related to the facility kitchen: A. On 05/09/19 at 7:58 am, observation of the main kitchen revealed: 1. No dishwashing machine log book maintained in the facility kitchen to keep track of the machines cleanliness, temperature, and function. 2. Trash containers did not close or have tight fitting lids. B. On 05/09/19 at 8:08 am during interview, the Cook confirmed there was no monthly dishwasher log kept in the facility kitchen. C. On 05/09/19 at 8:10 am during an interview, the Cook confirmed the trash containers were not covered with tight fitting lids. D. On 05/09/19 at 8:12 am, observation of the walk-in refrigerator revealed the following foods were not dated and/or labeled: 1. Two (2) 3 lb. bags of baby shrimp that were defrosted, unopened, not labeled or dated. 2. One (1) 2 lb. bag of large shrimp, dated 04/29/19 that was defrosted, partially used/opened, and not labeled or dated. 3. One (1) 1 lb. package of link sausage, defrosted, unopened, not labeled, or dated. 4. Two (2) approximately 3 lb. packages of raw beef, dated 05/06/19, were defrosted, and not labeled. 5. One (1) sheet pan containing	A 036		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		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 036	Continued From page 39 approximately (30) thirty white fish filets that were defrosted, covered with plastic wrap, and not labeled or dated. 6. One (1) sheet pan of food (unknown) wrapped in a pastry dough that were defrosted, covered with plastic wrap, and not labeled or dated. 7. One (1) large metal pan of chili covered with plastic wrap, dated 05/06/19, partially used/open, and not labeled. E. On 05/09/19 at 8:35 am, during an interview with the Cook, he confirmed that the foods listed above were in the walk-in refrigerator and were not labeled and/or dated correctly. F. On 05/14/19 at 8:00 am, observation of the walk-in refrigerator revealed the following foods not be labeled and/or dated. 1. One (1) Metal sheet tray containing (5) large pieces of roasted meat covered with another metal sheet tray, not labeled or dated. 2. One (1) Small metal tray of chopped meat dated 05/08/19 that was not present during the first observation on 05/09/19 was not labeled. 3. One (1) approx. 12 in x 18 in x 2 in metal pan of mashed potatoes with bacon dated 05/10/19 covered with plastic was not labeled. G. On 05/14/19 at 3:00 pm, during interview, the Executive Director confirmed that the foods listed were in the walk-in refrigerator and were not properly labeled and/or dated. Findings related the 1st floor servery are: H. On 05/08/19 at 9:00 am, observation of the 1st floor servery revealed: 1. No daily log (30 calendar days) of recorded temperatures for the steam table.	A 036		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		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 036	Continued From page 40 2. The steam table, walls, cabinet, counters, sinks, and floors were in poor repair, dirty and kept in unsanitary conditions including: a. The stainless-steel steam table top was dirty and brown with burned on food. b. The wall behind the steam table had food stains and was dirty. c. The wood at the bottom of the cabinets was rotting, broken, and falling apart. d. The floor between refrigerator and dishwasher, at the base of the sink, and where the linoleum floor and the cabinets meet were dirty and appearing to have been wet for a prolonged period, was blackened with possible mold. I. On 05/14/19 at 9:45 am during an interview, the Executive Director confirmed the above listed findings in the 1st floor servery.	A 036		
A 037	7 NMAC 8.2.37 Laundry Services LAUNDRY SERVICES: A. General requirements. The facility shall provide laundry services for the residents, either on the premises or through a commercial laundry and linen service. (1) On-site laundry facilities shall be located in areas separate from the resident units and shall be provided with necessary washing and drying equipment. (2) Soiled laundry shall be kept separate from clean laundry, unless the laundry facility is provided for resident use only. (3) Staff shall handle, store, process and transport linens with care to prevent the spread of infectious and communicable disease. (4) Soiled laundry shall not be stored in the kitchen or dining areas. The building design and	A 037		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		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 037	Continued From page 41 layout shall ensure the separation of laundry room from kitchen and dining areas. An exterior route to the laundry room is not an acceptable alternative, unless it is completely enclosed. (5) In new construction or newly licensed facilities with more than fifteen (15) residents, washers shall be in separate rooms from dryers. The rooms with washers shall have negative air pressure from the other facility rooms. (6) All linens shall be changed as needed and at least weekly or when a new resident is to occupy the bed. (7) The