Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7117	A. BUILDING: _____ B. WING _____	C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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 Complaint survey completed on [redacted]/23 for the state requirements of NMAC 7.8.2, Regulations for Assisted Living Facilities for Adults. Complaint Intake ID [redacted] was investigated with deficiencies cited. Census: 140 ABBREVIATIONS: Resident: R Direct Care Staff: DCS Direct Care Staff that Assist With Medication: DCSAM Executive Director: ED Memory Care Director: MCD Memory Care Unit: MCU Follow-Up Report: FUR	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 017	A 017 7NMAC 8.2.17 Staff Training 1. Facility Business Office Manager will ensure that all staff completes required training prior to starting on the floor. 2. All direct Care staff will be required to complete all necessary trainings utilizing training platform. 3. Documentation of all required trainings will be kept in the Direct care staff's personal file. 4. All direct Staff will complete monthly refresher courses on there initial trainings utilizing training platform monthly. 5. Facility Administrator will do a monthly audit on all Direct Care staff personal files to ensure that documentation of these trainings is up to date.	[redacted]2024

Division of Health Improvement
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Executive Director — 11/30/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7117	A. BUILDING: _____ B. WING _____	C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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 1 (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; (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 B, C (7) Based on record review and interview, the facility failed to ensure that the Direct Care Staff (DCS) received orientation training in the reporting requirements for abuse, neglect or exploitation in accordance with 7.1.13 NMAC. This deficient practice could likely result in the [redacted] residents listed on the resident census, provided by Administrator on [redacted]23, to be at risk of	A 017		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7117	A. BUILDING: _____ B. WING _____	C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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 harm if the DCS are not aware of the reporting requirements for abuse, neglect or exploitation, and incidents do not get reported to the Licensing Authority. The findings are: A. Record review of DCS #1's employee file (hire date [redacted]/23) revealed no documentation of any orientation training in the reporting requirements for abuse, neglect or exploitation in accordance with 7.1.13 NMAC. B. On [redacted]/23 at 10:35 am, during an interview, DCS #1 confirmed, she did not received any orientation training in the reporting requirements for abuse, neglect or exploitation in accordance with 7.1.13 NMAC. C. On [redacted]/23 at 10:55 am, during an interview, the MCD confirmed DCS #1's employee file did not have any documentation of orientation training in the reporting requirements for abuse, neglect or exploitation in accordance with 7.1.13 NMAC.	A 017		
A 032	7 NMAC 8.2.32 Reporting of Incidents REPORTING OF INCIDENTS: A. The facility shall insure that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 7.1.13 NMAC. (1) The facility shall also report any incident or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within twenty-four (24) hours or by the next business day, if it is a weekend or a holiday. (2) The facility shall not delay a report to the complaint hotline while an internal investigation is	A 032	A 032 7 NMAC 8.2.32 Reporting of incidents 1. Director of Health and Wellness or Memory Care Director will report all reportable incidents of suspected abuse, neglect or exploitation in the required 24 hour time frame in accordance with 7 .1.13 NMAC and submit form Health Facility incident report (SFY 2017) to license authority. 2. Director of Health and Wellness and Memory Care Director will complete required Complaint Narrative Investigation Report(5 day follow up) following all reported incidents in accordance with 7 .1.13 NMAC and submit to license authority. 3.Facility will conduct an internal investigation on all reportable incidents.	[redacted]2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7117	A. BUILDING: _____ B. WING _____	C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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 032	Continued From page 3 conducted. B. The facility is responsible for conducting and documenting the investigation of all incidents within five (5) business days and shall submit a copy of the investigation report to the licensing authority. A copy of the report and the documentation, including the date and time that it was submitted to the licensing authority, shall be maintained on file at the facility. The investigation shall include the following: (1) a narrative description of the incident; (2) the result of the facility's investigation shall be recorded on the state approved incident report form for the current year, pursuant to 7.1.13 NMAC; and (3) plans for further actions in response to the incident. [7.8.2.32 NMAC - Rp, 7.8.2.32 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.32 A (1) B 7.1.13 INCIDENT REPORTING, INTAKE, PROCESSING AND TRAINING REQUIREMENTS Refer to 7.1.13.7 W. & 8 B. (2) W. "Reportable incident" means possible abuse, neglect, exploitation, injuries of unknown origin and other events including but not limited to falls which cause injury, unexpected death, elopement, medication error which causes or is likely to cause harm, failure to follow a doctor 's order or an ISP or any other incident which may evidence abuse, neglect, or exploitation.	A 032	4.Facility Administrator, Director of Health and Wellness, Assistant Health and Wellness Director and Memory Care Director will watch Incident Management Training Video and test congruent to training. 5.Director of Health and Wellness and Memory Care director will do a retraining with direct care staff on what a reportable incident is and when to notify them of any suspicious activity or behavior. 6.Record of this training will be kept in direct care staff's personal file.