

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5881	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/11/2025
NAME OF PROVIDER OR SUPPLIER CASA CONTENTA ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 4805 SOMBRERETE ROAD SE RIO RANCHO, NM 87124		
(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 Initial Comments The following deficiencies were cited during a complaint survey completed on 09/11/25 for the State requirements of NMAC 8.370.14, Regulations for Assisted Living Facilities for Adults. Complaint Intake NM [REDACTED] was investigated, and deficiencies were cited. Complaint Intake NM [REDACTED] was investigated, and deficiencies were not cited. Resident census: [REDACTED]	8 000		
8 017	8 NMAC 370.14.17 Staff Training A. Training and orientation for each new employee and volunteer that provides direct care shall include a minimum of 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 12 hours annually, the orientation, training and proof of competency shall include: (1) fire safety and evacuation training; (2) first aid; (3) safe food handling practices (for persons involved in food preparation), to include: (a) instructions in proper storage; (b) preparation and serving of food; (c) safety in food handling; (d) appropriate personal hygiene; and (e) infectious and communicable disease control; (4) confidentiality of records and resident information; (5) infection control;	8 017		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

OUKS11

If continuation sheet 1 of 19

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8 017	Continued From page 1 (6) resident rights; (7) reporting requirements for abuse, neglect or exploitation in accordance with 8.370.9 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. [8.370.14.17 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.17 A B C (1) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) Based on record review and interview, the facility failed to ensure 1 (DCS #3) of 1 (DCS #3) Direct Care Staff, whose training file was reviewed for compliance, received the required annual training. This deficient practice has the potential for all residents listed on the facility census provided by the Administrator to be at risk of harm or injury if staff have not received the required orientation and /or annual training on proper methods of providing care and services. The findings are:	8 017	Deficiencies 370.14.17 ABC 1, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 will be revised. Training and orientation for each "New" employee and Volunteer shall include a minimum of 16 hrs of supervised training prior to providing unsupervised care for residents. Documentation of orientation and subsequent trainings shall be kept in the personel file at the facility and will be unified and in order with a table of contents. All Annual training shall include a separate form that shows each training 1-12 , date, completed and signed by TRAINER and TRAINEE. All training will have certificates to show compliance and will be in the DCS file. The Administrator will check files monthly to ensure compliance.	10/19/2025

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8 017	Continued From page 2 A. Record review of DCS #3 (date of hire 03/20/2018) staff record of training revealed, the record did not contain documentation of any updated annual training for: 01. Fire Safety and Evacuation Training, 04. Confidentiality of records and resident information, 05. Infection control, 06. Resident rights, 07. Reporting requirements, 08. Smoking policy for Staff, Residents, and Visitors, 09. Methods to providing quality Resident care, 10. Emergency procedures, 11. Medication assistance, including the certificate of training for staff that assist with medication delivery, 12. The proper way to implement a resident Individual Service Plan (ISP) for staff that assist with ISPs B. On 09/10/25 at 2:00 pm, during an interview, the Administrator confirmed there are incomplete records for annual training on DCS #3 files. C. Record review of the facility's Medication Administration Record (MAR) revealed that DCS #3 is actively dispensing medication. D. Record review of the Narcotic dispensing log revealed that DCS #3 dispensed medications on 8/20/25, 8/21/25, 8/25/25, 8/26/25, and 8/28/25. E.. On 9/1/25 at 8:43 am, during an interview, the Administrator confirmed that DCS #3 dispensed medication.	8 017	All Annual training will contain: Fire Safety and Evacuation, Confidentiality of resident records and information, Infection Control, Resident Rights, Reporting Requirements, Smoking Policy for DCS and Residents, Methods to Provide Quality Resident Care, Emergency Procedures, Medication Assistance and Delivery, and Proper way to Implement ISP for staff that assist with ISP's. All Certifications will will be in DCS files with a table of contents to locate information easily and quickly. No DCS shall dispense Medication unless the DCS have training updated in file yearly. All Employee files will be reviewed monthly by the Administrator to ensure all certificates for Annual training are up to date and are all completed. Medication assistance and Delivery will be reviewed yearly and certified by the Administrator to make sure facility is in compliance.		10/19/2025

