STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2154	A. BUILDING: _____ B. WING _____	C 07/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TENDER HEART ASSISTED LIVING	**4308 TULANE DRIVE NE ALBUQUERQUE, NM 87107**

(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 07/22/24 for the state requirements of NMAC 8.370.14, Regulations for Assisted Living Facilities for Adults. Resident Census [redacted] Complaint Intake NM [redacted] was investigated, deficiencies not cited.	A 000		
A 023	7 NMAC 8.2.23 Pets PETS: Pets are permitted in a licensed facility, in accordance with the facility's rules. A. Prohibited areas. Animals are not permitted in food processing, preparation, storage, display and serving areas, or in equipment or utensil washing areas. Guide dogs for the blind and deaf and service animals for the handicapped shall be permitted in dining areas pursuant to Subsection K of 7.6.2.9 NMAC. B. Vaccination. Pets shall be vaccinated in accordance with all state and local requirements and records of such vaccination shall be kept on file in the facility. [7.8.2.23 NMAC - Rp, 7.8.2.24 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 8.370.14.23 B Based on record review and interview, the facility failed to ensure that all pets (dogs) living in the facility had current vaccination records on file at the facility.	A 023		

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A 023	Continued From page 1 This deficient practice has the potential for all [redacted] (R #s[redacted] residents listed on the census provided by the House Manager on 07/15/24 to be a risk of harm or illness if the residents are bitten or contract communicable diseases (an illness that can spread with contact of sick individuals or pets) from the animal that does not have current vaccinations. The findings are: A. Record review of vaccination records (dated 03/24/22), for R[redacted] dog living in the facility revealed the vaccine (Rabies) (a shot given to prevent a disease) was expired in March 2023, and was not up-to-date. B. On 07/17/24 at 10:15 am, during an interview with the Administrator, she confirmed R[redacted] dog's vaccination records were not up-to-date.	A 023		
A 025	7 NMAC 8.2.25 Resident Evaluation RESIDENT EVALUATION: A. A resident evaluation shall be completed by an appropriate staff member within fifteen (15) days prior to admission to determine the level of assistance that is needed and if the level of services required by the resident can be met by the facility. B. The initial resident evaluation shall establish a baseline in the resident ' s functional status and thereafter assist with identifying resident changes. The resident evaluation shall be reviewed and updated at a minimum of every six (6) months or when there is a significant change in the resident ' s health status. C. The resident ' s evaluation shall be	A 025		

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A 025	Continued From page 2 documented on a resident evaluation form and at a minimum include the following abilities, behaviors or status: (1) activities of daily living; (2) cognitive abilities; reasoning and perception; the ability to articulate thoughts, memory function or impairment, etc; (3) communication and hearing; ability to communicate needs and understand instructions, etc; (4) vision; (5) physical functioning and skeletal problems; (6) incontinence of bowel/bladder; (7) psychosocial well-being; (8) mood and behavior; (9) activity interests; (10) diagnoses; (11) health conditions; (12) nutritional status; (13) oral or dental status; (14) skin conditions; (15) medication use and level of assistance needed with medications; (16) special treatments and procedures or special medical needs such as hospice; and (17) safety needs/high risk behaviors; history of falls agitation, wandering, fire safety issues, etc. D. The resident evaluation shall include a history and physical examination and an evaluation report by a physician or a physician extender within six (6) months of admission. A resident shall have a medical evaluation by a physician or a physician extender at least annually. E. The resident evaluation shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or physician extender at the time the individual service plan is reviewed, at a minimum of every six (6) months or when a significant change in health status occurs.	A 025		

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A 025	Continued From page 3 [7.8.2.25 NMAC - Rp, 7.8.2.25 NMAC, 01/15/2010]	A 025		

This REQUIREMENT is not met as evidenced by:
8.370.14.25 C (2) (3) (7) (8) (9) (17) D

Based on record review and interview, the facility failed to ensure for [redacted] (R #s [redacted] of [redacted] (R #s [redacted]) residents whose evaluations were reviewed for compliance that their evaluations:

1. Included information about the resident's cognitive abilities (the ability of the resident to manage their affairs and direct their own care), reasoning (the action of thinking about something in a logical or smart way), and perceptions (the way someone can see, hear or understand a feeling); the ability to articulate thoughts (to speak what someone is thinking), memory function (the ability to recall long term memories or information) or impairment (weakened function or decreased ability), etc.