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7117	A. BUILDING: _____ B. WING _____	C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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 032	Continued From page 4 B. (2) Division incident report form and notification by licensed health care facilities: The licensed health care facility shall report incidents utilizing the division's incident report form consistent with the requirements of the division's incident management system guide and CMS regulations as applicable. The licensed health care facility shall ensure that all incident report forms alleging abuse, neglect, exploitation, injuries of unknown origin or other reportable incidents are submitted by a reporter with direct knowledge of an incident, are completed on the bureau's incident report form and received by the division within twenty-four (24) hours of an incident or allegation of an incident or the next business day if the incident occurs on a weekend or a holiday. The licensed health care facility shall ensure that the reporter with the most direct knowledge of the incident assists with the preparation of the incident report form. Based on record review and interview, the facility failed to ensure for [redacted] residents whose resident files were reviewed for compliance that: 1. The facility reported incidents of possible abuse, neglect, exploitation, or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the Licensing Authority within twenty-four (24) hours or by the next business day, if it is a weekend or a holiday. 2. The facility conducted an internal investigation and submitted an investigation follow-up report to the Licensing Authority within five (5) business days from the date an incident occurred. These deficient practices could likely result in the residents to be at risk of harm (including mental	A 032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7117	A. BUILDING: _____ B. WING _____	C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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 032	Continued From page 5 anguish), injury, and/or death, if incidents occur and there is no oversight by the Licensing Authority. The findings are: Findings related to R #1's injury of unknown origin A. Record review of an Internal Incident Report (a report created at the facility by staff) dated [redacted]23 at 8:45 am by the MCD revealed: 1. R #1 was found with a bruise on the right pinky finger and left-hand arch (fixed and mobile parts of the hand which adapt to various everyday tasks by forming bony arches). 2. The report stated it was unknown how the resident acquired the bruising or [redacted]ands. 3. The incident report stated the plan to prevent reoccurrence was frequent checks, and retraining staff on a proper way of transferring, as they were not aware of how the bruising had occurred. 4. There was no documentation on the facility's Internal Incident Report that the incident with R #4 on [redacted]23 was: a. Reported to the the Licensing Authority. b. That an internal investigation was conducted and/or a Investigation/FUR report was submitted to the Licensing Authority within five (5) business days from the date the incident occurred. B. On [redacted]23 at 12:39 pm, during an interview, R #1 stated [redacted]did not have any concerns about staff or [redacted]reatment at the facility, except that [redacted]s glad we are all at work. (Due to [redacted] physical health conditions and limited cognitive abilities, [redacted]was unable to provide more information.) C. On [redacted]/23 at 3:28 pm, during an interview, the MCD confirmed the incident on [redacted]23 involving R #1 having an injury of unknown origin; a bruise on the right pinky finger and left-hand	A 032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7117	A. BUILDING: _____ B. WING _____	C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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 032	Continued From page 6 arch: 1. Had not been reported to the Licensing Authority within 24 hours or the next business day, if a holiday or weekend. 2. The facility did not conduct an internal investigation and submit a FUR to the Licensing Authority within five (5) business days from the date the incident occurred. D. On [redacted]23 at 3:28 pm, during an interview, the MCD confirmed 1. Former DCS #1 had allegedly been verbally abusive to residents including R #2 during the month of May 2023. 2. Former DCS #1 was suspected to have been rough with residents while transferring them, specifically by pulling them by their hands roughly during the month of May 2023. 3. She (MCD) had written Witness Statements from facility staff and R #2's companion that [redacted] provided to the Surveyors. 4. The incidents of DCS #1 being verbally abusive and rough with R #2 and other residents had not been reported to the Licensing Authority. 5. She did not do an internal investigation and did not submit a FUR to the Licensing Authority within five (5)business days from the date the incident occurred. E. Record review of a Witness Statement dated [redacted]23, completed by [name of companion for R #2], stated that while assisting R #1 with [redacted] meal, DCS #1 kept yelling at R #1, telling [redacted] to "open [redacted] damn mouth" and would repeatedly roughly wipe [redacted] mouth. [Name of companion for R #2], reported that DCS #1 also got frustrated that R #1 would not pick up [redacted] feet and would tell [redacted] "Pick up your damn feet and put them on the footrest." On more than one occasion, [redacted] stated DCS #1 would force R #1's feet onto the footrest	A 032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7117	A. BUILDING: _____ B. WING _____	C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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 032	Continued From page 7 on more than one occasion. When asked if [name of companion for R #2] reported the incidents of verbal and physical abuse by DCS #1 to the facility or the Licensing Authority, [redacted] stated "no" she did not report these incidents to anyone. F. On [redacted]/23 at 9:56 am, during an interview, DCS #3 stated R #2 had reported to [redacted] that DCS #1 had been rough with [redacted] G. On [redacted]23 at 1:49 pm, during an interview, DCSAM #2 stated: 1. She saw DCS #1 "be rough when putting R #1's legs back on the bed" and saw DCS #1 grab R #s 2 and 5 hands roughly when transferring them. 2. That she (DCSAM #2) did not report the incidents to the facility or to the Licensing Authority. H. On [redacted]3 at 3:52 pm, during an interview, the ED confirmed: 1. She was not aware of the allegations of DCS #1 having been suspected of being rough with residents or grabbing them by the hands until the MCD called her on [redacted]23, and when she read (date read unknown) the witness statements provided by the MCD, DCSAM #2, and [name of companion for R #2]. 