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8 021	Continued From page 3	8 021			
8 021	8 NMAC 370.14.21 Resident Records A. Record contents: A record for each resident shall be maintained in accordance with the specific requirements of this section. Entries in each resident's record shall be legible, dated and authenticated by the signature of the person making the entry. Resident records shall be readily available on site and organized utilizing a table of contents. Each resident record shall include: (1) the admission agreement records, as set forth in 8.370.14.20 NMAC; (2) the resident evaluation form, that is to be completed within 15 days prior to admission and updated at a minimum of every six months; (3) the current ISP, that is to be completed within 10 calendar days of admission and updated at a minimum of every six months; (4) the physical examination report; the physical examination report shall have been completed within the past six months, by a primary care physician, a nurse practitioner or a physician's assistant and shall be on file in the resident's record within 10 days of admission; (5) personal and demographic information for the resident, to include: (a) current names, addresses, relationship and phone numbers of family members, or surrogate decision makers updated as necessary; (b) resident's name; (c) age; (d) recent photograph; (e) marital status; (f) date of birth; (g) sex; (h) address prior to admission; (i) religion (optional); (j) personal physician;	8 021			

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8 021	Continued From page 4 (k) dentist; (l) social history; (m) surrogate decision maker or other emergency contact person; (n) language spoken and understood; (o) legal documentation relevant to commitment or guardianship status; (p) current medications list; and (q) required diet; (6) unless included in the admission agreement, a separate written agreement between the facility and the resident relating to the resident's funds, in accordance with the facility's policy and procedures; (7) entries by direct care staff, appropriate health care professionals and others authorized to care for the resident; entries shall be dated and signed by the person making the entry and shall include significant information related to the ISP; (8) entries that provide a written account of all accidents, injuries, illnesses, medical and dental appointments, any problems or improvements observed in the resident, any condition that would indicate a need for alternative placement or medical attention and entries reflecting appropriate follow-up; the maintenance of such written documentation in the resident record may be by copy of an incident or accident report, if the original incident or accident report is maintained elsewhere by the facility; (9) the medication assistance record (MAR); the MAR is the document that details the resident's medication; the MAR shall include all of the information pursuant to Subsection G of 8.370.14.35 NMAC of this rule; (10) progress notes completed by any contract agency (e.g., hospice, home health); the progress notes shall include the date, time and type of health services provided;	8 021			

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8 021	Continued From page 5 (11) copies of all completed and signed transfer forms from the accepting facility when a resident is transferred to a hospital or another health care facility and when the resident is transferred back to the facility; and (12) upon the death or transfer of a resident, documentation of the disposition of the resident's personal effects and money or valuables that are deposited with the assisted living facility. B. Resident records maintenance: (1) Current resident records shall be maintained on-site and stored in an organized, accessible and permanent manner. (2) The facility shall establish a policy to maintain and ensure the confidentiality of resident records, including the authorized release of information from the resident records. (3) Non-current resident records shall be maintained by the facility against loss, destruction and unauthorized use for a period of not less than five years from the date of discharge and readily available within 24 hours of request. (4) There shall be a policy and procedure in place for record retention in the event of facility closure. (5) Failure to follow facility policies is grounds for sanctions. [8.370.14.21 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.21 A (11) Based on record review and interview, the facility failed to ensure for 1 (R#1) of 1 (R#1) residents, that resident's records were maintained in accordance with the specific requirement of organization utilizing a table of contents. This deficient practice has the potential for staff to	8 021			

