STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2286	A. BUILDING: _____ B. WING _____	C 06/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF BOSQUE FARMS	1935 BOSQUE FARMS BLVD BOSQUE FARMS, NM 87068

(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 Full-Onsite/Complaint survey completed on 06/16/23 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living Facilities for Adults. Census (15) Complaint Intake NM62792 was investigated with no deficiencies cited. Abbreviations: lb - Pound fl oz - Fluid Ounce oz - Ounce gal - Gallon ML - Milliliter USP - United States Pharmacopeia MG - Milligrams	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) instructions in proper storage;	A 017		

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A 017	Continued From page 1 (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 C(1-12) Based on record review and interview, the facility failed to ensure that Direct Care Staff (DCS) received twelve (12) hours of annual training required by regulation. This deficient practice could likely result in the 15 (R #s 1-15) residents identified on the census provided by the Administrator on 06/14/23, to be at risk for harm, illness, or injury, if the DCS	A 017		

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A 017	Continued From page 2	A 017		

providing care have not received all required training and do not know how to properly care for residents.

The findings are:

A. Record review of the House Manager's (date of hire: 02/22/16) annual training records revealed there was no documentation showing that the following trainings were received in 2022:
1. Infection control (record is not dated).
2. Emergency procedures (record is not dated).

B. Record review of DCS #1's (date of hire: 10/28/15) annual training records revealed there was no documentation showing that the following trainings were received in 2022:
1. Reporting requirements for abuse, neglect or exploitation in accordance with 7.1.13 NMAC (record is not dated)
2. Smoking policy for staff, residents and visitors (record is not dated)
3. Methods to provide quality resident care (record is not dated)
4. Emergency procedures (record is not dated)
5. The proper way to implement a resident ISP (Individual Service Plan) for staff that assist with ISPs (record is not dated)

C. Record review of DCS #2's (date of hire: 11/13/17) annual training records revealed there was no documentation showing that the following trainings were received in 2022:
1. Fire safety and evacuation training
2. First aid
3. Safe food handling practices (for persons involved in food preparation), to include: (record is not dated):
a. Instructions in proper storage
b. Preparation and serving of food

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A 017	Continued From page 3 c. Safety in food handling d. Infectious and communicable disease control 4. Confidentiality of records and resident information 5. Infection control (record is not dated) 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 (record is not dated) 11. The proper way to implement a resident ISP for staff that assist with ISPs D. On 06/16/23 at 1:57 pm, during an interview with the House Manager, she confirmed: 1. For herself and DCS #1, there was no documentation showing the above trainings were received and that some of the above trainings were not dated to indicate when the trainings were received. 2. DCS #2 was changed to a PRN (as needed) position in 2022 and missed the above trainings.	A 017		
A 020	7 NMAC 8.2.20 Admissions and Discharge ADMISSIONS AND DISCHARGE: The facility shall complete an admission agreement for each resident. The administrator of the facility or a designee responsible for admission decisions shall meet with the resident or the resident ' s surrogate decision maker prior to admission. No resident shall be admitted who is below the age of eighteen (18) or for whom the facility is unable to provide appropriate care. A. Admission agreement. The admission agreement shall include the following information: (1) the parties to the agreement; (2) the program narrative;	A 020		

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A 020	Continued From page 4 (3) the facility's rules; (4) the cost of services and the method of payment; (5) the refund provision in case of death, transfer, voluntary or involuntary discharge; (6) information to formulate advance directives; (7) a written description of the legal rights of the residents translated into another language, if necessary; (8) the facility's staffing ratio; (9) written authorization for staff to assist with medications; (10) notification of rights and responsibilities pursuant to the Incident Reporting Intake, Processing and Training Requirements, 7.1.13 NMAC; (11) the facility ' s bed hold policy; and (12) the admission agreement may be terminated if an appropriate placement is found for the resident, under the following circumstances: (a) there shall be a fifteen (15) day written notice of termination given to the resident or his or her surrogate decision maker, unless the resident requests the termination; (b) the resident has failed to pay for a stay at the facility as defined in the admission agreement; (c) the facility ceases to operate or is no longer able to provide services to the resident; (d) the resident ' s health has improved sufficiently and therefore no longer requires the services of the facility; (e) termination without prior notice is permitted in emergency situations for the following reasons: (i) the transfer or discharge is necessary for the resident's safety and welfare; (ii) the resident's needs cannot safely be met in the facility; or (iii) the safety and health of other residents and staff in the facility are endangered;	A 020		