2. She did not know if the incidents had been reported to the Licensing Authority, but sees why it should have been reported. I. On [redacted]23 at 12:58 pm, during an interview with [name of companion for R #2]: 1. [redacted] confirmed [redacted] wrote the following in [redacted] Witness Statement dated [redacted]/23: a. While assisting R #1 with [redacted]neal, DCS #1 kept yelling at R #1 telling [redacted] to "open [redacted] damn	A 032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7117	A. BUILDING: _____ B. WING _____	C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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 032	Continued From page 8 mouth" and would repeatedly roughly wipe [redacted] mouth. b. DCS #1 also got frustrated that R #1 would not pick up [redacted] feet and would tell [redacted] "Pick up your damn feet and put them on the footrest." She stated DCS #1 would force R #1's feet onto the footrest on more than one occasion. 2. In addition, [name of companion for R #2] stated a. That the incident happened on an unknown date, but it was during either April or May 2023, during dinner time, and in the dining room. b. There were no other staff or witnesses present, and she could not remember exactly which residents were there. c. She did not report the incident (s) to the facility until she was asked to write a Witness Statement. J. On [redacted]3 at 9:55 am, during an interview, the M[redacted]rmed: 1. On [redacted]3 at 8:00 pm, she received a phone call from DCSAM #2 stating R #2 was very upset, [redacted] (MCD) could hear R #2 crying in the background. 2. DCSAM #2 told MCD that DCS #1 left R #2 soaking wet and soiled. 3. She (MCD) did not report any of the verbal and physical abuse allegations about DCS #1 a. When she received the phone call from DCSAM #2 on [redacted]23 at 8:00 pm. She mentioned in the Witness Statement dated [redacted]3 provided by [name of companion for R #2] to the Licensing Authority. 4. She (MCD) did not conduct an internal investigation, and did not submit a Follow-up Investigation report to the Licensing Authority within five (5) business days from the date the incident occurred . Findings related to R #3:	A 032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7117	A. BUILDING: _____ B. WING _____	C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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 032	Continued From page 9 K. Record review of DCSAM #2's Witness Statement dated [redacted]/23, revealed: 1. On an unknown date and time, she was helping DCS #1 change R #3 and DCS #1 called R #3 an idiot because [redacted] kept sitting down on the toilet and would not stand up. 2. DCS #1 walked out of the bathroom and she (DCSAM #2) continued assisting R #3. 3. DCSAM #2 told DCSAM #3 what was said and did not report it to anyone else. L. On [redacted]23 at 10:01 am, during an interview, DCSAM #2 confirmed the following: 1. She (DCSAM #2) wrote the Witness Statement above dated [redacted]/23, which stated the following: a. On an unknown date and time, she was helping DCS #1 change R #3 and DCS #1 called [redacted]an idiot because [redacted] kept sitting down on the toilet and wouldn't stand up. b. DCS #1 walked out of the bathroom and she (DCSAM #2) continued assisting R #3. c. She (DCSAM #2) told DCSAM #3 what was said and did not report it to anyone else. 2. R #3 seemed upset and did not let DCS #1 chang[redacted] the next day. 3. DCSAM #2 did not report the incident to the facility or to the Licensing Authority. M. Record review of R #3's resident file revealed there were not any documentation regarding the incident with DCS #1. N. On [redacted]/23 at 9:49 am, during an interview, R #3 did not respond when asked if [redacted] recalled DCS #1 calling [redacted] any names. Due to [redacted] limited cognitive abilities, [redacted] was unable to provide me with any information regarding the allegation. O. On [redacted]23 at 9:55 am, during an interview,	A 032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7117	A. BUILDING: _____ B. WING _____	C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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 032	Continued From page 10 the MCD confirmed: 1. The incident of DCS #1 calling R #3 an idiot had not been reported to the Licensing Authority. She stated she became aware of it upon receipt of the written statement by DCSAM #2 dated [redacted]/23. 2. That a FUR was not submitted to the Licensing Authority within five (5) business days from the date of becoming aware of the incident. Findings related to R #4: P. Record review of Activities Staff #1's Witness Statement dated [redacted]23, revealed: 1. On [redacted]3 at 2:30 pm, during Happy Hour, she noticed DCS #1 sitting at a table with R #4, and R #4 became agitated. 2. R #4 was seated in a wheelchair, and pushed [redacted] a bit away from the table (still facing the table) and asked for another soda. 3. DCS #1 became forceful and was trying to push R #4 back into the table, R #4 immediately pushed back again, and again, this happened three or four times. 4. R #4 continued to ask for another soda, DCS #1 sternly told [redacted] was not going to get another soda, began to raise her voice, and ordered R #4 to sit straight towards the table. 5. After repeatedly arguing with R #4, DCS #1 called another staff member to escort R #4 back to the MCU at 2:45 pm. 6. Activity Staff #1 did not write in her Witness Statement if she had reported the incident to anyone at the facility. Q. On [redacted]/23 at 12:06 pm, during an interview, Activities Staff #1 stated she wrote the following in a written statement dated [redacted]23: 1. On [redacted]3 at 2:30 pm, during Happy Hour, she noticed DCS #1 sitting at a table with R #4,	A 032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7117	A. BUILDING: _____ B. WING _____	C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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 032	Continued From page 11 and R #4 became agitated. 2. R #4 was seated in a wheelchair, and pushed [redacted] a bit away from the table (still facing the table) and asked for another soda. 3. DCS #1 became forceful and was trying to push R #4 back into the table, R #4 immediately pushed back again, and again, as this happened three or four times. 4. R #4 continued to ask for another soda, DCS #1 sternly told [redacted] was not going to get another soda, began to raise her voice, and ordered R #4 to sit straight towards the table. 5. After repeatedly arguing with R #4, DCS #1 called another staff member to escort R #4 back to the MCU at 2:45 pm. R. On [redacted]23 at 9:55 am, during an interview, the MCD confirmed: 1. The incident reported by Activities Staff #1 was on the their Witness Statement dated [redacted]/23 and was not reported to the Licensing Authority. 