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8 021	Continued From page 6 be unable to access resident-specific information to provide adequate care for residents. The findings are: A. Record review of R #1's (date of admission [REDACTED] discharge [REDACTED] record revealed that the entire file was in disarray and did not contain a table of contents. B. On 09/09/25 at 11:10 am, during an interview, the Administrator confirmed that there was not a table of contents and the entire resident file was not organized. C. Record review of R #1's record revealed that there was no "resident discharge/transfer form" indicating when the resident left or where [REDACTED] was transferred to when R #1 discharged on [REDACTED] D. On 09/09/25 at 11:10 am, during an interview, the Administrator confirmed that there was no "resident discharge/transfer form" in R #1's file.	8 021	A. All Resident records will have a "Table of Contents" even after they have been discharged from the facility. All Records will be stored/archived in the same uniformed way. The Administrator will be responsible in checking files on a monthly basis and when discharged to ensure files are complete, organized with a "Table of Contents". B. All Resident files will be uniform for easy access and reviewed monthly to ensure organization and compliance is met. C. All Resident files will include a DISCHARGE/ TRANSFER FORM if they have vacated the facility (Death or Move out) and files will be checked by Administrator for complete/ uniformed content before archiving in a secure location for 5 years in case they need to be reviewed. D. The Administrator will ensure all "Discharged/ Transferred" Residents have a form filled out stating why or where they will reside after leaving our facility (Death, new address etc..).This form will be filled out by the Administrator within 24hrs of discharge and placed in the file before archiving it.	10/19/2025
8 035	8 NMAC 370.14.35 Medication Administration of medications or staff assistance with self-administration of medications shall be in accordance with state and federal laws. No medications, including over-the-counter medications, PRN (when needed) medications, or treatment shall be started, changed or discontinued by the facility without an order from the physician, physician assistant or nurse practitioner and with entry into the resident's record. A. State board of nursing licensed or certified health care professionals are responsible for the administration of medications. Administration	8 035		

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8 035	Continued From page 7 may only be performed by these individuals. B. Facility staff may assist a resident with the self-administration of medications if written consent by the resident is given to the administrator of the facility or the administrator's designee. If the resident is incapable of giving consent, the surrogate decision maker named in accordance with New Mexico law may give written consent for assistance with self-administration of medications. All staff that assist with self-administration of medications shall have successfully completed a state approved assistance with self-administration of medication training program or be licensed or certified by the state board of nursing. C. PRN (pro re nada) medication: (1) Physician or physician extender's orders for PRN medications shall clearly indicate the circumstances in which they are to be used, the number of doses that may be given in a 24-hour period and indicate under what circumstances the primary care practitioner (PCP) is to be notified. (2) The utilization of PRN medications shall be reviewed routinely. Frequent or escalating use of PRN medications shall be reported to the PCP. D. Only a licensed nurse (RN or LPN) shall administer any medications or conduct any invasive procedures provided by the following routes: intravenous (IV), subcutaneous (SQ), intramuscular (IM), vaginal or rectal. Only a licensed nurse shall administer non-premixed nebulizer treatments. E. The facility shall have medication reference material that contains information relating to drug interactions and side effects on the premises. Staff that assist in the self-administration of medications shall know interactions or possible side effects that might occur. F. Medications prescribed for one resident shall	8 035		

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8 035	Continued From page 8 not be used for another resident. G. Medication assistance record (MAR): For residents who are not independent and require assistance with self-administration, the facility shall have a MAR that documents the details of the residents' medication, including PRN and over-the-counter medication that is assisted with self-administration by qualified staff or administered to the resident by licensed or certified staff. The information in the MAR shall include: (1) the resident's name; (2) any known allergies to medication that the resident has; (3) the name of the resident's PCP or the prescriber of the medication; (4) the diagnosis or reason for the medication; (5) the name of the medication, including the drug product brand name and the generic name; (6) notation if the medication is a schedule II-IV drug; (7) the dosage of the medication; (8) the strength of the medication; (9) the frequency or how often the medication is to be taken or given; (10) the route of delivery for the medication (mouth, eye, ear, other); (11) the method of delivery for the medication (pills, drops, IM injection, other); (12) the date that the medication was started or discontinued; (13) any change in the medication order; (14) pre-medication information (i.e., pulse, respiration, blood pressure, blood sugar) as required by the medication order; (15) the date and time that the medication is self-administered, administered with assistance or is administered; (16) the initials and signature of the person	8 035		

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8 035	Continued From page 9 assisting with or administering the medication; (17) the desired results obtained from or problems encountered with the medication (pain relieved, allergic reaction, etc.); (18) any refused dose of medication; (19) any missed dose of medication; and (20) any medication error. H. No medication shall be stopped or started without specific orders from the primary care physician. I. If a resident refuses to take a prescribed medication, it shall be documented and the facility shall report it to the prescriber. J. A suspected adverse reaction to a medication shall be documented on the MAR and reported immediately to the PCP and the resident's surrogate decision maker. If applicable, emergency medical treatment shall be arranged. Documentation of the event shall be kept in the resident's record. K. Prescription medication, other than blister packs and unit dose containers, shall be kept in the original container with a pharmacy label that includes the following: (1) the resident's name; (2) the name of the medication; (3) the date that the prescription was issued; (4) the prescribed dosage and the instructions for administration of the medication; and (5) the name and title of the prescriber. L. Any medication that is removed from the pharmacy container or blister pack shall be given immediately and documented by the staff that assisted with the medication delivery. M. The facility shall report all medication errors to the physician, documentation of medication errors and the prescriber's response shall be kept in the resident's record. N. The facility shall develop and follow a written	8 035		