2. Included information about the resident's communication and hearing, ability to communicate needs and understand instructions, etc.

3. Included information about the resident's psychosocial well-being (physical, emotional and mental wellness) .

4. Included information about the resident's mood and behavior.

5. Included information about the resident's activity interests (games, social functions, or other engaging things a person would enjoy doing).

6. Included a crisis prevention/intervention

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A 025	Continued From page 4	A 025		

plan (a documented procedure that provides guidance to staff when a resident has a medical condition or challenging behavior that has the potential to escalate to a severity level that poses a great risk of harm to the resident or others) when indicated by a diagnosis or behavior to address the residents needs/high risk-behaviors (history of falls agitation, wandering, fire safety issues, would the crisis prevention/intervention plan).

7. Included a history and physical examination and an evaluation report by a physician or a physician extender (PE) (licensed practical nurse (LPN) or registered nurse (RN)) within six (6)months of admission.

These deficient practices could likely result in the residents to be at risk of not getting the care and services needed if the Direct Care Staff (DCS) does not know what the residents' correct needs are.

The findings are:

R[redacted]

A. Record review of R[redacted] resident evaluation dated [redacted]/24 revealed the evaluation did not contain the following:

1. Information about the resident's cognitive abilities; reasoning and perceptions; the ability to articulate thoughts, memory function or impairment, etc.

2. Information about the resident's communication and hearing; ability to communicate needs and understand instructions, etc.

3. Information about the resident's psychosocial well-being.

4. Information about the resident's mood and

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A 025	Continued From page 5 behavior. 5. Information about the resident's activity interests. R [redacted] B. Record review of R [redacted] resident evaluation dated [redacted]/24 revealed the evaluation did not contain the following: 1. Information about the resident's psychosocial well-being. 2. Information about the resident's mood and behavior. 3. Information about the resident's activity interests. R [redacted] C. Record review of R [redacted] resident evaluation dated [redacted]/24 revealed the evaluation did not contain the following: 1. Information about the residents cognitive abilities; reasoning and perception; the ability to articulate thoughts, memory function or impairment, etc. 2. Information about the resident's communication and hearing; ability to communicate needs and understand instructions, etc. 3. Information about the resident's psychosocial well being. 4. Information about the resident's mood and behavior. 5. Information about the resident's activity interests. 6. List a crisis prevention/intervention plan when indicated by a diagnosis or behavior. 7. A history and physical examination and an evaluation report by a physician or a physician extender within six (6)months of admission.	A 025		

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A 025	Continued From page 6 R [redacted] D. Record review of R [redacted] resident evaluation dated [redacted]/24 revealed the evaluation did not contain the following: 1. Information about the resident's psychosocial well-being. 2. Information about the resident's mood and behavior. 3. Information about the resident's activity interests. 4. List a crisis prevention/intervention plan when indicated by a diagnosis or behavior. 5. A history and physical examination and an evaluation report by a physician or a physician extender within six (6) month of admission. E. On 07/19/24 at 11:32 am, during an interview with the House Manager, she confirmed the resident's evaluations did not include: 1. Information about the residents cognitive abilities, reasoning, and perception, the ability to articulate thoughts, memory function or impairment, etc. for R [redacted] 2. Information about the resident's communication and hearing; ability to communicate needs and understand instructions, etc for R #'s [redacted] 3. Information about the resident's psychosocial well being for R #'s [redacted] 4. Information about the resident's mood and behavior for R #'s [redacted] 5. Information about the resident's activity interests for R #'s [redacted] 6. List a crisis prevention/intervention plan when indicated by a diagnosis or behavior for R #'s [redacted] 7. A history and physical examination and an	A 025		