mattress pad, blankets and bedspread shall be laundered as needed and at least once per month or when a new resident is to occupy the bed. (8) Bath linens consisting of hand towel, bath towel and washcloth shall be changed as needed and at least weekly. (9) There shall be a clean, dry, well ventilated storage area provided for clean linen. (10) Facility laundry supplies and cleaning supplies shall not be kept in the same storage areas used for the storage of foods and clean storage and shall be kept in a secured room or cabinet. B. Residents may do their own laundry, if it is their preference and they are capable of doing so, or if it is part of their skill-building for independent living and is documented as part of their ISP. [7.8.2.37 NMAC - Rp, 7.8.2.39 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.37 A (2) (3) (9) (10) Based on observation and interview, the facility failed to ensure that the:	A 037		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 037	Continued From page 42 1. Dirty laundry was kept separate from clean laundry. 2. Laundry was stored, processed, and transported in a way to prevent the spread of infectious and communicable disease. 3. The cleaning supplies were stored in a secured room or cabinet. These deficient practices have the potential for all 28 (R #s 1-28) residents identified on the census list provided by the Director of Nursing on 05/06/19, to be at risk of harm or injury if they ingest, spill cleaning supplies/chemicals on their face or body, and/or become ill from contaminated laundry. The findings are: A. On 05/08/19 at 12:54 pm, observation of the laundry area revealed: 1. Dirty laundry was not stored separately from clean laundry. 2. The entire laundry room was dirty and unsanitary with debris, dirt, and lint covering the stained floors and the walls. 3. The following chemicals were observed stored in the unsecured laundry room, near the washers, on the counters, and on shelves: a. In a multi-bottle (liquid) dispenser above the washer there was: i. One (1)- 6 lb. container of laundry softener. ii. One (1)- 6 lb. container of detergent booster. iii. One (1)- 4 lb. container of chlorine sanitizer. iv. One (1)- 9 lb. containers of laundry detergent. b. On an unsecured wall shelf there were four (4)- 4 lb. plastic containers of chlorine sanitizer. c. On the unsecured counter top there	A 037		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 037	Continued From page 43 were five (5) cardboard boxes containing two (2)- 6 lb. containers of laundry softener, four (4)- 6 lb. containers of detergent booster, two (2)- 4 lb. containers of chlorine sanitizer, and four (4)- 9 lb. containers of laundry detergent. B. On 05/08/19 at 2:00 pm, during an interview with the Maintenance Technician, he confirmed that: 1. The dirty laundry was not kept separate from the clean laundry. 2. No steps had been taken to prevent the spread of infectious and communicable disease in the room where the laundry was stored, processed, and transported to and from. 3. The laundry cleaning supplies were not stored in a locked room or secured cabinet.	A 037		
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	A 038		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		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 44 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: 7.8.2.38 A C Based on observation and interview, the facility failed to ensure: 1. All areas of the facility were kept clean and sanitary. 2. Poisonous substances were not stored in food areas or other areas accessible to residents. 3. All areas of the interior of the facility were maintained in a safe, clean, orderly manner and free from safety hazards, and accumulations of rubbish. These deficient practices have the potential for all 28 (R #s 1-28) residents identified on the census provided by the Director of Nursing on 05/08/19, to be at risk of harm, illness, injury, or death if they: 1. Are exposed to germs and bacteria because the facility is kept clean, sanitary, and in good repair. 2. Ingest food contaminated by the poisonous chemicals or spill poisonous chemicals on themselves. 3. Trip or fall due to wet/dirty floors covered with rubbish and debris. The findings are: Findings related to the 1st floor Servery	A 038		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		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 45 A. On 05/08/19 at 9:00 am, observation of the 1st Floor Servery revealed: 1. Wood at the bottom of the sink cabinet was wet and rotting. 2. Inside the cabinet under sink was wet, dirty, had black areas. (possibly mold) 3. Flooring between refrigerator and dishwasher was dirty and had black areas. (possibly mold) 4. Steam table with burned food on the top. 5. The wall behind the steam table was dirty and covered with food stains. 