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8 035	Continued From page 10 policy for unused, outdated, or recalled medications kept in the facility in accordance with 16.19.11.10 NMAC. [8.370.14.35 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: NMAC 8.370.14.35 G (15) (16) Based on record review and interview, the facility failed to initial the Medication Administration Record (MAR) for 1 (R #2) of 7 (R #1 - R #7) residents to demonstrate if medication was missed, refused, or administered to residents. This deficient practice could likely result in residents records being incomplete should there be an error in administered medications. The findings are: A. Record review of R #2's July 2025 Medication Administration Record (MAR) revealed the following: [REDACTED] [REDACTED] It was not documented as administered from July 8th through July 31st with no exception noted. [REDACTED] [REDACTED] It was not documented as administered from July 8th through July 31st with no exception noted. [REDACTED] [REDACTED] It was not documented as administered from July 8th through July 31st with no exception noted.	8 035	Facility Medication Techs may assist with self delivery of medications per Dr. orders once they have completed the medication training per state guidelines and receive their certificate. Medications Techs will use the MAR correctly by demonstrating if a medication has been refused, missed, or administered. The House Manager and or Administrator will check MARS daily to ensure They are complete and or if any medication errors are in need of review. A. All "Paper MAR's" (if they are being used because resident is not in Quick MAR yet or system is down) will be stored in the Resident's binder for review anytime. The House Manager and or Administrator will check daily to ensure ALL MAR's have been documented including exceptions. All "Electronic MAR's" will be stored in the facility computer and reviewed daily by House Manager or Administrator for Medication Tech initials on all MAR's they have assisted with including any exceptions during their scheduled shift to ensure compliance.	

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8 035	Continued From page 11 B. On 09/9/25 at 10:16 am, during an interview, the administrator confirmed R #2's July 2025 MAR did not contain the initials on the date and time of the staff assisting with the administration of medication and no exception was documented. C. Record review of R #2's August 2025 Medication Administration Record (MAR) revealed the following: [REDACTED] [REDACTED] it was not documented as administered from August 1st through August 18th with no exception noted. [REDACTED] [REDACTED] it was not documented as administered from August 1st through August 18th with no exception noted. [REDACTED] [REDACTED] it was not documented as administered from August 1st through August 18th with no exception noted. [REDACTED] [REDACTED] it was not documented as administered from August 1st through August 18th with no exception noted. [REDACTED] [REDACTED] it was not documented as administered from August 1st through August 18th with no exception noted. [REDACTED] [REDACTED] it was not documented as administered from August 1st through August 18th with no exception noted. D. On 09/10/25 at 10:45 am, during an interview, the Administrator confirmed R #2's August 2025 MAR did not contain the initials on the date and	8 035	B. The facility Administrator will ensure all MAR's, Paper or Electronic, contain Med Tech initials on all dates and times they assist with medications including exceptions. C. New Residents waiting to be entered into Quick MAR may have a Paper MAR until this is completed. The Paper MAR will have all Meds documented with initials when Medication is assisted with, including exceptions. the House Manager and Administrator will ensure compliance with MAR's are being documented correctly on a daily basis and making sure the contracted Pharmacy is quick to add NEW Resident and information to QuickMar. D. All MAR's, Electronic or Paper will contain Med Tech initials on the date and time Medications are assisted with, refused, or otherwise. The Administrator and House Manager will check MAR daily to ensure compliance.	10/19/2025