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A 025	Continued From page 7 evaluation report by a physician or a physician extender within six (6) months of admission for R #'s [redacted]	A 025		
A 026	7 NMAC 8.2.26 Individual Service Plan INDIVIDUAL SERVICE PLAN (ISP): An ISP shall be developed and implemented within ten (10) calendar days of admission for each resident residing in the facility. A. The ISP shall address those areas of need as identified in the resident evaluation and through staff observation. (1) The ISP shall detail the services that are provided by the facility as well as the services to be provided by other agencies. (2) The resident evaluation and the ISP shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or a physician extender. (3) The ISP shall be reviewed and or revised at a minimum of every six (6) months or when there is a significant change in the resident ' s health status. B. The ISP shall include the following: (1) a description of identified needs as noted in the resident evaluation; (2) a written description of all services to be provided; (3) who will provide the services; (4) when or how often the services will be provided; (5) how the services will be provided; (6) where the services will be provided; (7) expected goals and outcomes of the services; (8) documentation of the facility ' s determination that it is able to meet the needs of the resident; (9) the level of assistance that the resident will require with activities of daily living and with	A 026		

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A 026	Continued From page 8 medications; (10) a crisis prevention/intervention plan when indicated by diagnosis or behavior; and (11) current orders for all medications, including those authorized for PRN usage. [7.8.2.26 NMAC - Rp, 7.8.2.26 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 8.370.14.26 B (2) (4) (5) (7) (8) (10) Based on record review and interview, the facility failed to ensure that [redacted] (R #'s [redacted] of [redacted] (R #'s [redacted]) residents whose Individual Service Plans (ISP's) were reviewed for compliance that the ISP included: 1. A written description of what services will be provided. 2. When and how often the services will be provided 3. How the services will be provided. 4. The expected goals and outcomes of the services provided. 5. Documentation of the facility's determination (the decision made by the facility that they can meet the needs of the resident) of their ability to meet the needs of the residents. 6. A crisis prevention/intervention plan (a documented procedure that provides guidance to staff when a resident has a medical condition or challenging behavior that has the potential to escalate to a severity level which poses great risk of harm to the resident or others). These deficient practices could likely result in harm to the residents' ability to receive appropriate care and services if the Direct Care	A 026		

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A 026	Continued From page 9 Staff (DCS) is unaware of what care and services the residents need. The findings are: A. Record review of R[redacted] ISP dated [redacted]/2024 revealed the ISP did not contain any documentation of the following: 1. A written description of what services will be provided. 2. List when and how often the services will be provided. 3. List how the services will be provided. 4. The goals and outcomes of the services. 5. List the facility's determination to meet the residents' needs. B. Record review of R[redacted] ISP dated [redacted]/2024 revealed the ISP did not contain any documentation of the following: 1. What services will be provided. 2. List when and how often the services will be provided. 3. List how the services will be provided. 4. The goals and outcomes of the services provided. 5. List the facility's determination to meet the residents' needs. C. Record review of R[redacted] ISP dated [redacted]2024 revealed the ISP did not contain any documentation of the following: 1. What services will be provided. 2. List when and how often the services will be provided. 3. List how the services will be provided. 4. The goals and outcomes of the services provided. 5. List the facility's determination to meet the residents' needs.	A 026		

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A 026	Continued From page 10 D. Record review of R[redacted]s ISP dated [redacted]/2024 revealed the ISP did not contain any documentation of the following: 1. What services will be provided. 2. List when and how often the services will be provided. 3. List how the services will be provided. 4. The goals and outcomes of the services provided. 5. List the facility's determination to meet the residents' needs. E. On 07/19/24 at 11:33 AM, during an interview, the House Manager confirmed the ISP's were missing documentation for R #'s [redacted].	A 026		
A 027	7 NMAC 8.2.27 Resident Activities RESIDENT ACTIVITIES: Each facility shall provide or make available recreational and social activities appropriate to the residents ' abilities that meet their psychosocial needs and are relevant to their social history; including a balance of cognitive, reminiscence, physical and social activities. The facility shall post the activities and encourage residents to participate. [7.8.2.27 NMAC - Rp, 7.8.2.28 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 8.370.14.27 Based on observation and interview, the facility failed to ensure: 1. Recreational and social activities were available for residents.	A 027		