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A 020	Continued From page 5 (13) the facility shall provide a thirty (30) day written notice to residents regarding any changes in the cost or the material services provided; a new or amended admission agreement must be executed whenever services, costs or other material terms are changed; and (14) facilities representing their services as " specialized " must disclose evidence of staff specialty training to prospective residents. B. Restrictions in admission. The facility shall not admit or retain individuals that require twenty-four (24) hour continuous nursing care, refer to Subsection U of 7.8.2.7 NMAC Definitions. This rule does not apply to hospice residents who have elected to receive the hospice benefit. Conditions or circumstances that usually require continuous nursing care may include but are not limited to the following: (1) ventilator dependency; (2) pressure sores and decubitus ulcers (stage III or IV); (3) intravenous therapy or injections; (4) any condition requiring either physical or chemical restraints; (5) nasogastric tubes; (6) tracheostomy care; (7) residents that present an imminent physical threat or danger to self or others; (8) residents whose psychological or physical condition has declined and placement in the current facility is no longer appropriate as determined by the PCP; (9) residents with a diagnosis that requires isolation techniques; (10) residents that require the use of a Hoyer lift; and (11) ostomy (unless resident is able to provide self care). C. Exceptions to admission, readmission and	A 020		

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A 020	Continued From page 6	A 020		

retention. If a resident requires a greater degree of care than the facility would normally provide or is permitted to provide and the resident wishes to be re-admitted or remain in the facility and the facility wishes to re-admit or retain the resident. The facility shall comply with the following requirements.
(1) Convene a team, comprised of:
(a) the facility administrator and a facility health care professional if desired;
(b) the resident or resident ' s surrogate decision maker; and
(c) the hospice or home health clinician.
(2) The team shall jointly determine if the resident should be admitted, readmitted or allowed to remain in the facility. Team approval shall be in writing, signed and dated by all team members and the approval shall be maintained in the resident's record and shall:
(a) be based upon an individual service plan (ISP) which identifies the resident's specific needs and addresses the manner that such needs will be met;
(b) ensure that if the facility is licensed for more than eight (8) residents and does not have complete fire sprinkler coverage, the facility shall maintain an evacuation rating score of prompt as determined by the fire safety equivalency system (FSES);
(c) evaluate and outline how meeting the specific needs of the resident will impact the staff and the other residents; and
(d) include an independent advocate such as a certified ombudsman if requested by the resident, the family or the facility.
(3) The team recommendation shall be maintained on site in the resident ' s file.
(4) When a resident is discharged, the facility shall record where the resident was discharged to

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A 020	Continued From page 7 and what medications were released with the resident. D. Coordination of care. (1) Assisted living facilities shall have evidence of care coordination on an ISP for all services that are provided in the facility by an outside health care provider, such as hospice or home health providers. (2) Residents shall be given a list of providers, including hospice and home health if applicable, and have the right to choose their provider. If applicable, the referring party shall disclose any ownership interest in a recommended or listed provider. [7.8.2.20 NMAC - Rp, 7.8.2.19 NMAC & 7.8.2.20 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.20 A (5) SB0335 - 2013 AN ACT RELATING TO HEALTH CARE; REQUIRING CONTRACTS FOR ASSISTED LIVING FACILITIES TO CONTAIN A REFUND POLICY UPON TERMINATION OF A CONTRACT DUE TO THE DEATH OF THE RESIDENT; PROVIDING FOR STORAGE OF A RESIDENT'S BELONGINGS; DECLARING AN EMERGENCY. BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO: SECTION 1. A new section of the Public Health Act is enacted to read: "ASSISTED LIVING FACILITIES CONTRACTS--LIMIT ON CHARGES AFTER RESIDENT DEATH.--	A 020		

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A 020	Continued From page 8 A. The contract for each resident of an assisted living facility shall include a refund policy to be implemented at the time of a resident's death. The refund policy shall provide that the resident's estate or responsible party is entitled to a prorated refund based on the calculated daily rate for any unused portion of payment beyond the termination date after all charges have been paid to the licensee. For the purpose of this section, the termination date shall be the date the unit is vacated by the resident due to the resident's death and cleared of all personal belongings. B. If a resident's belongings are not removed within one week of the resident's death and the amount of belongings does not preclude renting the unit, the facility may clear the unit and charge the resident's estate for moving and storing the items at a rate equal to the actual cost to the facility, not to exceed ten percent of the regular rate for the unit; provided that the responsible party for the resident is given notice at least one week before the resident's belongings are removed. If the resident's belongings are not claimed within forty-five days after notification, the facility may dispose of them. C. For the purposes of this section, "assisted living facility" means a facility required to be licensed as an assisted living facility for adults by the department of health." SECTION 2. EMERGENCY.--It is necessary for the public peace, health and safety that this act take effect immediately. Based on record review and interview, the facility failed to ensure for 4 (R #s 1-4) of 4 (R #s 1-4 residents who's Admission/Discharge Agreements were reviewed for compliance that they included a refund upon death policy in	A 020		