6. The following chemicals found in an unlocked cabinet under the sink: a. (1) gallon degreaser b. (1) ½ gallon pine cleaner c. (1) 28 oz spray disinfectant d. (1) 19 oz can of window cleaner spray B. On 05/14/19 at 9:45 am during interview, with the Executive Director confirmed the findings observed in the 1st floor Servery. Findings related to the facility Laundry room C. On 05/08/19 at 12:54 pm, observation of the laundry area revealed: 1. Both washers leaking water on the cement floor. 2. Between the two washers was: a. A drain in the cement floor, which was wet, dirty, and covered in calcification, debris, pieces of wall plaster, and damp lint. b. Three (3) dirty water drain pipes covered in calcification leading to the drain in the cement floor. c. The floor area around the drains contained debris including: i. Two (2) plastic buckets containing	A 038		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		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 46 crumpled paper, cloth towels, and plastic plumbing parts. ii. Several unidentified pieces of plastic and paper trash, iii. Pieces of plaster from the wall behind the drain and the residential washer. d. The walls in the washer area were stained and dirty with plaster falling off them. e. The water connection valves behind the residential washer are corroded and rusty in a rusted and dirty recessed metal wall box, the wall around the box was water damaged with crumbling plaster, dirty, and covered in calcification and stains. C. On 05/08/19 at 2:00 pm, during an interview with the Maintenance Technician, he confirmed the findings observed in the facility Laundry room.	A 038		
A 042	7 NMAC 8.2.42 Maintenance of Building and Grounds MAINTENANCE OF BUILDING AND GROUNDS: The building(s) shall be maintained in good repair at all times. Such maintenance shall include, but is not limited to, the following areas: A. Storage areas/grounds. Storage areas and grounds shall be maintained in a safe, sanitary and presentable condition at all times. Storage areas and grounds shall be kept free from accumulation of refuse, weeds, discarded furniture, old newspapers or other items that create a fire hazard. B. Floors. Floors shall be maintained stable, firm and free of tripping hazards. [7.8.2.42 NMAC - Rp, 7.8.2.43 NMAC, 01/15/2010]	A 042		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2			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 042	Continued From page 47 This REQUIREMENT is not met as evidenced by: 7.8.2.42 A B Based on observation and interview, the facility failed to ensure that Lower Level (LL) Emergency Exit pathway/hallway was maintained in a safe and presentable condition, free from the accumulation of refuse, discarded building supplies, tools, and other items that create a hazard, and that the facility Laundry room was free from fire hazards. This deficient practice has the potential for all 28 (R #s 1-28) residents identified on the census provided by the Director of Nursing on 05/06/19, to be at risk of sustaining physical injuries due to tripping, falling, bumping into objects, being hit by objects falling from the walls or by objects stacked against the walls falling on them while in the LL Emergency Exit pathway. Findings related to the North LL Emergency Exit pathway: A. On 05/09/19 at 3:35 pm, North LL Emergency Exit pathway, the approx. 20" x 6" space under the LL exit stairs was observed used as a storage area for the following items: 1. Four (4) sheet of plywood. 2. Four (4) sheets of wall board. 3. One (1) old toilet. 4. Multiple rolled blue prints. 5. One (1) old window. 6. Five (5) 50 lb. bags of sand. 7. One (1) Red motorized scooter. 8. Two (2) wood half doors. 9. One (1) 4" x 6" piece of wood. 10. Four (4) window screens. 11. One (1) Broken piece of glass. 12. Two (2) 2" x 2" sheets of 1/8 in wood.	A 042			

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		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 042	Continued From page 48 13. One (1) 2" x 2" white vent cover. 14. Two (2) mirrors. 15. One (1) 8-foot roll of carpet. 16. One (1) milk crate. 17. Seven (7) Rolled black carpet mats standing against the wall in the corner, near the base of the Emergency Exit stairs. B. On 05/09/19 at 3:45 pm, observation of the North LL Emergency Exit hallway from the LL foyer to the North Emergency Exit stairs revealed an approximate 40" x 5" hallway containing the following stacked items hung from the walls or on the floor: 1. Three (3) ladders hanging on the walls on both sides of the hall. 2. One (1) step stool hanging on the wall. 3. Various shovels, rakes and other tools hanging on the walls. 4. Two (2) 8 ft long rolls of carpet on the hall floor. 5. Two (2) 2 ft x 2 ft carpet tiles on the hall floor 6. Four (4) sheets of copper sheeting standing on top of the roll of carpet on the floor. C. On 05/09/19 at 3:45 pm, during interview, the Maintenance Technician confirmed the refuse, durable medical equipment, discarded building supplies, and tools listed above were stored under the North Lower LL Exit stairwell and in the Emergency Exit hallway that leads to the North Emergency Exit stairs from the LL foyer. Findings related to the facility Laundry room: D. On 05/08/19 at 12:54 pm observation of the facility Laundry room in the LL of the facility (2) revealed perforations in the wall behind the residential washer:	A 042		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 042	Continued From page 49 1. One (1) approx. 