STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2161	A. BUILDING: _____ B. WING _____	C 06/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE TRAMWAY RIDGE	**4900 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
8 000	Initial Comments The following deficiencies were cited during a Complaint survey completed on 06/26/25 for the state requirements of NMAC 8.370.14, Regulations for Assisted Living Facilities for Adults. Resident Census: 22 in Memory Care Complaint Intake NM #[redacted] was investigated with no deficiencies cited. Complaint Intake NM #[redacted] was investigated with deficiencies cited.	8 000		
8 027	8 NMAC 370.14.27 Resident Activities Each facility shall provide or make available recreational and social activities appropriate to the residents' abilities that meet their psychosocial needs and are relevant to their social history; including a balance of cognitive, reminiscence, physical and social activities. The facility shall post the activities and encourage residents to participate. [8.370.14.27 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.27 Based on observation and interview, the facility failed to ensure that the activities calendar for June 2025, was posted where residents could view. This deficient practice could likely cause residents to miss out on participating in activities, which can enrich their social and emotional well-being.	8 027	8027 Resident Activities Solution: The Operations Manager reviewed the activity calendar policy with the programs director for both Assisted Living and Clarie Bridge on 7.9.25. Permanent Solution: The Operator or designee will conduct random audits on activity calendar postings once weekly for a period of eight weeks to verify on-going compliance.	

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8 027	Continued From page 1 A. On 06/17/25 at 11:39 am, during an observation of memory care unit building, there was no activities calendar posted for June 2025 where residents could view. B. On 06/17/25 at 11:39 am, during an interview, the Care Coordinator confirmed the May 2025 activities calendar was still posted and the June 2025 activities calendar had not been posted where residents could view.	8 027		
8 031	8 NMAC 370.14.31 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 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.	8 031	8031 Handeling of Emergencies Solution: On 07/09/25 The Opertations Manager updated the list of emergency phone numbers and placed by public phones in Clare Bridge and the Assisted Living building, On 7/9/25 The Operations Manager educated the leadership team on the importance of keeping the emergency list up to date by public phones and in conspicuous places. Permanent Solutions: The Operator or designee will conduct random Aduits on the accurateness and placement of the emergency phone list once a week for a period of six weeks to verify on-going compliance.	

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8 031	Continued From page 2 [8.370.14.31 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.31 D Based on observation and interview, the facility failed to ensure that a list of emergency phone numbers, including the fire department, police department, ambulance services, and poison control, was posted near the public telephones in the facility. This deficient practice could likely result in resident to be at risk of harm, injury, or death if there is a delay in receiving emergency medical care and services because there was not a list of emergency numbers posted next to the public telephones. The findings are: A. On 06/17/25 at 3:57 pm, during an observation of the public telephone at the South end of the memory care unit, a list of emergency numbers was not posted next to the public telephone. The Care Coordinator confirmed a list of emergency numbers was not posted next to the public telephone. B. On 06/17/25 at 3:58 pm, during an observation of the public telephone at the North end of the memory care unit, a list of emergency numbers was not posted next to the public telephone. The Care Coordinator confirmed a list of emergency numbers was not posted next to the public telephone. C. On 06/17/24 at 3:58 pm, during an interview, the Care Coordinator confirmed a list of emergency numbers was not posted next to the	8 031		

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8 031	Continued From page 3 public telephones.	8 031		
8 033	8 NMAC 370.14.33 Resident Rights All licensed facilities shall understand, protect and respect the rights of all residents. A. Prior to admission to a facility, a resident and legal representative shall be given a written description of the legal rights of the resident, translated into another language, if necessary, to meet the resident's understanding. B. If the resident has no legal representative and is incapable of understanding his or her legal rights, a written copy of the resident's legal rights shall be provided to the most significant responsible party in the following order: (1) the resident's spouse; (2) significant other; (3) any of the resident's adult children; (4) the resident's parents; (5) any relative the resident has lived with for six or more months before admission; (6) a person who has been caring for, or paying benefits on behalf of the resident; (7) a placing agency; (8) resident advocate; or (9) the ombudsman. C. The resident rights shall be posted in a conspicuous public place in the facility and shall include the telephone numbers for the incident management hotline and for the state ombudsman program. D. To protect resident rights, the facility shall: (1) treat all residents with courtesy, respect, dignity and compassion; (2) not discriminate in admission or services based on gender, sexual orientation, resident's age, race, religion, physical or mental disability, or nationality;	8 033	8033 Resident Rights Solution: 0n 4/28/25 The Health and Wellness Director reviewed R1's PRN Medication. She called the Physician and Pharmacy to replace the taped Oxycodone bubble pack. On 4/28/25 The HWD educated the Medication Techs on Med count. Permanent Solution: The HWD or designee will conduct random audits on 5 residents with PRN medication count on one cart a week for a period of eight weeks to verify on-going compliance.	

