

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2025
NAME OF PROVIDER OR SUPPLIER Princeton Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 500 Louisiana Boulevard NE Albuquerque, NM 87108	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview, the facility failed to submit the required five-day follow-up investigation results to the State Agency (SA) for 1 (R #1) of 1 (R #1) resident reviewed for incidents. If the facility is not submitting the summary of the facility's investigation to the State Agency, then the State Agency is unable to appropriately triage (review) the allegation for further investigation. The findings are: A. Refer to F0610 for related findings. B. On 12/19/25 at 1:49 pm during an interview with the Administrator (ADM), he confirmed the allegation of abuse grievance filed by R #1 on 10/31/25 was not submitted to the State Agency but should have.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2025
NAME OF PROVIDER OR SUPPLIER Princeton Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 500 Louisiana Boulevard NE Albuquerque, NM 87108	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on record review and interview, the facility failed to complete a thorough investigation for allegations of abuse and report the investigation findings within five working days for 1 (R #1) of 1 (R #1) resident reviewed for incidents. If the facility is not completing an accurate and thorough investigation and submitting the summary of the facility's investigation to the State Agency, then the State Agency (SA) is unable to appropriately triage (review) the allegation for further investigation. The findings are: A. Record review of R #1's grievance dated 10/13/25 revealed R #1 was spoken to rudely by a facility nurse regarding pain medication. R #1 wanted additional pain medication, but the nurse told him she could only give him Tylenol. R #1 stated, She [nurse] has just been rude since I've been here. R #1 also witnessed the same nurse threaten another resident on the unit. B. Record review of the facility's incident report list dated 10/31/25 through 12/12/25 revealed R #1's allegation of abuse was not documented, indicating an incident investigation and report was not completed for the incident. C. On 12/18/25 at 3:12 pm during an interview with R #1, he stated he no longer has concerns regarding pain medication, but the nurse used to be rude to him and made him feel bad. D. On 12/18/25 at 3:18 pm during an interview with Registered Nurse (RN) #1, she stated she was unaware R #1 filed a grievance against her (on 10/31/25). RN #1 also stated this incident was never discussed with her by facility management. E. On 12/18/25 at 4:55 pm during an interview with the Director of Nursing (DON), she stated she was out of town on 10/31/25, but she would have expected this allegation of abuse to be investigated by facility management. F. On 12/18/25 at 5:09 pm during an interview with the Unit Manager (UM) #1, he stated he remembered R #1's grievance dated 10/31/25, but he did not complete an investigation regarding R #1's abuse allegations. UM #1 also stated that he was unaware of the outcome of R #1's abuse allegations. G. On 12/18/25 at 5:31 pm during an interview with the Social Services Director (SSD), she stated she gave R #1's allegation of abuse grievance to UM #1 to investigate. The SSD confirmed she did not follow-up with UM #1 and should have. H. On 12/19/25 at 1:49 pm during an interview with the Administrator (ADM), he stated R #1's allegation of abuse grievance was not thoroughly investigated nor reported to the State Agency and should have been.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2025
NAME OF PROVIDER OR SUPPLIER Princeton Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 500 Louisiana Boulevard NE Albuquerque, NM 87108	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a record review and interviews, the facility failed to ensure medical records were complete for 1 (R #2) of 1 (R #2) resident reviewed when the facility failed to: Accurately document R #1's oxygen (O2) saturations (oxygen saturation levels, refer to the percentage of hemoglobin in the blood that is carrying oxygen). This deficient practice is likely to result in staff not having the information they need to provide competent, comprehensive care and services to residents. The findings are: A. Record review of R #2's face sheet revealed R #2 was admitted into the facility on [DATE] with the following diagnosis: Chronic respiratory failure with hypoxia (low O2 levels). B. Record review of R #2's physician orders July 2025 through December 2025 revealed the following: 07/07/25 through 11/03/25: Obtain SPO2 (O2 saturations; a non-invasive measurement that estimates how effectively oxygen is being transported from the lungs to the body's tissues by red blood cells, reflected as a percentage) every shift (day and night). 11/03/25 through 12/09/25: Obtain SPO2 every shift. 12/11/25: Obtain SPO2 every shift. C. Record review of R #2's O2 saturations dated 09/01/25 through 12/18/25 revealed the following: 09/01/25 through 09/30/25: R #2 was documented as receiving O2 at 2 to 5 liters per minute (LPM) while also on room air (indicating R #2 was not receiving O2) seven times during this timeframe. 10/01/25 through 10/31/25: R #2 was documented as receiving O2 at 2 to 5 LPM while also on room air (indicating R #2 was not receiving O2) once during this timeframe. 12/01/25 through 12/18/25: R #2 was documented as receiving O2 at 2 to 5 LPM while also on room air (indicating R #2 was not receiving O2) twice during this timeframe. D. On 12/18/25 at 4:24 pm during an interview with the Respiratory Therapist Manager (RTM), she stated the nursing staff are expected to document R #2's O2 saturations accurately and should not document R #2 as receiving supplemental oxygen while R #2 is on room air. The RTM confirmed R #2's O2 saturation documentation has been inaccurate on multiple occasions and stated that this should not have occurred. E. On 12/19/25 at 1:35 pm during an interview with the Director of Nursing (DON), she confirmed R #2's O2 saturations documentation was not accurate and should be.</p>		