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(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
8 035	Continued From page 12 time of the staff assisting with the administration of medication and no exception was documented.	8 035			
8 036	8 NMAC 370.14.36 Nutrition The facility shall provide planned and nutritionally balanced meals from the basic food groups in accordance with the "recommended daily dietary allowance" of the American dietetic association, the food and nutrition board of the national research council, or the national academy of sciences. Meals shall meet the nutritional needs of the residents in accordance with the "2005 USDA dietary guidelines for Americans." Vending machines shall not be considered a source of snacks. A. Dietary services policies and procedures: The facility will develop and implement written policies and procedures that are maintained on the premises and that govern the following requirements. (1) Meal service: The facility shall: (a) serve at least three meals or their equivalent each day at regular times with no more than 16 hours between the evening meal and morning meal with snacks freely available; (b) provide snacks of nourishing quality and post on the daily menu; (c) develop menus enjoyed by the residents and served at normal intervals appropriate to the residents' preferences; (d) post the weekly menu, including snacks where residents and families are able to view it; posted menus shall be followed and any substitution shall be of equivalent nutritional value and recorded on the posted menu; identical menus shall not be used within a one week cycle; (e) have special menus or meal items following guidelines from the resident's physician for	8 036			

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8 036	Continued From page 13 residents who have medically prescribed special diets; (f) serve all residents in a dining room except for residents with a temporary illness, or with documented specific personal preference to have meals in their room; (g) allow sufficient time for meals to enable residents to eat at a leisurely pace and to socialize; and (h) contact the resident's PCP within 48 hours if a resident consistently refuses to eat. (2) Staff in-service training: The facility shall provide an in-service training program for staff that are involved in food preparation at orientation and at least annually and that includes: (a) instruction in proper food storage; (b) preparation and serving food; (c) safety in food handling; (d) appropriate personal hygiene; and (e) infectious and communicable disease control. B. Dietary records: The facility shall maintain the following documentation onsite: (1) a systematic record of all menus and revisions, including snacks, for a minimum of thirty (30) calendar days; (2) a systematic record of therapeutic diets as prescribed by a PCP; (3) a copy of the most recent licensing inspection and for facilities with 10 or more residents, a copy of the New Mexico environment department inspection with notations made by the facility of action taken to comply with recommendations or citations; and (4) a daily log of the recorded temperatures for all facility refrigerators, freezers and steam tables maintained and available for inspection for 30 calendar days.	8 036		

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8 036	Continued From page 14 C. Clean and sanitary conditions: All practices shall be in accordance with the standards of the state environment department, pursuant to 7.6.2 NMAC. (1) Kitchen sanitation: (a) Equipment and work areas shall be clean and in good repair. Surfaces with which food or beverages come into contact shall be of smooth, impervious material free of open seams, not readily corrodible and easily accessible for cleaning. (b) Utensils shall be stored in a clean, dry place protected from contamination. (c) The walls, ceiling and floors of all rooms that food or drink is stored, prepared or served shall be kept clean and in good repair. (2) Washing and sanitizing kitchenware: (a) All reusable tableware and kitchenware shall be cleaned in accordance with procedures that include separate steps for prewashing, washing, rinsing and sanitizing. (b) Proper dishwashing procedures and techniques shall be utilized and understood by the dishwashing staff. (c) Periodic monitoring of the operation of the detergent dispenser, washing, rinsing and sanitizing temperatures shall be performed and documented. (d) When a dishwashing machine is utilized, the cleanliness of the machine, its jets and its thermostatic controls shall be monitored and documented by the facility. A monthly log of the recorded temperature of the dishwasher shall be maintained in the facility and available for inspection. (3) Sinks for hand washing shall include hot and cold running water, hand-washing soap and disposable towels. (4) All garbage and kitchen refuse that is not	8 036		

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CASA CONTENTA ASSISTED LIVING