1" x 4" hole in the wall two (2) inches below the washer water line connection behind the residential washer. 2. One (1) approx. 10" x 12" hole in the wall where the wall and the cement meet behind the residential washer. E. On 05/08/19 at 12:54 pm during conservation of the facility Laundry room in the LL revealed the room was used as a storage area for the following items: 1. Piles of laundry were on the counters and the floor. 2. One (1) cardboard box of used plumbing parts. 3. One (1) cardboard box used bathroom safety bars. 4. Eight (8) plastic and canvas laundry carts of various shapes and sizes. 5. One (1) rolling office chair. 6. One (1) rolling rack for hanging clothes. 7. Four (4) dirt and lint covered white cloth curtains. 8. One (1) dirt and lint covered white bathrobe. 9. One (1) approximately 24" x 36" rectangular brown seating cushion. 10. Nine (9) plastic trash cans and plastic containers of various shapes, sizes, and colors. F. On 05/08/19 at 2:00 pm, during an interview with the Maintenance Technician, he confirmed that there were perforations in the laundry room wall and that the refuse, used and discarded building supplies, laundry, and containers listed above were stored in the laundry room.	A 042		
A 043	7 NMAC 8.2.43 Hazardous Areas	A 043		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 043	Continued From page 50 HAZARDOUS AREAS: Hazardous areas include: Fuel fired equipment rooms (not a typical residential kitchen), bulk laundries or laundry rooms with more than one hundred (100) sq. ft., storage rooms more than fifty (50) sq. ft. but less than one hundred (100) sq. ft. not storing combustibles, storage rooms with more than one hundred (100) sq. ft. storing combustibles, chemical storage rooms with more than fifty (50) sq. ft., garages and maintenance shops/rooms. A. Hazardous areas on the same floor as, and in or abutting, a primary means of escape or a sleeping room shall be protected by either: (1) an enclosure of at least one hour fire rating with self-closing or automatic closing on smoke detection fire doors having a three-quarter (3/4) hour rating; or (2) an automatic fire protection (sprinkler) and separation of hazardous area with self-closing doors or doors with automatic-closing on smoke detection; or (3) other hazardous areas shall be enclosed with walls with at least a twenty (20) minute fire rating and doors equivalent to one and three-quarter (1 3/4) inch solid bonded wood core, operated by self-closures or automatic closing on smoke detection. B. Boiler, furnace or fuel fired water heater rooms. For facilities with four (4) or more residents: all boiler, furnace or fuel fired water heater rooms shall be protected from other parts of the building by construction having a fire resistance rating of not less than one (1) hour. Doors to these rooms shall be one and three-quarter (1-3/4) inch solid core. [7.8.2.43 NMAC - Rp, 7.8.2.44 NMAC, 01/15/2010]	A 043		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		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 043	Continued From page 51 This REQUIREMENT is not met as evidenced by: 7.8.2.43 Based on observation and interview, the facility failed to ensure that combustible items including flammable chemicals, cardboard, and building materials were not stored in hazardous areas. This deficient practice has the potential for all 28 (R #1-28) residents on the census, provided by the Director of Nursing on 05/08/19, to be at risk of harm, injury, or death if a fire were to occur. The findings are: Findings related to electrical room containing switch boxes and a gas-powered backup generator A. On 05/08/19 at 2:15 pm, during observation of the electrical room with switch boxes and the gas-powered backup generator, the following items were observed obstructing access to the electric boxes and the gas-powered generator: 1. Three (3) gallons liquid coolant 2. One (1) quart motor oil 3. Thirteen (13) 5-gallon buckets of flooring adhesive 4. Three (3) used metal air conditioning units and (1) metal cooler coil 5. Five (5) rolls of carpet, linoleum, and carpet shield 6. Seventeen (17) boxes of flooring, flooring squares, floor tiles and stacks of loose floor and ceiling tiles 7. Three (3) Boxes of window blinds 8. One (1) 3-foot-tall industrial kitchen mixer 9. Three (3) white wood doors 10. Boxes of misc. lighting, electrical parts, and (3) lighting fixtures 11. Misc. pieces of wood, plastic molding,	A 043		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 043	Continued From page 52 base boards, dowel sticks, and metal pipes 12. Boxes of toilet seats, paper hand towel dispensers, and hand soap dispensers 13. Multiple sheets and rags 14. Multiple empty cardboard, plastic boxes, trash cans, a duffle bag, and a milk crate. 