2. A FUR was not submitted to the Licensing Authority. S. On [redacted]/23 at 9:10 am, during an interview. Activities Staff #1 stated regarding the incident where DCS #1 was verbally and physically abusive to with R #4 during Happy Hour on [redacted]/23, she did not report the incident to the MCD until about a week later and the ED called her asking for a written statement. Findings related to R #5 (Deceased): T. On [redacted]/23 at 1:49 pm, during an interview, DCSAM #2 stated: 1. On an unknown date and time, DCS #1 had been rough with R #5 and had "kind of tossed [redacted] into the chair" when transferring [redacted] 2. R #5 did not suffer any injuries as a result of	A 032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7117	A. BUILDING: _____ B. WING _____	C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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 032	Continued From page 12 the incident that she was aware of. 3. DCSAM #2 reported that there were no other witnesses to the incident. 3. DCSAM #2 stated she did not tell anyone about the incident until she wrote the statement on [redacted]3. U. Record review of R #5's resident file revealed no documentation (progress notes or incident reports) related to the incident. V. On [redacted]3 at 9:55 am, during an interview, the MCD confirmed: 1. The incident reported by DCSAM #2 on the Witness Statement dated [redacted]23 was not reported to the Licensing Authority. 2. A FUR was not submitted to the Licensing Authority within five (5) business days from the date the incident occurred. Findings related to R #8 (Deceased): W. Record review of a Witness Statement dated [redacted]23 provided by [name of companion of R #2] stated: 1. On an unknown date and time, DCS #1 was trying to push R #8 in a geri chair (specialized reclining chairs for seniors who require more support than a conventional wheelchair or regular chair can provide) from the dining room to the television room. 2. DCS #1 got mad because R #8 kept putting [redacted]feet down to stop the chair, and pushed and jerked the chair and ran over R #9's feet. 3. R #9 let out a loud scream, and DCS #1 told [redacted]"Well move your damn feet out of the way," continued yelling at R #8 to put [redacted]feet down, and shoved R #8's chair in the corner, and did not go back to check on R #9.	A 032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7117	A. BUILDING: _____ B. WING _____	C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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 032	Continued From page 13 X. On [redacted]23 at 12:58 pm, during an interview, [name of companion for R #2] confirmed she wrote the following in her Witness Statement dated [redacted]23: 1. On an unknown date and time, DCS #1 was trying to push R #8 in a geri chair from the dining room to the television room. 2. DCS #1 got mad because R #8 kept putting [redacted]feet down to stop the chair, and pushed and jerked the chair and ran over R #9's feet. 3. R #9 let out a loud scream, and DCS #1 told [redacted]Well move your damn feet out of the way, continued yelling at [redacted] to put [redacted]feet down, and shoved R #8's chair in the corner, and did not go back to check on R #9. 4. She also stated that during the interview that DCS #1 moved R #8 to the corner in [redacted]chair where the television was located in the room, not shoved [redacted]n a corner. 5. There were no witnesses to the incident. 6. [Name of companion for R#2] did not report this incident to the facility until she gave them her Witness Statement dated [redacted]23. Y. Record review of R #8's resident file revealed no documentation, progress notes, or incident reports regarding the incident. Z. On [redacted]3 at 9:55 am, during an interview, the MCD confirmed: 1. The incident reported by [name of companion for R #2] on the Witness Statement dated [redacted]23 regarding the incident with R #8 was not reported to the Licensing Authority. 2. She did not submit a FUR to the Licensing Authority within five (5) five business days from the date the incident occurred. Findings related to R #9	A 032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7117	A. BUILDING: _____ B. WING _____	C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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 032	Continued From page 14 AA. Record review of a Witness Statement dated [redacted]3, provided by [name of companion of R #2] revealed: 1. On an unknown date and time, R #9 wanted to keep [redacted] paper bowl after [redacted] inished her dessert. 2. DCS #1 told [redacted] could not keep the paper bowl. 3. R #8 told DCS #1, "Is there a law against keeping it?" 4. DCS #1 waited around the corner for R #9 to set the paper bowl down, then grabbed it, and threw it in the trash. BB. O[redacted]/23 at 12:58 pm, during an interview, [name of companion for R #2] confirmed she wrote the following in her Witness Statement dated [redacted]23: 1. On an unknown date and time around dinner time, in the dining room, R #9 wanted to keep [redacted] paper bowl after [redacted] finished [redacted] dessert. 2. DCS #1 told [redacted] could not keep the paper bowl. 3. R #8 told DCS #1, "Is there a law against keeping it?" 4. DCS #1 waited around the corner for R #9 to set the paper bowl down, then grabbed it, and threw it in the trash. 5. [name of companion for R #2] also stated the following during the interview: a. There were no witnesses to the incident. b. The incident was not reported to the facility until she provided her Witness Statement dated [redacted]23. CC. On [redacted]/23 at 9:55 am, during an interview, the MCD confirmed: 1. The incident reported by [name of companion for R #2] on the Witness Statement dated [redacted]23 regarding the incident with R #9 was not	A 032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7117	A. BUILDING: _____ B. WING _____	C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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 032	Continued From page 15 reported to the Licensing Authority. 2. A FUR was not submitted to the to the Licensing Authority within five (5) five business days from the date the incident occurred. Findings related to R #10: DD. Record review of a Witness Statement dated [redacted]23 provided by [name of companion of R #2], revealed that on an unknown date and time, DCS #1 got mad at R #10 multiple times for crying and would tell [redacted] to shut up. EE. On ([redacted]23 at 12:58 pm, during an interview, the [name of companion for R #2] confirmed she wrote the following in her Witness Statement dated [redacted]23: 1. On an unknown date and time in the dining room, around dinner time, DCS #1 got mad at R #10 multiple times for crying and would tel[redacted] to shut up. 2. R #10 cried a lot because [redacted] was on [redacted] and in pain and the other residents would tel[redacted] to be quiet. 