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A 027	Continued From page 11 2. An activities calendar was posted. These deficient practices could likely affect the mental and social well-being of the [redacted](R #s [redacted]) of [redacted]residents identified on the census, provided by the House Manager 07/15/24, if the activities are not provided for residents to participate and are not posted. The findings are: A. On 07/15/24 at 8:33 am, during initial observation of the facility's common living area, no resident activities occurred at the facility. B. 07/15/24 at 10:06 am, during observation of the facility, a resident activity calendar was not posted. C. On 07/15/24 at 10:07 am, during an interview with the House Manager, she stated: 1. Staff do not do activities with the residents. 2. A resident activities calendar was not posted because no activities are offered by staff. D. On 07/17/24 2:00 pm, during an interview with R[redacted] stated activities don't happen at the facility, [redacted] "would like it if activities happened."	A 027		
A 031	7 NMAC 8.2.31 Handling of Emergencies HANDLING OF EMERGENCIES: A. Upon admission, each resident or surrogate decision maker shall designate a primary care practitioner (PCP) to be called in case of a medical necessity. Each resident or representative shall also designate a concerned person to be called in case of an emergency. The facility shall establish a policy to secure medical	A 031		

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A 031	Continued From page 12 assistance if the resident's own physician is not available. In the event of an illness or an injury to the resident, the PCP or a physician extender shall be notified by the facility. B. The facility shall have a first aid kit that contains at a minimum, gauze, adhesive tape, antiseptic ointment and bandages for emergencies. The first aid kit shall be kept in a designated, easily accessible place within the facility. C. An easily accessible and functional telephone shall be available in each facility for summoning help in case of an emergency. A pay telephone does not fulfill this requirement. D. A list of emergency numbers including: fire department, police department, ambulance services and poison control shall be posted near each public telephone in the facility. [7.8.2.31 NMAC - Rp, 7.8.2.32 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 8.370.14.31 C and D Based on observation and interview, the facility failed to ensure: 1. A phone was easily accessible to call for help in case of an emergency. 2. A list of emergency contact phone numbers was posted near the public phone that included information for the fire department, police department, ambulance services, and poison control. These deficient practices could likely result in all [redacted] (R #s [redacted] residents listed on the resident	A 031		

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A 031	Continued From page 13 census, provided by House Manager on 07/15/24, to be at risk of harm, injury, or death if there is a delay in receiving emergency medical care and services because there was not easy access to a public phone, and a list of emergency numbers was not posted next to the public phone. The findings are: A. On 07/16/24 at 1:00 pm, during an observation of the facility telephone revealed the following: 1. The only facility phone was in the kitchen area, which is only accessible to staff. 2. Emergency phone numbers were not posted near the telephone. B. On 07/16/24 at 1:15 pm, during an interview with the House Manager, she confirmed the following: 1. The phone was in the kitchen and was inaccessible to anyone else but staff. 2. Emergency numbers were not posted near the public telephone in the kitchen.	A 031		
A 034	7 NMAC 8.2.34 Custodial Drug Permits CUSTODIAL DRUG PERMITS: A facility with two (2) or more residents that is licensed pursuant to this rule and that assists with self-administration or safeguards medications for residents shall have a current custodial drug permit issued by the state board of pharmacy. A. Procurement, labeling and storage. The facility shall provide assistance to the resident in obtaining the necessary medications, treatment and medical supplies as identified in the ISP. The facility shall procure, label and store medications for residents who require assistance with	A 034		

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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
A 034	Continued From page 14 self-administration of medication in compliance with state and federal laws. (1) All medications, including non-prescription drugs, shall be stored in a locked compartment or in a locked room, as approved by the board of pharmacy and the key shall be in the care of the administrator or designee. (2) Internal medication shall be kept separate from external medications. Drugs to be taken by mouth shall be separated from all other delivery forms. (3) A separate, locked refrigerator shall be provided by the facility for medications. The refrigerator temperature shall be kept in compliance with the state board of pharmacy requirements for medications. (4) All medications, including non-prescription medications, shall be stored in separate compartments for each resident and all medications shall be labeled with the resident's name. (5) A resident may be permitted to keep his or her own medication in a locked compartment in his or her room for self-administration, if the physician's order deems it appropriate. (6) The facility shall not require the residents to purchase medications from any particular pharmacy. (7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes shall comply with the national fire protection association (NFPA) 99. (8) A proof of use record shall be maintained separately for each schedule II through IV drug (controlled substances). The proof of use sheet shall document: (a) the type and strength of the schedule II through IV drugs; (b) the date and time staff assisted with	A 034		