15. One (1) 2-foot step ladder 16. One (1) 3-foot-tall black safe on a wood pallet B. On 05/08/19 at 3:00 pm, during observation of the Mechanical room the following items were observed to be stored with gas fueled hot water heaters and holding tanks: 1. One (1) Gas powered power sprayer 2. Five (5) 50 lb. bags of de-icer 3. One (1) green fertilizer spreader 4. One (1) plastic wagon 5. One (1) black and yellow storage box 6. One (1) 8 oz can tread sealant 7. One (1) 16 oz can Foam coil cleaner 8. One (1) 16 oz can Rust remover 9. Four (4) plungers 10. One (1) gray trash can 11. Two (2) paint trays 12. Two (2) paint rollers 13. One (1) 5-gallon bucket with misc. parts on top of it 14. Misc. trash on the floors C. On 05/08/19 at 2:40 pm, observation of the Fire Sprinkler Riser room containing the facility fire pump and automatic sprinkler system revealed the following equipment and unused building supplies found blocking the path to the shut off valves: 1. Entry into the room and access to the shut off valves and equipment is blocked by the items listed below 2. Three (3) electric floor washers/polishers	A 043		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2			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 043	Continued From page 53 3. One (1) wooden pallet 4. One (1) 2 ft x 3ft rectangular metal Hydrocollator (electric water bath for heating pads) 5. Three (3) trash cans 6. Two (2) 5-gallon buckets, (1) containing pieces of wood and a white metal pipe 7. Misc. sheets of wood, ceiling tiles, metal wire parts etc. leaning on the tank, clock, and misc. trash on the floor D. On 05/08/19 at 3:45 pm, during an interview with the Maintenance Technician, he confirmed the findings listed above for the electrical, mechanical, and riser rooms in the lower level of the facility.	A 043			
A 063	7 NMAC 8.2.63 Fire Extinguishers 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 (2) 2A10BC fire extinguishers: (1) one (1) extinguisher located in the kitchen or food preparation area; (2) one (1) 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 fifty (50) feet. B. Fire extinguishers, alarm systems, automatic detection equipment and other fire fighting equipment shall be properly maintained and inspected as recommended by the manufacturer, state fire marshal, or the local fire authority.	A 063			

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2			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 063	Continued From page 54 [7.8.2.63 NMAC - Rp, 7.8.2.62 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.63 (1) (2) (4) Based on observation and interview, the facility failed to ensure fire extinguishers in the 1st Floor Serving, centrally in the facility, and located not more than 50 feet apart. This deficient practice has the potential for all 28 (R #s 1-28) residents identified on the census provided by the Director of Nursing 05/06/19, to be at risk of injury or death if there is a fire and the fire extinguishers are not readily accessible. The findings are: A. On 05/09/19 at 11:20 am, during observation of the facility fire extinguishers: 1. There is no fire extinguisher in the 1st floor Serving where foods are cooked. 2. The fire extinguishers in the resident hallways are located more than 50 feet apart. 3. The central living room/dining room/and Ice Cream Parlor located on the 1st floor of the facility did not have a fire extinguisher in the area and the nearest available fire extinguishers are located more than 50 feet away. B. On 05/08/19 at 11:35 am, during an interview with the Maintenance Technician, he confirmed the fire extinguisher findings listed above.	A 063			
A 065	7 NMAC 8.2.65 Fire Drills FIRE DRILLS: All facilities shall conduct monthly fire drills which are to be documented. A. There shall be at least one (1) documented fire	A 065			

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 065	Continued From page 55 drill per month and at a minimum, one documented fire drill each eight (8) hours (day, evening, night) per quarter that employs the use of the fire alarm system or the detector system in the facility. B. A record of the monthly fire drills shall be maintained on file in the facility and readily available. Fire drill records shall show: (1) the date of the drill; (2) the time of the drill; (3) the number of staff participating in the drill; (4) any problem noted during the drill; and (5) the evacuation time in total minutes. C. If applicable, the local fire department may be requested to supervise and participate in fire drills. [7.8.2.65 NMAC - Rp, 7.8.2.65 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.65 A B Based on interview and records request, the facility failed to provide documentation that a fire drill was conducted monthly on each eight (8) hour shift (day, evening, night) per quarter. This deficient