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8 033	Continued From page 4 (3) provide residents written information about all services provided by the facility and their costs and give advance written notice of any changes; (4) provide residents with a safe and sanitary living environment; (5) provide humane care for all residents; (6) provide the right to privacy, including privacy during medical examinations, consultations and treatment; (7) protect the confidentiality of the resident's medical record; (8) protect the right to personal privacy, including privacy in personal hygiene; privacy during visits with a spouse, family member or other visitor; and privacy in the resident's own room; (9) protect the right to communicate privately and freely with any person, including private telephone conversations and private correspondence; and the right to receive visits from family, friends, lawyers, ombudsmen and community organizations; (10) prohibit the use of any and all physical and chemical restraints; (11) ensure that residents: (a) are free from physical and emotional abuse neglect and misappropriation/or exploitation; (b) are free from financial abuse and misappropriation by facility staff or management; (c) are free to participate in religious, social, community and other activities and freely associate with persons in and out of the facility; (d) are free to leave the facility and return without unreasonable restriction; (e) are given a 15 calendar day, written notice before room transfers or discharge from the facility unless there is immediate danger to self or others in the facility; (f) have an environment that fosters social interaction and avoids social isolation;	8 033		

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8 033	Continued From page 5 (g) or their surrogate decision makers, are informed of and consent to the services provided by the facility; (h) have the right to voice grievances to the facility staff, public officials, the ombudsmen, any state agency, or any other person, without fear of reprisal or retaliation; (i) have the right to have their complaints addressed within 14 calendar days or sooner; (j) have the right to participate in the development of their care plan/ISP; (k) have the right to choose a doctor, pharmacist and other health care provider(s); (l) have the right to participate in medical treatment decisions and formulate advance directives such as living wills and powers of attorney; (m)have the right to keep and use personal possessions without loss or damage; (n) have the right to manage and control their personal finances; (o) have the right to freely organize and participate in a resident association that may recommend changes in the facility's policies, services and management; (p) shall not be required to work for the facility; and (q) are protected from unjustified room transfers or discharge. E. The resident's rights shall not be restricted unless this restriction is for the health and safety of the resident, agreed to by the resident or the resident's surrogate decision maker and outlined in the resident's individual service plan. [8.370.14.33 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.33 D 11 (b)	8 033		

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8 033	Continued From page 6 Based on observation, record review and interview the facility failed to ensure for 1 (R #1) of 3 (R #'s 1, 6, 7) residents whose PRN [pro re nata (as needed)] [redacted] medications were reviewed that they were free from misappropriation. This deficient practice could likely have resulted in the resident not having [redacted] medication available as needed for [redacted] The findings are: A. Record review of complaint intake #[redacted] revealed on 04/28/25 during morning shift change narcotic reconciliation count, [redacted] had been dispensed from the bubble pack and replaced with other medications. B. Record review of the facility incident investigation report dated 04/28/25 revealed that R[redacted] was tampered with and replaced with other medications. C. On 06/23/25 at 2:02 pm during an observation of R [redacted] bubble pack, it was revealed that the foil backings had been tampered with and replaced with tape for eight (8) of the pills. D. On 06/23/25 at 2:03 pm during an interview with the Health and Wellness Director, she confirmed that the bubble pack for [redacted] had been tampered with and was discovered on 04/28/25.	8 033		
8 034	8 NMAC 370.14.34 Custodial Drug Permits A facility with two or more residents that is	8 034		

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8 034	Continued From page 7 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 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 pharmacy. (7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for	8 034	8034 Custodail Drug Permits Solution: 1. on 6/18/25 The resident care coordinator securely stored R[redacted] oxygen tanks in the designated storage closet. 2. on 7/9/25 The HWD educated the Med techs and caregivers on the oxygen storage policy. 3. on 4/28/25 The HWD completed a whole house narcotic count audit. 4.on 4/29/25 The HWD completed education with the Med Techs ib the medication count key handoff. Permanent Solution: The HWD or desginee will conduct random audits on [redacted] residents with oxygen and 1 cart a week for narcotic count for a period of eight weeks to verify on-going compliance.	

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8 034	Continued From page 8	8 034		

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 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 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 72 hours.

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8 034	Continued From page 9 (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 8.370.14 NMAC. [8.370.14.34 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.34 A (7) (8)g Reference NFPA 99, 1999 Edition Section 4-3.1.1.2 Storage Requirements (Location, Construction, Arrangement). (a)* Nonflammable Gases (Any Quantity; In-Storage, Connected, or Both) 1. Sources of heat in storage locations shall be protected or located so that cylinders or compressed gases shall not be heated to the activation point of integral safety devices. In no case shall the temperature of the cylinders exceed 130°F (54°C). Care shall be exercised when handling cylinders that have been exposed to freezing temperatures or containers that contain cryogenic liquids to prevent injury to the skin. 2. * Enclosures shall be provided for supply systems, cylinder storage or manifold locations for oxidizing agents such as oxygen and nitrous oxide. Such enclosures shall be constructed of an	8 034		