3. There were with no other witnesses. 4. [Name of companion for R #2], stated she did not tell the facility about any of the incidents until she provided the Witness Statement to them dated ([redacted] FF. On ([redacted]/23 at 9:55 am, during an interview, the MCD confirmed: 1. The incident reported by [name of companion for R #2] on the Witness Statement dated [redacted]3 regarding DCS #1 yelling at R #10 was not reported to the Licensing Authority. 2. She did not submit a FUR to the Licensing Authority within five (5) business days for the date the incident occurred.	A 032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7117	A. BUILDING: _____ B. WING _____	C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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 032	Continued From page 16 Findings related to R #11 (Deceased): GG. Record review of [name of companion of R #2]'s Witness Statement dated [redacted]/23 revealed that on an unknown date and time, DCS #1 told R #11 to, "Shut up and stop acting like a baby. You are not the only one here and there are other people here that need attention. You have to wait like everyone else. You're a [redacted] not a baby." HH. On [redacted]23 at 12:58 pm, during an interview, [name of companion for R #2] confirmed she wrote the following in her Witness Statement dated [redacted]23: 1. On an unknown date and time, DCS #1 told R #11, "Shut up and stop acting like a baby. You are not the only one here and there are other people here that need attention. You have to wait like everyone else. You're a [redacted] not a baby." 2. She [name of companion for R #2], also stated there were no other witnesses to this incident. 3. She did not report the incident to the facility until she provided her Witness Statement dated [redacted]23. II. Record review of R #11's resident file revealed there was no documentation, progress notes, or incident reports regarding the incident. The resident is deceased and unavailable for interview. JJ. On [redacted]23 at 9:55 am, during an interview, the MCD confirmed: 1. The incident reported by [name of companion for R #2] on the Witness Statement dated [redacted]23 regarding the incident with R #11 was not reported to the Licensing Authority. 2. She (MCD) did not submit a FUR to the	A 032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7117	A. BUILDING: _____ B. WING _____	C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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 032	Continued From page 17 Licensing Authority within five (5) business days form the date the incident occurred. Findings related to R #12: KK. Record review of a Witness Statement dated [redacted]23 provided by [name of companion of R #2] revealed: 1. On an unknown date and time, DCS #1 would get really upset with R #12 when [redacted]spille[redacted] drinks. 2. She also stated during the interview that DCS #1 told R #12, "Dammit [name of resident], quit spilling your drinks!" LL. On [redacted]23 at 12:58 pm, during an interview, [name of companion for R#2], she confirmed writing the following in her Witness Statement dated [redacted]23: 1. On an unknown date and time, DCS #1 would get really upset with R #12 when [redacted]spilled [redacted] drinks. 2. She [name of companion for R#2], also stated during the interview that DCS #1 told R #12, "Dammit [name of resident], quit spilling your drinks!" 3. She also stated during the interview that there were no witnesses to the incident and she did not report it to the facility until she provided her Witness Statement dated [redacted]3. MM. Record review of R #12's resident file revealed there was no documentation regarding the incident, and no progress notes or incident reports. The resident is deceased and unavailable to be interviewed. NN. On [redacted]23 at 9:55 am, during an interview, the MCD confirmed: 1. The incident reported by [name of companion	A 032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7117	A. BUILDING: _____ B. WING _____	C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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 032	Continued From page 18 for R #2] on the Witness Statement dated [redacted]/23 regarding the incident with R #12 was not reported to the Licensing Authority. 2. She did not submit a FUR to the Licensing Authority within five (5) business days from the date the incident occurred. Findings related to R #13: OO. Record review of a Witness Statement dated [redacted] provided by [name of companion of R #2] revealed: 1. On an unknown date and time, R #13 was asking for dinner and dessert. 2. DCS #1 started yelling at [redacted] "You already ate [name of resident]! I served you already." 3. DCS #1 continued to argue with R #13 instead of giving [redacted] another serving. 4. R #13 stormed off to [redacted] room and mumbled, "I guess I'll go to bed hungry." 5. On another unknown date and time, R #13 went into the kitchen/serving area asking for coffee. 6. DCS #1 yelled at [redacted] to get out and told [redacted] was not supposed to be there and proceeded to push [redacted] out and locked the door behind [redacted] PP. On [redacted]23 at 12:58 pm, during an interview, [name of companion for R#2] confirmed she wrote the following in her Witness Statement dated [redacted]23: 1. On an unknown date and time, R #13 was asking for dinner and dessert. 2. DCS #1 started yelling at [redacted] "You already ate [name of resident]! I served you already." 3. DCS #1 continued to argue with R #13 instead of giving [redacted] another serving. 4. R #13 stormed off to [redacted] room and mumbled, "I guess I'll go to bed hungry." 5. On another unknown date and time, R #13	A 032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7117	A. BUILDING: _____ B. WING _____	C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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 032	Continued From page 19 went into the kitchen/serving area asking for coffee. 6. DCS #1 yelled at [redacted] to get out and told [redacted] was not supposed to be there and proceeded to push [redacted] out and locked the door behind [redacted] 7. She [name of companion for R#2] also clarified during the interview that DCS #1 did not push R #13 down, put [redacted] hands on [redacted] shoulders and moved [redacted] out the door. 8. She also stated during the interview that there were no witnesses to the incident. 9. She also stated during the interview that she did not report these incidents to the facility until she provided her Witness Statement to them dated [redacted]23. QQ. Record review of R #13's resident file revealed there was no documentation, progress notes, or incident reports regarding the incident. RR. On [redacted]23 at 9:55 am, during an interview, the MCD, confirmed: 1. The incident reported by [name of companion for R #2] on the Witness Statement dated [redacted]23 regarding the incident with R #13 was not reported to the Licensing Authority. 2. She did not submit a FUR to the Licensing Authority within five (5) business days from the date the incident occurred.	A 032		