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A 020	Continued From page 9	A 020		

compliance with NMAC 7.8.2.20, (SB) 0335 - 2013.

This deficient practice has the potential for the residents estate/legal representative suffering financial hardship by not receiving the refund that is due upon the resident's death or not being aware of additional charges that may be owed.

The findings are:

A. Record review of R #1's (admission date: [redacted]/20) Admission/Discharge Agreement revealed that it did not include a refund provision in case of death that was in compliance with NMAC 7.8.2.20, (SB) 0335 - 2013.

B. Record review of R #2's (admission date: [redacted]/22) Admission/Discharge Agreement revealed that it did not include a refund provision in case of death that was in compliance with NMAC 7.8.2.20, (SB) 0335 - 2013.

C. Record review of R #3's (admission date: [redacted]/20) Admission/Discharge Agreement revealed that it did not include a refund provision in case of death that was in compliance with NMAC 7.8.2.20, (SB) 0335 - 2013.

D. Record review of R #4's (admission date: [redacted]/21) Admission/Discharge Agreement revealed that it did not include a refund provision in case of death that was in compliance with NMAC 7.8.2.20, (SB) 0335 - 2013.

E. On 06/16/23 at 1:57 pm, during an interview with the House Manager, she confirmed that the Admission/Discharge Agreements for R #s 1-4 did not included a refund provision in case of death that was in compliance with NMAC

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A 020	Continued From page 10 7.8.2.20, (SB) 0335 - 2013.	A 020		
A 022	7 NMAC 8.2.22 Facility Reports, Records, Rules, Policies FACILITY REPORTS, RECORDS, RULES, POLICIES AND PROCEDURES: A. Reports and records. Each facility shall keep the following reports, records, policies and procedures on file at the facility and make them available for review upon request by the licensing authority, residents, potential residents or their surrogate decision makers: (1) fire inspection report; (2) zoning approval; (3) building official approval (certificate of occupancy); (4) a copy of the approved building plans; (5) a copy of the most recent survey conducted by the licensing authority, to include adverse actions or appeals and complaints; (6) for facilities with food establishments/kitchens that require a permit from the local health authority that has jurisdiction, a copy of the current inspection report in accordance with the applicable, municipal, or federal laws and regulations and pursuant to Subsection B of 7.6.2.8 NMAC, regarding kitchen and food management; if a facility is considered a licensed private home and not required to meet specific requirements by the local health authority, a copy of that determination must also be maintained; (7) where necessary, a copy of the liquid waste disposal and treatment system permit from the local health authority that has jurisdiction; (8) thirty (30) days of menus as planned, including snacks and thirty (30) days of menus as served, including snacks; (9) record of monthly fire drills conducted at the	A 022		

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A 022	Continued From page 11 facility and the fire safety evaluation system (FSES) rating, if applicable; (10) written emergency plans, policies and procedures for medical emergencies, power failure, fire or natural disaster; plans shall include evacuation, persons to be notified, emergency equipment, evacuation routes, refuge areas and the responsibilities of personnel during emergencies; plans shall also included a list of transportation resources that are immediately available to transport the residents to another location in an emergency; the emergency preparedness plan shall address two types of emergencies: (a) an emergency that affects just the facility; and (b) a region/area wide emergency; (11) a copy of this rule, Requirements for Assisted Living Facilities for Adults, 7.8.2 NMAC); (12) for facilities with two or more residents (that are not related to the owner), a valid custodial drug permit issued by the NM board of pharmacy, that supervise administration and self-administration of medications or safeguards with regard to medications for the residents; and (13) vaccination records for pets in the facility. B. Reports and records. Each facility shall keep the following reports, records, policies and procedures on file at the facility and make them available for review upon request by the licensing authority: (1) a copy of the facility license; (2) employee personnel records, including an application for employment, training records and personnel actions: (a) caregiver criminal history screening documentation pursuant to 7.1.9 NMAC; (b) employee abuse registry documentation pursuant to 7.1.12 NMAC; and (3) a copy of all waivers or variances granted by	A 022		