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8 034	Continued From page 10 assembly of building materials with a fire-resistive rating of at least 1 hour and shall not communicate directly with anesthetizing locations. Other nonflammable (inert) medical gases may be stored in the enclosure. Flammable gases shall not be stored with oxidizing agents. Storage of full or empty cylinders is permitted. Such enclosures shall serve no other purpose. 3. Provisions shall be made for racks or fastenings to protect cylinders from accidental damage or dislocation. 4. The electric installation in storage locations or manifold enclosures for nonflammable medical gases shall comply with the standards of NFPA 70, National Electrical Code, for ordinary locations. Electric wall fixtures, switches, and receptacles shall be installed in fixed locations not less than 152 cm (5 ft) above the floor as a precaution against their physical damage. 5. Storage locations for oxygen and nitrous oxide shall be kept free of flammable materials [see also 4-3.1.1.2(a)7]. 6. Cylinders containing compressed gases and containers for volatile liquids shall be kept away from radiators, steam piping, and like sources of heat. 7. Combustible materials, such as paper, cardboard, plastics, and fabrics, shall not be stored or kept near supply system cylinders or manifolds containing oxygen or nitrous oxide. Racks for cylinder storage shall be permitted to be of wooden construction. Wrappers shall be removed prior to storage. Exception: Shipping crates or storage cartons for cylinders. 8. When cylinder valve protection caps are supplied, they shall be secured tightly in place unless the cylinder is connected for use. 9. Containers shall not be stored in a tightly closed space such as a closet [see 8-2.1.2.3(c)].	8 034		

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8 034	Continued From page 11 Based on observation, record review, and interview, the facility failed to ensure that Oxygen cylinder tanks were stored securely, protected from accidental damage or dislocation and a narcotic reconciliation count was conducted to document the balance of the medication remaining. These deficient practices could likely result in residents being at risk of harm if the oxygen cylinder tanks were to fall over causing it to depressurize and not having medication available to R [redacted] leading to adverse (harmful) health outcomes. The findings are: A. On 06/17/25 at 12:04 pm, during observation of R # [redacted] room, six (6) unsecured oxygen cylinder tanks were observed to be stored in the room without proper tank racks or holders. B. On 06/17/25 at 12:04 pm, during an interview, the Care Coordinator confirmed that the oxygen cylinder tanks were not securely stored. C. Record review of the facility's Incident Investigation dated 04/28/25 revealed the Health and Wellness Director (HWD) interviewed DCS #6. DCS #6 stated that a total narcotic count was not completed on 04/27/25 at 3:00 pm and 11:00 pm. D. On 06/25/25 at 12:17 pm during an interview with the HWD, she confirmed that narcotic counts were expected to be completed during each shift change but were not completed for the 3:00 pm and 11:00 pm shifts on 04/27/25.	8 034		

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8 063	Continued From page 12	8 063		
8 063	8 NMAC 370.14.63 Fire Extinguishers Fire extinguisher(s) must be located in the facility, as approved by the state fire marshal or the fire prevention authority with jurisdiction. A. Facilities must as a minimum have two 2A10BC fire extinguishers: (1) one extinguisher located in the kitchen or food preparation area; (2) one extinguisher centrally located in the facility; (3) all fire extinguishers shall be inspected yearly and recharged as needed; all fire extinguishers must be tagged noting the date of the inspection; (4) the maximum distance between fire extinguishers shall be 50 feet. B. Fire extinguishers, alarm systems, automatic detection equipment and other firefighting equipment shall be properly maintained and inspected as recommended by the manufacturer, state fire marshal, or the local fire authority. [8.370.14.63 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.63 A (3) Reference NAPA 10, Standard for Portable Fire Extinguishers, 1998 Edition: 4-3 Inspection. 4-3.1* Frequency. Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals. Fire extinguishers shall be inspected at more frequent intervals when circumstances require. Based on interview and observation, the facility failed to ensure the facility's fire extinguishers	8 063	8063 Fire Extinguishers Solutions: on 6/18/25 The Maintenance Manager removed and replaced the expired fire extinguishers. Permanent Solution: The Maintenance Manager or desginee will conduct random audits on monthly inspections and expiration dates of fire extinguishers located throughout the community. The Executive Director will audit all Fire Extinguishers for expiration dates. This will occur one time a month for three months to verify on-going compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2161	A. BUILDING: _____ B. WING _____	C 06/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE TRAMWAY RIDGE	4900 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
8 063	Continued From page 13 were not expired. This deficient practice could likely result in the residents, staff members, and other building occupants to be at risk of harm, injury, or death if a fire were to occur and the fire extinguishers did not work. The findings are: A. On 06/17/25 at 11:57 am, during observation, one fire extinguisher located in the main hallway near the medication room of the facility showed to be expired with a date last inspected 4/25/25 and last serviced in October 2024. B. On 06/17/25 at 11:57 am, during an interview with the Health and Wellness Director, she confirmed the fire extinguisher had expired.	8 063		