A 033	7 NMAC 8.2.33 Resident Rights 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	A 033	A 033 7 NMAC 8.2.33 Resident Rights 1.All reported incidents involving suspicion of abuse and neglect will be investigated immedietly. 2. All Direct Care staff will be trained on how to report any issues of abuse and neglect as well as residents rights on [redacted]2023. 3. Record of this training will be kept in Direct Care Staffs personal file. 4.Facility Administrator will review with all management any issues of suspected abuse or neglect at quarterly quality control meetings to ensure compliance is being met and review ways to prevent such inicednts. 5.Any staff member suspected of abuse and neglect will be placed on administrative leave until internal investigation is completed. 6. Director of Health and Wellness or Memory Care Director will report all reportable incidents of suspected abuse, neglect or exploitation in the required 24 hour time frame in accordance with 7 .1.13 NMAC and submit form Health Facility incident report (SFY 2017) to license authority.	[redacted]024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7117	A. BUILDING: _____ B. WING _____	C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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 033	Continued From page 20 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; (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	A 033		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7117	A. BUILDING: _____ B. WING _____	C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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 033	Continued From page 21 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 fifteen (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; (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 fourteen (14) calendar days or sooner;	A 033		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7117	A. BUILDING: _____ B. WING _____	C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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 033	Continued From page 22 (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. [7.8.2.33 NMAC - Rp, 7.8.2.34 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.33 D (1) (11) a Based on record review and interview, the facility failed to ensure for [redacted] residents sampled for possible abuse and/or neglect, that they were: 1. Free from physical, emotional and verbal abuse	A 033		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7117	A. BUILDING: _____ B. WING _____	C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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 033	Continued From page 23 2. Treated with courtesy, respect, dignity and compassion. These deficient practices could likely result in the residents being at risk of verbal/physical abuse, and neglect. The findings are: Findings related to R #2: A. On [redacted]3 at 3:28 pm, during an interview, the MCD reported: 1. Former DCS #1 had been verbally abusive to R #s 2 and #4 during the month of May 2023. 2. Former DCS #1 was alleged to have been rough with residents while transferring them, specifically, pulling residents by their hands roughly during the month of May 2023. 3. There are written witness statements from facility staff and R #2's Companion. B. On [redacted]23 at 9:56 am, during an interview, DCS #3 stated R #2 told [redacted] (exact date unknown) that DCS #1 had been rough with [redacted] C. On [redacted]23 at 10:00 am, during an interview, R #2 reported: 1. DCS #1 was rough and transferred [redacted] by grabbing by [redacted]ands roughly. [redacted] could not provide any exact dates or times. 2. R #2 could not recall if [redacted]obtained any bruising or injuries as a result of DCS #1 grabbing [redacted] roughly by the hands when transferring [redacted] 3. On an unknown date and time, R #2 was in [redacted] room and asked DCS #1 to help [redacted] to the restroom. [redacted] stated DCS #1 told [redacted] "You could take care of yourself, you are a [redacted] R #2 stated DCS #1 scolded [redacted] and left the room. D. On [redacted]23 at 1:49 pm, during an interview, DCSAM #2 reported:	A 033		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7117	A. BUILDING: _____ B. WING _____	C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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 033	Continued From page 24 1. She saw DCS #1 transfer R #2 roughly, by pulling and grabbing the resident's by [redacted] hands. She stated she could not remember the exact dates, but confirmed it was during the time DCS #1 worked at the facility, likely in April or May 2023. 2. On [redacted]/23, the following occurred: a. DCSAM #2 could hear R #2 screaming from down the hall, so DCSAM #2 went to give R #2 [redacted] night time medications. b. Upon entering R #2's room, DCSAM #2 found R #2 hysterical (highly emotional). c. DCSAM #2 gave R #2 a few minutes to calm down and then R #2 told [redacted] that DCS #1 left [redacted] in the room, when R #2 asked for her (DSC #1) to help [redacted] to the restroom, DCS #1 refused to help [redacted] and left the room. d. DCSAM #2 stated R #2's pants were soiled to the back of [redacted] knee, [redacted] shirt was soaked, and [redacted] adult diaper was full of urine and feces. e. DCSAM #2 stated she helped R #2 get cleaned up and stated R #2 told [redacted] she did not want DCS #1 to work with (provide care and assistance) for [redacted] anymore. E. Record review of a Witness Statement dated [redacted]/23 written by DCSAM #2 revealed: 1. On [redacted]/23 DCSAM #2 went into R #2's room to give [redacted] night time medications. DCSAM #2 could hear R #2 screaming from the hall. When DCSAM #2 entered the room R #2 was hysterical. DCSAM #2 gave [redacted] R #2) a few minutes to calm down and R #2 told DCSAM #2 that DCS #1 had left and never came back even after [redacted] asked to be taken to the restroom. DCSAM #2 proceeded to give R #2 a shower. R #2's pants were soiled to the back of [redacted] knee. The back of R #2's shirt was soaked. When she removed R #2's adult diaper, it was full of urine and feces.	