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A 022	Continued From page 12 the licensing authority. C. Rules. Prior to admission to a facility a prospective resident or his or her representative shall be given a copy of the facility rules. Each facility shall have written rules pertaining to resident ' s rights and shall include the following: (1) resident use of tobacco and alcohol; (2) resident use of facility telephone or personal cell phone; (3) resident use of television, radio, stereo and cd; (4) the use and safekeeping of residents ' personal property; (5) meal availability and times; (6) resident use of common areas; (7) accommodation of resident ' s pets; and (8) resident use of electric blankets and appliances. D. Policies and procedures. All facilities shall have written policies and procedures covering the following areas: (1) actions to be taken in case of accidents or emergencies; (2) policy and procedure for updating and consolidating the residents current physician or PCP orders, treatments and diet plans every six (6) months or when a significant change occurs, such as a hospital admission; (3) policy for medication errors; (4) method of staying informed when residents are away from the facility (e.g., sign-out sheets or other record indicating where the resident will be, cell phone contact, etc.); (5) the handling of resident's funds, if the facility provides such services; (6) reporting of incidents, including abuse, neglect and misappropriation of property, injuries of unknown cause, environmental hazards and law enforcement interventions in accordance with	A 022		

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A 022	Continued From page 13 7.1.13 NMAC; (7) reporting and investigating internal complaints; (8) reporting and investigating complaints to the incident management bureau; (9) staff and resident fire and safety training; (10) smoking policy for staff, residents and visitors; (11) the facility's bed hold policy; (12) admission agreement; (13) admission records; (14) resident records including maintenance and record retention if the facility closes; (15) program narrative; (16) resident's rights with regard to making health care decisions and the formulation of advance directives; (17) personnel policies; (18) identifying and safeguarding resident possessions; (19) securing medical assistance if a resident's own physician is not available; (20) staff training appropriate to staff responsibilities; (21) staff training for employees who provide assistance to residents with boarding or alighting from motor vehicles and safe operation of motor vehicles to transport residents; (22) witnessed destruction of unused, outdated or recalled medication by the facility administrator with the consulting pharmacist present; and (23) mealtimes, daily snacks, menus, special diets, resident ' s personal preference for eating alone or in the dining room setting. [7.8.2.22 NMAC - Rp, 7.8.2.23 NMAC, 01/15/2010]	A 022		

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A 022	Continued From page 14 This REQUIREMENT is not met as evidenced by: 7.8.2.22 D (2) (4) (5) (14) (19) (23) Based on record review and interview, the facility failed to ensure they had written policies and procedures covering the following areas: 1. Policy and procedure for updating and consolidating the resident's current physician or PCP (Primary Care Physician) orders, treatments, and diet plans every six (6) months, or when a significant change occurs, such as a hospital admission. 2. Method of staying informed when residents are away from the facility (e.g., signout sheets or other record indicating where the resident will be, cell phone contact, etc.) 3. The handling of resident's funds, if the facility provides such services. 4. Resident records including maintenance and record retention if the facility closes. 5. Securing medical assistance if a resident's own physician is not available. 6. Mealtimes, daily snacks, menus, special diets, and a resident's personal preference for eating alone or in the dining room setting. These deficient practices could likely negatively affect the health and safety of the 15 (R #s 1-15) residents identified on the census provided by the Administrator on 06/14/23, if: 1. The Direct Care Staff (DCS) does not know the procedure for: a. Updating and consolidating the resident's current physician or PCP (Primary Care Physician) orders, treatments, and diet plans. b. Securing medical assistance if a resident's own physician is not available.	A 022		

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A 022	Continued From page 15 c. Staying informed when residents are away from the facility. d. Maintaining resident records if the facility closes. e. Mealtimes, daily snacks, menus, special diets, and a resident's personal preference for eating alone or in the dining room setting. 2. Residents and their POAs are not aware of the facility's policy of handling resident's funds, and placing them at risk of exploitation. The findings are: A. Record review of the Facility's Policies and Procedures book, revealed they did not have the following policies in place and available for review: 1. Policy and procedure for updating and consolidating the resident's current physician or PCP orders, treatments, and diet plans every six (6) months or when a significant change occurs, such as a hospital admission. 2. Method of staying informed when residents are away from the facility (e.g., signout sheets or other record indicating where the resident will be, cell phone contact etc.) 3. The handling of resident's funds, if the facility provides such services. 4. Resident records including maintenance and record retention if the facility closes. 5. Securing medical assistance if a resident's own physician is not available. 6. Mealtimes, daily snacks, menus, special diets, resident's personal preference for eating alone or in the dining room setting. B. On 06/16/23 at 1:57 pm, during an interview with the House Manager, she confirmed there was not a written policy available for review for the following areas:	A 022		