practice has the potential to affect all 28 (R #s 1-28) residents identified on the census, provided the Director of Nursing on 05/06/19, to be at risk of harm, injury, or death if a fire were to occur and the Direct Care Staff (DCS) do not know how to safely evacuate the residents from the building. The findings are: A. Record request for the facility's fire drill records revealed no documentation of fire drills being conducted in the facility that included one	A 065		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		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 065	Continued From page 56 (1) fire drill being conducted every month, with one (1) documented fire drill conducted each 8-hour (day, evening, night) per quarter. B. On 05/09/19 at 9:25 am, during an interview with the Maintenance Technician, he confirmed no monthly fire drills were conducted at the facility since he began working there 11 months ago.	A 065		
A 066	7 NMAC 8.2.66 Staff and Resident Fire and Safety Training STAFF AND RESIDENT FIRE AND SAFETY TRAINING: A. All staff of the facility shall know the location and the proper use of fire extinguishers and the other procedures to be followed in case of fire or other emergencies. The facility should request the local fire prevention authority to give periodic instructions in the use of fire prevention and techniques of evacuation. B. Facility staff shall be instructed as part of their duties to constantly strive to detect and eliminate potential safety hazards, such as loose handrails, frayed electrical cords, blocked exits or exit-ways and any other condition which could cause burns, falls, or other personal injury to the residents or staff. C. Each new resident admitted to the facility shall be given an orientation tour of the facility to include the location of the exits, fire extinguishers and telephones and shall be instructed in the actions to be taken in case of fire or other emergencies. D. Fire drill procedures. The facility must conduct at least one (1) fire drill each month. (1) Fire drills shall be held at different times of the day, evening and night. (2) The fire alarm system or detector system in	A 066		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 066	Continued From page 57 the facility shall be used in the fire drills. During the night, the fire drill alarm may be silenced. (3) During the fire drills, emphasis shall be placed upon orderly evacuation under proper discipline rather than upon speed. (4) A record of the conducted fire drills shall be maintained on file in the facility. The record shall show the date and time of the drill, the number of personnel participating in the drill, any problem(s) noted during the drill and the evacuation time in total minutes. (5) The local fire department may be requested to supervise and participate in the fire drills. [7.8.2.66 NMAC - Rp, 7.8.2.63 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.65 A B C D (1) (2) (3) (4) (5) Based on interview and request for records, the facility failed ensure that: 1. The Direct Care Staff (DCS) have documentation of receiving fire safety and evacuation training. 2. Residents/Family members received fire safety and evacuation training. 3. At least 1 fire drill was conducted every month, on each shift (morning, afternoon/evening, and graveyard shifts). These deficient practices have the potential for all 28 (R #s 1-28) residents listed on the census, provided by the Director of Nursing on 05/06/19 to be at risk of harm, injury, or death if a fire or other emergency were occurred because: 1. The DCS have not received fire safety and evacuation training and do not know how to safely	A 066		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		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 066	Continued From page 58 evacuate the residents and other occupants of the facility. 2. Residents/family members do not know where the fire safety equipment is, the evacuation route, and/or where the exits are. 3. If fire drills are not conducted monthly to ensure staff and residents/family know how, when, and where to evacuate. The findings are: Findings related to DCS training: A. Record review of the training records for DCS #s 1-4 revealed no documentation they received fire safety and evacuation training at orientation or annually. B. On 05/09/11/18 at 9:25 am, during an interview with the Maintenance Technician, he confirmed that DCS #s 1-4 had not received any fire safety and evacuation training at orientation or annually. Findings related to resident/family training: C. Record review of R #'s 1-4's Admission Agreements revealed no documentation that residents and/or families received fire safety and evacuation training upon admission. D. On 05/09/19 at 9:25 am during interview, the Maintenance Technician confirmed that neither residents and/or families received fire safety and evacuation training upon admission. Findings related to fire drills: E. Record request for the facility's fire drill records revealed no documentation that facility	A 066		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2			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 066	Continued From page 59 fire drills were conducted in the previous 11 months. F. On 05/09/19 at 9:25 am, during an interview with the Maintenance Technician, he confirmed that there were no facility fire drills conducted in the last 11 months and he does not know when the last facility fire drill was conducted.	A 066			