A 033		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7117	A. BUILDING: _____ B. WING _____	C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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 033	Continued From page 25 2. DCSAM #2 called the MCD on the phone and let her know what happened and the MCD could hear R #2 crying in the background. F. Record review of an email from the MCD to the ED date[redacted]/23 at 5:13 pm revealed: 1. The MCD reported on [redacted]23 at 8:00 pm, she received a phone call from DCSAM #2, who was in R #2's room. 2. The MCD stated R #2 was very upset, and MCD could hear R #2 crying, telling DCSAM #2 that DCS #1 lef[redacted]soaking wet and soiled even though R #2 req[redacted]ed DCS #1 to clear[redacted]up and maybe give[redacted] a shower, DCS #1 told R #2 she (DCS #1) would come back, and never came back. 3. At that time, DCSAM #2 showered R #2 and put[redacted]o bed for the evening, and assured[redacted] that[redacted]was safe. 4. She stated she had been approached many times by other staff members that R #2 had stated to them tha[redacted]R #2) was afraid of DCS #1, but was afraid to speak up, and[redacted]may have been previously treated badly by DCS #1. G. On [redacted]/23 at 10:26 am, during an interview, the MCD confirmed she wrote the email to the ED dated [redacted]23 at 5:13 pm, after receiving the call from DCSAM #2 on [redacted]23 at 8:00 pm reporting that R #2 was found crying and soiled in [redacted]room and stated that DCS #1 refused to help [redacted] H. On [redacted]23 at 1:45 pm, during an interview, the MCD confirmed: 1. DCS #3 and DCSAM #2 were the staff that she could recall telling her that R #2 was afraid of DCS #1, however, she could not recall exactly when that happened. 2. She (MCD) reached out to R #2's companion	A 033		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7117	A. BUILDING: _____ B. WING _____	C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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 033	Continued From page 26 and DCSAM #2 after the incident on [redacted]/23 at 8:00 pm, so she could have them write a Witness Statement regarding any incidents with DCS #1. I. On [redacted]23 at 2:00 pm, during an interview, the MCD confirmed: 1. DCS #1 was placed on a temporary suspension on [redacted]23 after the ED was notified of the incident via the email she sent. 2. The corporate office elected to terminate DCS #1 and she did not come back to work. J. On [redacted]23 at 10:34 am, during an interview, the ED stated: 1. The termination date for DCS #1 was [redacted]23 and she was put on administrative leave on [redacted]23 and did not work during that time. 2. She received a call from the MCD on [redacted]23, who stated she was concerned about R #2 crying because DCS #1 left [redacted]wet/soiled and did not feel comfortable with her (DCS #1). 3. The email mentioned the allegations about R #2 and other residents. 4. That after receiving the email from the MCD, she (ED) called and sent an email to her corporate office for guidance. K. Record review of emails dated [redacted]23 thru [redacted]23 revealed that: 1. DCS #1 was suspended and put on leave pending an investigation and getting witness statements from everyone involved. 2. On [redacted]23 DCS #1 was terminated for unacceptable behavior. L. Record review of DCS #1's employee file revealed a document labeled, "Counseling Documentation Form" stated: 1. Date of occurrence was [redacted]23. 2. Nature of violation was conduct/behavior.	A 033		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7117	A. BUILDING: _____ B. WING _____	C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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 033	Continued From page 27 3. Level of corrective action was termination. M. On [redacted]23 at 11:06 am, during an interview, DCSAM #3 stated: 1. R #2 would cry when DCS #1 was around. 2. R #2 stated [redacted]id not want DCS #1 to assist [redacted]but did not say why. N. Record review of staff progress notes for R #2 revealed the following entries dated: 1. [redacted]23 by DCSAM #2 for the 2 pm-10 pm shift stated: Went in to give bed time medications and found resident crying in recliner. (R #2) told me the [redacted](DCS #1) came in and didn't want to hel[redacted] the bathroom, then left. Was very upset and soaked. I gave [redacted]a shower and put [redacted]to bed. MCD was notified. 2. [redacted]2/23 by DCSAM #1 for the 6 am-2 pm shift stated: (R #2) was upset this morning. Had a good day the rest of the morning/afternoon. 3. [redacted]3 by DCSAM #2 for the 2 pm-10 pm shift stated: Upset about the incident that happened [redacted]3, but [redacted]elt better when [name of companion] came by. 4. [redacted]23 by DCSAM #2 for the 2 pm-10 pm shift stated: Please keep [redacted] in [redacted] living room area. Gets really anxious in room by [redacted] O. On [redacted] at 1:30 pm, during an interview, DCS #4 stated: 1. On an unknown date or time, R #2 told him that DCS #1 said some evil things to [redacted]nd hurt [redacted] feelings. He stated he was not sure exactly what DCS #1 told R #2. 2. He stated he was aware that R #2 was not [redacted] comfortable around DCS #1, so he took over [redacted] care. P. Record review of a written Witness Statement dated [redacted]23 provided by [name of companion]	A 033		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7117	A. BUILDING: _____ B. WING _____	C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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 033	Continued From page 28 of R #2 revealed: 1. On an unknown date and time, the R #2's Companion reported on the witness statement that DCS #1 went into R #2's room and told [redacted] can help [redacted] and put [redacted] to bed. The little kids in Cuba can take care of themselves, so you should too." 2. She stated R #2 said DCS #1 was, "rude and belittling and rough." 3. She stated another time (exact date not provided), R #2 was in [redacted] room resting and watching television. R #2 kept screaming for help because [redacted] really needed the bathroom. After a long time of yelling, DCS #1 came in and asked her why [redacted] was yelling. DCS #1 then told [redacted] (R #2) she (DCS #1) was putting [redacted] to bed. R #2 told DCS #1, "No, I need to be changed first, I peed myself." DCS #1 just walked out and left [redacted] soiled. DCSAM #2 showered [redacted] and got [redacted] ready for bed. The next morning, she (Companion) found [redacted] soiled pants in the hamper. 