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	2154	A. BUILDING: _____ B. WING _____	C 07/22/2024

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A 034	Continued From page 15 self-administration; (c) the resident ' s name; (d) the prescriber ' s name; (e) the dose; (f) the signature of the person assisting with delivery of the medication; and (g) the balance of medication remaining. (9) Any remaining medication discontinued by a physician ' s order, or upon discharge or death of the resident shall be inventoried and moved to a separate locked storage container. Such discontinued medications shall be destroyed upon the next quarterly visit by the consulting pharmacist in accordance with 16.19.11.10 NMAC. (10) The record of medication destruction shall be signed by the administrator or designee and the pharmacist and shall be kept on file at the facility. B. Consulting pharmacist. The facility shall maintain records demonstrating that the consulting pharmacist provides the following oversight and guidance. (1) Reviews the medication regimen as needed, but at least quarterly/every three (3) months, to determine that all medications and records are accurate and current. All irregularities shall be reported to the administrator of the facility and these irregularities shall be resolved by the administrator within seventy-two (72) hours. (2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation. (3) Consultation shall be provided on all aspects of pharmacy services in the facility, including reference information regarding side effects and, when needed, physician consultation in cases involving the use of psychotropic medications. (4) The consulting pharmacist will be responsible	A 034		

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A 034	Continued From page 16 for assuring that the facility meets all requirements for storage, labeling, destruction and documentation of medications as required by the state board of pharmacy, 16.19.11.10 NMAC and 7.8.2 NMAC. [7.8.2.34 NMAC - Rp, 7.8.2.35 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 8.370.14.34 (7) Refer to: NFPA (National Fire Prevention Association) 99. 2012 Edition. 11.3 Cylinder and Container Storage Requirements. 11.3.1* Storage for nonflammable gases equal to or greater than 85 m3 (3000 ft3) at STP shall comply with 5.1.3.3.2 and 5.1.3.3.3. 11.3.2* Storage for nonflammable gases greater than 8.5 m3 (300 ft3), but less than 85 m3 (3000 ft3), at STP shall comply with the requirements in 11.3.2.1 through 11.3.2.3. 11.3.2.1 Storage locations shall be outdoors in an enclosure or within an enclosed interior space of noncombustible or limited combustible construction, with doors (or gates outdoors) that can be secured against unauthorized entry. 11.3.2.2 Oxidizing gases, such as oxygen and nitrous oxide, shall not be stored with any flammable gas, liquid, or vapor. 11.3.2.3 Oxidizing gases such as oxygen and nitrous oxide shall be separated from combustibles or materials by one of the following: (1) Minimum distance of 6.1 m (20 ft) (2) Minimum distance of 1.5 m (5 ft) if the entire storage location is protected by an automatic sprinkler system designed in accordance with	A 034		

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A 034	Continued From page 17 NFPA 13, Standard for the Installation of Sprinkler Systems (3) Enclosed cabinet of noncombustible construction having a minimum fire protection rating of 1/2 hour 11.3.2.4 Gas cylinder and cryogenic liquid container storage shall comply with 5.1.3.5.12. 11.3.2.5 Cylinder and container storage locations shall comply with 5.1.3.3.1.7 with respect to temperature limitations. 11.3.2.6 Cylinder or container restraints shall comply with 11.6.2.3. 11.3.2.7 Smoking, open flames, electric heating elements, and other sources of ignition shall be prohibited within storage locations and within 6.1 m (20 ft) of outside storage locations. 11.3.2.8 Cylinder valve protection caps shall comply with 11.6.2.3. 11.3.2.9 Gas cylinder and liquefied gas container storage shall comply with 5.1.3.5.12. 11.3.3 Storage for nonflammable gases with a total volume equal to or less than 8.5 m3 (300 ft3) shall comply with the requirements in 11.3.3.1 and 11.3.3.2. 11.3.3.1 Individual cylinder storage associated with patient care areas, not to exceed 2100 m2 (22,500 ft2) of floor area, shall not be required to be stored in enclosures. 11.3.3.2 Precautions in handling cylinders specified in 11.3.3.1 shall be in accordance with 11.6.2. 11.3.3.3 When small-size (A, B, D, or E) cylinders are in use, they shall be attached to a cylinder stand or to medical equipment designed to receive and hold compressed gas cylinders. 11.3.3.4 Individual small-size (A, B, D, or E) cylinders available for immediate use in patient care areas shall not be considered to be in storage. 11.3.3.5 Cylinders shall not be chained to	A 034		