4805 SOMBRERETE ROAD SE
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8 036	Continued From page 15 disposed of through a garbage disposal unit shall be kept in watertight containers with close-fitting covers and disposed of daily in a safe and sanitary manner. (5) Cooks and food handlers shall wear clean outer garments and hair nets or caps and shall keep their hands clean at all times when engaged in handling food, drink, utensils or equipment in accordance with the local health authority. Disposable gloves shall be used in accordance with the local health authority. D. Food management: The facility shall store, prepare, distribute and serve food under sanitary conditions and in accordance with the regulations governing food establishments of local health authority having jurisdiction. (1) The facility shall ensure that a minimum of a three calendar day supply of perishables and a five calendar day supply of non-perishables or canned foods is available for the residents. (2) The facility refrigerator and freezer shall have an accurate thermometer which reads within or not more than plus or minus three degrees fahrenheit of the required temperature, located in the warmest section of the refrigerator and freezer and shall be accessible and easily read. (a) The temperature of the refrigerator shall be 35 - 41 degrees fahrenheit. (b) Freezer temperatures shall be maintained at zero degrees fahrenheit or below. (3) Refrigerators and freezers shall be kept clean and sanitary at all times. Food stored in refrigerators and freezers shall be covered, dated and labeled. Unused leftover food shall be discarded after three calendar days. (4) Steam tables, hot food tables, slow cookers, crock pots and other hot food holding devices shall not be used in heating or reheating food. Hot food temperatures shall be checked	8 036		

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8 036	Continued From page 16 periodically to insure that a minimum of 140 degrees fahrenheit is maintained. (5) Medication, biological specimens, poisons, detergents and cleaning supplies shall not be kept in the same storage areas used for storage of foods. Medications shall not be stored in the refrigerator with food; an alternate refrigerator for medication shall be used. (6) Canned or preserved foods shall be procured from sources that process the food under regulated quality and sanitation controls. This does not preclude the use of local fresh produce. The facility shall not use home-canned foods. (7) Dry or staple food items shall be stored at least six inches off the floor in a ventilated room that is not subject to sewage, waste water back-flow or contamination by condensation, leakage, rodents or vermin. (8) The facility shall ensure the following: (a) all perishable food is refrigerated and the temperature is maintained no higher than 41 degrees fahrenheit; (b) the temperature for all hot foods is maintained at 140 degrees fahrenheit; and (c) all displayed or transported food is protected from environmental contamination and maintained at proper temperatures in clean containers, cabinets or serving carts. E. Milk: (1) Raw milk shall not be used. (2) Condensed, evaporated, or dried milk products that are nationally recognized may be employed as "additives" in cooked food preparation but shall not be substituted or served to residents in place of milk. F. Collateral requirements: Compliance with this rule does not relieve a facility from the responsibility of meeting more stringent municipal regulations, ordinances or other requirements of	8 036		

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8 036	Continued From page 17 state or federal laws governing food service establishments. Local health authority having jurisdiction means municipal, county, state or federal agency(s) that have laws and regulations governing food establishments, liquid waste disposal, treatment facilities and private wells. [8.370.14.36 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.140.370.36 C (5) Based on observation and interview, the facility failed to ensure cooks and food handlers wore hair nets or caps at all times when engaged in handling food, drink, utensils or equipment in accordance with the local health authority. These deficient practices could likely result in residents being at risk of food contamination due to food handling without a hair net or cap, resulting in illness from consuming foods or beverages contaminated with harmful pathogens The findings are: A. On 09/09/25, at 8:00 am, during an observation of the kitchen, Direct Care Staff (DCS #1) was in the process of meal preparation without a hair net or cap. B. On 09/09/25 at 11:10 am, during an observation of the kitchen, Direct Care Staff (DCS #2) was in the process of meal preparation without a hair net or cap. C. On 09/09/25 at 8:00 am, during an interview with the administrator, she confirmed (DCS #1) was not wearing a hair net during meal preparation.	8 036	A. The House Manager will ensure DCS are wearing hair nets while preparing and serving meals or snacks to Residents. The House Manager will have Hair Nets more visible at all times to avoid noncompliance. DCS will be given a write up after first verbal warning. If the DCS receives 2 written warnings they will be removed from kitchen duties. B. The facility House Manager will ensure DCS are wearing Hair Nets and gloves while preparing and serving meals and snacks to residents. DCS will have Hair Nets visible and reminders to wear Hair Nets and gloves per signs. C. The facility Administrator has verbally warned DCS for not adhering to Policy and Procedures and will be written up if it happens again.	

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8 036	Continued From page 18 D. On 09/09/25 at 11:10 am, during an interview with the administrator, she confirmed (DCS #2) was not wearing a hair net during meal preparation.	8 036	D. The facility Administrator has given a verbal warning to DCS for not adhering to the facility policy and Procedure regarding the use of Hair Nets and Gloves while preparing and serving any food to Residents.	10/19/2025