4. R #2 kept saying [redacted] did not want DCS #1 taking care of [redacted] Q. On [redacted]23 at 12:58 pm, during an interview, [name of companion for R #2], she stated: 1. She wrote the Witness Statement dated [redacted]/23 and it stated: a. On an unknown date and time, the Companion reported on the Witness Statement that DCS #1 went into R #2's room and told [redacted] can help [redacted] and put [redacted] to bed. The little kids in Cuba can take care of themselves, so you should too." b. R #2 said DCS #1 was, "rude and belittling and rough." c. Another time (exact date not provided), R #2 was in [redacted] room resting and watching television. R #2 kept screaming for help because [redacted] really	A 033		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7117	A. BUILDING: _____ B. WING _____	C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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 033	Continued From page 29 needed the bathroom. After a long time of yelling, DCS #1 came in and aske[redacted]R #2) why [redacted] was yelling. DCS #1 then told her [redacted] was putting [redacted]R #2) to bed. R #2 told DCS #1, "No, I need to be changed first, I pooped myself." DCS #1 just walked out and left [redacted] soiled. DCSAM #2 showered [redacted] and got [redacted] ready for bed. The next morning, she (Companion) found [redacted] soiled pants in the hamper. d. R #2 kept saying [redacted] did not want DCS #1 taking care o[redacted] 2. She stated that R #2 reported these things to her, and that is how she found out about it. 3. DCSAM #2 called her on the phone after the incident, and she could hear R #2 crying in the background. 4. R #2 seemed scared after the incidents. 5. R #2 was afraid to tell her about the incidents because [redacted] was afraid DCS #1 would find out and get mad. 6. R #2 would ask if DCS #1 was on shift, and she would have to reassure her that she was not, and this happened multiple times (dates not recalled). 7. R #2 said that [redacted] did not want DCS #1 showering [redacted] or putting [redacted] to bed. R. On [redacted]/23 at 10:35 am, during an interview, DCS #1 stated: 1. Regarding grabbing residents by the hands roughly when transferring, she stated, "If they are able to stand on their own, I would try to get them by their hands but not actually pull them. I would tell them that they are going to stand, and I would grab them from their under arm." She stated she never transferred residents in a rough manner or grabbed them roughly by their hands. 2. She denied ever telling R #2, [redacted] can help [redacted] and put [redacted] to bed. The little kids in Cuba can take care of themselves, so you should	A 033		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7117	A. BUILDING: _____ B. WING _____	C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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 033	Continued From page 30 too." She stated R #2 asked where she was from, and she told [redacted] he was from Cuba, but nothing else about Cuba was ever mentioned. She stated she never verbally abused R #2. 3. Regarding the incident on [redacted]23, she stated she never left R #2 soiled and she had to finish putting another resident to bed, and then came back to help R #2, who was wet (needed to be changed). She stated DCSAM #2 was on the phone and was not helping her, but she (DCS #1) came back and helped R #2. S. On [redacted]23 at 9:55 am, during an interview,the MCD confirmed that she was not aware of the incidents reported by the [name of companion for R #2] until after reading the witness statement. Findings related to R #4: T. Record review of a Witness Statement provided by Activities Staff #1 revealed: 1. On [redacted] at 2:30 pm, during Happy Hour, she noticed DCS #1 sitting at a table with R #4, and R #4 became agitated. 2. R #4 was seated in a wheelchair, and pushed [redacted] a bit away from facing the table and asked for another soda. 3. DCS #1 became forceful and was trying to push R #4 back into the table as R #4 immediately pushed back again, and again, as this happened three or four times. 4. As R #4 continued to ask for another soda, DCS #1 sternly told [redacted] was not going to get another soda and began to raise her voice and ordered R #4 to sit straight towards the table. 5. After repeatedly arguing with R #4, DCS #1 called another staff member to escort R #4 back to the MCU at 2:45 pm.	A 033		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7117	A. BUILDING: _____ B. WING _____	C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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 033	Continued From page 31 U. On [redacted]3 at 12:06 pm, during an interview, Activities Staff #1 confirmed that she wrote the following in a Witness Statement date[redacted]23 and that the following happened: 1. On [redacted]/23 at 2:30 pm, during Happy Hour, she noticed DCS #1 sitting at a table with R #4, and R #4 became agitated. 2. She stated R #4 was seated in a wheelchair, and pushed[redacted] a bit away from facing the table and asked for another soda. 3. DCS #1 became forceful and was trying to push R #4 back into the table as R #4 immediately pushed back again, and again, as this happened three or four times. 4. As R #4 continued to ask for another soda, DCS #1 sternly told[redacted] was not going to get another soda and began to raise her voice and ordered R #4 to sit straight towards the table. 5. After repeatedly arguing with R #4, DCS #1 called another staff member to escort R #4 back to the MCU at 2:45 pm. V. On [redacted]23 at 11:34 am, during an interview, Activities Staff #2 stated: 1. She (Activities Staff #2) saw R #4 really upset on [redacted]3 at 2:30 pm during Happy Hour. 2. Another DCS (unknown name) came up to take R #4 back to the MCU, and R #4 was really upset and threw a soda and the soda went flying. 3. She never saw R #4 get angry the way [redacted] was on [redacted]3 at 2:30 pm. 4. She did not know anything about the wheelchair being pushed back into the table because she was busy helping other residents. W. On [redacted]23 at 10:35 am, during an interview, DCS #1 stated regarding the incident on [redacted]3 at 2:30 pm: 1. DCS #1 stated she could not remember who R #4 was.	A 033		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7117	A. BUILDING: _____ B. WING _____	C 09/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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 033	Continued From page 32 2. She stated she did not remember telling R #4 that [redacted] could not have a soda, and the staff there were the ones doing the serving of the soda. 3. She stated she did put R #4 back in the wheelchair and put the breaks on. She stated she does not remember if she repeatedly pushed [redacted] back toward the table in her wheelchair when R #4 was trying to push herself away from the table.	A 033		