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A 034	Continued From page 18 portable or movable apparatus such as beds and oxygen tents. 11.3.4 Signs. 11.3.4.1 A precautionary sign, readable from a distance of 1.5 m (5 ft), shall be displayed on each door or gate of the storage room or enclosure. 11.3.4.2 The sign shall include the following wording as a minimum: CAUTION: OXIDIZING GAS(ES) STORED WITHIN (7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes shall comply with the national fire protection association (NFPA) 99. 11.5.3.2.2 The signs shall be attached to adjacent doorways or to building walls or be supported by other appropriate means. 11.6.2.3 Cylinders shall be protected from damage by means of the following specific procedures: (11) Freestanding cylinders shall be properly chained or supported in a proper cylinder stand or cart. Based on observation and interview, the facility failed to ensure that oxygen cylinder tanks were protected from falling over and damaging the valve by not being attached to a cylinder stand or cart. This deficient practice could likely result in the [redacted] (R #s [redacted] residents listed on the resident census provided by the House Manager on 07/15/24 being at risk of harm, injury, or death if the oxygen cylinder tanks were to fall over, damaging the valve, causing it to depressurize (release pressure of gas inside) during a fire; the oxygen feeds the fire, causing it to spread faster. The findings are:	A 034		

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A 034	Continued From page 19 A. On 07/15/24 at 10:07 AM, during an observation, revealed multiple individual small-size E oxygen (O2) cylinder tanks sitting upright, O2 cylinder tanks were not attached to a cylinder stand or cart, in the following rooms: 1. R [redacted] room had six (6) O2 cylinder tanks 2. R [redacted] room had two (2) O2 cylinder tanks. B. On 07/15/24 at 10:10 AM, during an interview, the House Manager confirmed that oxygen cylinder tanks were not attached to a cylinder stand or cart.	A 034		
A 036	7 NMAC 8.2.36 Nutrition 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 (3) meals or their equivalent each day at regular times with no more than sixteen (16) hours between the evening meal and morning meal with snacks freely available; (b) provide snacks of nourishing quality and post	A 036		

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A 036	Continued From page 20 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 (1) week cycle; (e) have special menus or meal items following guidelines from the resident ' s physician for 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 forty-eight (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;	A 036		

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A 036	Continued From page 21 (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 thirty (30) calendar days. 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	A 036		

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A 036	Continued From page 22 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 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, 7.6.2 NMAC. (1) The facility shall ensure that a minimum of a three (3) calendar day supply of perishables and a five (5) 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 (3) 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	A 036		

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A 036	Continued From page 23 thirty-five (35) - forty-one (41) degrees fahrenheit. (b) Freezer temperatures shall be maintained at zero (0) 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 (3) 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 periodically to insure that a minimum of one hundred forty (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 pursuant to Subsection B of 7.6.2.8 NMAC. (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 (6) 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 forty-one (41) degrees fahrenheit; (b) the temperature for all hot foods is maintained at one hundred forty (140) degrees fahrenheit; and	A 036		

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A 036	Continued From page 24 (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 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. [7.8.2.36 NMAC - Rp, 7.8.2.37 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 8.370.14.36 A (d) Based on record review and interview, the facility failed to ensure the weekly menu were posted for residents included a choice of snacks. This deficient practice could likely result in the [redacted] (R #s [redacted]) residents listed on the census provided by the House Manager on 07/15/24, to be at risk of not knowing what snack options were available if they desired a snack.	A 036		

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A 036	Continued From page 25 A. Record review of the weekly menu for the week of 07/14/24 through 07/20/24 revealed the weekly menu did not list any snacks for residents. B. On 07/16/24 at 1:15 pm, during an interview with the House Manager, she confirmed that snacks were not listed on the weekly menu.	A 036		