A 068	7 NMAC 8.2.68 Hospice HOSPICE: An assisted living facility that provides or coordinates hospice care and services shall meet the requirements in this section, in addition to the rules applicable to all assisted living facilities, 7.8.2 NMAC. A. Definitions: in addition to the requirements for all assisted living facilities pursuant to "DEFINITIONS," 7.8.2.7 NMAC, the following definitions shall also apply. (1) "Hospice agency" means an organization, company, for-profit or non-profit corporation or any other entity which provides a coordinated program of palliative and supportive services for physical, psychological, social and the option of spiritual care of terminally ill people and their families. The services are provided by a medically directed interdisciplinary team in the person's home and the agency is required to be licensed pursuant to 7.12 NMAC. (2) "Hospice care" means a focus on palliative, rather than curative care. The goal of the plan of care is to help the patient live as comfortably as possible, with emphasis on eliminating or decreasing pain and other uncomfortable symptoms. (3) "Licensed assisted living provider" means a facility that provides twenty-four (24) hour assisted living and is licensed by the department	A 068			

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 068	Continued From page 60 of health. (4) " Hospice services " means a program of palliative and supportive services which provides physical, psychological, social and spiritual care for terminally ill patients and their family members. (5) " Care coordination requirements " means a written document that outlines the care and services to be provided by the hospice agency for assisted living residents that require hospice services. (6) " Palliative care " means a form of medical care or treatment that is intended to reduce the severity of disease symptoms, rather than to reverse progression of the disease itself or provide a cure. (7) " Terminally ill " means a diagnosis by a physician for a patient with a prognosis of six (6) months or less to live. (8) " Visit notes " means the documentation of the services provided for hospice residents and includes ongoing care coordination. B. Employee training and support. A facility that provides hospice services shall provide the following education and training for employees who assist with providing these services: (1) provide a minimum of six (6) hours per year of palliative/hospice care training, which includes one (1) hour specific to the hospice resident ' s ISP, in addition to the basic staff education requirements pursuant to 7.8.2.17 NMAC; and (2) offer an ongoing employee psychological support program for end of life care issues. C. Individual service plan (ISP) requirements. (1) Each resident who receives hospice services shall be provided the necessary palliative care to meet the individual resident ' s needs as outlined in the ISP and shall include one (1) hour of training specific to the resident for all direct care	A 068		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		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 068	Continued From page 61 staff. (2) The assisted living facility, in coordination with the hospice provider, shall create an ISP that identifies how the resident's needs are met and includes the following: (a) the requirements set forth in the " Individual Service Plan, " 7.8.2.26 NMAC, and " Exceptions to admission, readmission and retention, " Subsection C of 7.8.2.20 NMAC; (b) what services are to be provided; (c) who will provide the services; (d) how the services will be provided; (e) a delineation of the role(s) of the hospice provider and the assisted living facility in the ISP process; (f) documentation (visit notes) of the care and services that are provided with the signature of the person who provided the care and services; and (g) a list of the current medications or biologicals that the resident receives and who is authorized to administer them. (3) Medications shall be self-administered, self-administered with assistance by an individual that has completed a state approved program in medication assistance or administered by the following individuals: (a) a physician; (b) a physician extender (PA or NP); (c) a licensed nurse (RN or LPN); (d) the resident if their PCP has approved it; (e) family or family designee; and (f) any other individual in accordance with applicable state and local laws. D. Care coordination. (1) The