Division of Health Im rovement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4057	A. BUILDING: _____ B. WING _____	C 01/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA QUINTESSENCE	7101 EUBANK BLVD NE ALBUQUERQUE, NM 87112

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
8 000	Initial Comments The following deficiency was cited during a Complaint survey completed on 01/12/25 for the state requirements of NMAC 8.370.14, Regulations for Assisted Living Facilities for Adults. Resident Census: 58 Complaint Intake NM[redacted] was investigated and deficiencies were not cited. Complaint Intake NM[redacted] was investigated and deficiencies were not cited.	8 000		
8 026	8 **NMAC** 370.14.26 Individual Service Plan An ISP shall be developed and implemented within 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 months or when there is a significant change in the resident's health status. B. The ISP shall include the following: (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;	8 026		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4057	A. BUILDING: _____ B. WING _____	C 01/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA QUINTESSENCE	7101 EUBANK BLVD NE ALBUQUERQUE, NM 87112

(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)	(XS) COMPLETE DATE
8 026	Continued From page 1 (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. [8.370.14.26 NMAC- N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.26 A (2) Based on record review and interview, the facility failed to ensure for 1 (R #1) of 1 (R #1) residents, whose Individual Service Plans (ISPs) were reviewed for compliance, that the residents' ISP was reviewed and, if needed, revised by a licensed practical nurse, registered nurse or a physician extender. This deficient practice could likely cause harm to the residents if the Direct Care Staff (DCS) were unaware of resident needs identified in the residents evaluation and Individual Service Plan providing inadequate care. The findings are: A. On 01/12/25 at 12:26 PM, during record review of R #1's resident file, the ISP dated [redacted] was not reviewed or signed by Licensed Practical Nurse, Registered Nurse or Physician extender.	8 026	8 **NMAC** 370.14.26 Individual Service Plan 1. Morada Quintessence license 4057 **will** ensure: that our registered nurse(s) will review and sign all ISP's, and the Director of Health and Wellness will audit those signatures and completion of ISP's month. The Director of Health and Wellness and Executive Director will continue to ensure that all ISP's are signed by the Registered Nurse. The one ISP letter identified during survey has been signed by our registered nurse on 01/22/2025.	1/29/2024

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4057	A. BUILDING: _____ B. WING _____	C 01/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA QUINTESSENCE	7101 EUBANK BLVD NE ALBUQUERQUE, NM 87112

(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 CORRECTIVIE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
8 026	Continued From page 2 B. On 01/12/25 at 12:34 PM, during an interview, the Health and Wellness Director confirmed R #1's ISP was not reviewed or signed by Licensed Practical Nurse, Registered Nurse or Physician extender.	8 026		