assisted living facility shall be knowledgeable with regard to the hospice requirements pursuant to 7.12 NMAC and ensure that the hospice agency is well informed with	A 068		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 068	Continued From page 62 regard to the assisted living provisions pursuant to Subsection C of 7.8.2.20 NMAC. (2) The assisted living facility shall hold a team meeting prior to accepting or retaining a hospice resident in accordance with " Exceptions to admission, readmission and retention, " Subsection C of 7.8.2.20 NMAC. (3) Upon admission of a resident into hospice care, the assisted living facility shall designate a section of the resident ' s record for hospice documentation. (a) The facility shall provide individual records for each resident. (b) The hospice agency shall leave documentation at the facility in the designated section of the resident ' s record. (4) The assisted living facility shall provide the resident and family or surrogate decision maker with information on palliative care and shall support the resident ' s freedom of choice with regard to decisions. (5) Hospice services shall be available twenty-four (24) hours a day, seven (7) days a week for hospice residents, families and facility staff and may include continuous nursing care for hospice residents as needed. These services shall be delivered in accordance with the resident ' s individual service plan (ISP) and pursuant to 7.8.2 26 NMAC. (6) The assisted living facility shall ensure the coordination of services with the hospice agency. (a) The resident's individual service plan (ISP) shall be updated with significant changes in the resident ' s condition and care needs. (b) The assisted living facility shall receive information and communication from the hospice staff at each visit. (i) The information shall include the resident status and any changes in the ISP (i.e.,	A 068		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2		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 068	Continued From page 63 medication changes, etc.). (ii) The information shall be in the form of a verbal report to the assisted living facility staff and also in the form of written documentation. (c) The assisted living facility or the family/resident shall reserve the right to schedule care conferences as the needs of the resident and family dictate. The care conferences shall include all care team members. (d) Concerns that arise with regard to the delivery of services from either the assisted living facility or the hospice agency shall first be addressed with the facility administrator and the hospice agency administrator. (i) The process may be informal or formal depending on the nature of the issue. (ii) If an issue can not be resolved or if there is an immediate danger to the resident the appropriate authority shall be notified. E. Additional provisions. An assisted living facility that provides or coordinates hospice care and services shall make additional provisions for the following requirements: (1) individual services and care: each resident receiving hospice services shall be provided the necessary palliative procedures to meet individual needs as defined in the ISP; (2) private visiting space: (a) physical space for private family visits; (b) accommodations for family members to remain with the patient throughout the night; and (c) accommodations for family privacy after a resident's death. F. Medicare and medicaid restrictions. Assisted living facilities shall not accept a resident considered "hospice general inpatient" which would be billable to medicare or medicaid because the facility will not qualify for payment by medicare or medicaid.	A 068		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 05/14/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE TRAMWAY RIDGE #2			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)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
A 068	Continued From page 64 [7.8.2.68 NMAC - N, 01/15/2010] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.68 D (2) Based on record review and interview the facility failed to ensure that 1 (R #3) of 1 (R #3) resident identified on the census as receiving hospice services, that the facility convened a team meeting prior to the resident's admission to the facility. This deficient practice has the potential for residents receiving hospice services to be at risk of harm and not receiving the higher level of care and services needed, if a team meeting was not convened prior to admission to hospice services to determine that facility can provide the care needed. The findings are: A. Record review of R #3's resident file revealed the resident was admitted to hospice on [REDACTED]/17 and no documentation found that a team meeting was convened prior to this date. B. On 05/14/19 at 3:25 pm, during an interview with the Administrator, he confirmed that a team meeting was not convened prior to R #3 admission to hospice.	A 068			