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A 022	Continued From page 16 1. Policy and procedure for updating and consolidating the resident's current physician or PCP orders, treatments and diet plans every six (6) months or when a significant change occurs, such as a hospital admission. 2. The handling of resident's funds. 3. Method of staying informed when residents are away from the facility (e.g., signout sheets or other record indicating where the resident will be, cell phone contact etc.) 4. Resident records including maintenance and record retention if the facility closes. 5. Securing medical assistance if a resident's own physician is not available. 6. Mealtimes, daily snacks, menus, special diets, resident's personal preference for eating alone or in the dining room setting.	A 022		
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	A 036		

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A 036	Continued From page 17 than sixteen (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 (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	A 036		

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A 036	Continued From page 18 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 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	A 036		

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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 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

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A 036	Continued From page 20 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 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	A 036		

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A 036	Continued From page 21 forty-one (41) degrees fahrenheit; (b) the temperature for all hot foods is maintained at one hundred forty (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 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: 7.8.2.36 C 4 D 4 5 8 (b) Based on observation and interview, the facility failed to ensure: 1. 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	A 036		

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sanitary manner.
2. Food stored in refrigerators and freezers were covered, dated and labeled.
3. Leftovers were not kept longer than three (3) days after being served the first time.
4. Medication, biological specimens, poisons, detergents, and cleaning supplies shall not be kept in the same storage areas used for storage of foods.
5. The temperature for all hot foods was maintained at one hundred forty (140) degrees Fahrenheit.

These deficient practices could likely cause the 15 (R #s 1-15) residents listed on the census provided by the Administrator on 06/14/23, to be at risk for harm, or illness/death from foodborne illnesses if:
1. Food becomes contaminated with germs and bacteria, because the trash cans do not have tight fitting lids.
2. Food was not stored properly (dated and labeled), and leftovers were kept longer than three (3) days after being served the first time.
3. Detergents and cleaning supplies are mixed with foods and they are accidentally ingested by residents when eating.
4. The hot food is not maintained and served to the residents at no less than 140 degrees and the residents consume foods that are not kept/served at safe temperatures.

The findings are:

A. On 06/14/23 at 2:48 pm, during an observation of the facility's kitchen revealed:
1. One (1) garbage can did not have a tight fighting lid
2. The following items were located in the kitchen freezer and were not dated or outdated:

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A 036	Continued From page 23 a. one (1) unknown amount (32 oz) bag of sweet peas b. one (1) opened bag unknown amount of mixed vegetables c. one (1) opened bag containing a pie crust d. one (1) opened bag of unknown amount of taquitos e. one (1) opened container of unlabeled food f. one (1) opened bag of unknown amount of outdated (1.10.23) shredded mozzarella g. one (1) opened unknown amount bag of outdated (2.2.23) shredded parmesan h. one (1) opened package of an unknown amount of cooked ham i. one (1) opened bag of unknown amount of outdated (8.9.22) stew tomatoes j. one (1) opened package of unknown amount of sliced pepperoni k. one (1) opened unknown amount bag of popsicles 3. The following items were located in the kitchen refrigerator and were not dated: a. one (1) plastic bag storing shredded parmesan cheese (unknown amount) b. one (1) plastic bag storing shredded mozzarella cheese (unknown amount) c. one (1) open 16 oz. bag of bacon d. one (1) open bag of unknown amount of American cheese slices e. one (1) open bag of unknown amount of Swiss cheese slices (moldy) f. one (1) opened container of garlic g. one (1) opened container of ricotta cheese h. one (1) opened container of salad dressing i. one (1) opened container of red hot sauce j. one (1) opened container of salsa k. one (1) opened container of applesauce l. one (1) opened container of seedless grapes m. one (1) opened container of green salsa n. one (1) opened container of jam	A 036		

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o. one (1) bag of cut lettuce in a plastic bag
p. one (1) bag of shredded cheese
q. one (1) bag of sliced cheese
r. One (1) container of outdated (4.29.23) strawberries
4. The following items were located in the kitchen pantry and were open and undated:
a. one (1) bag of unknown amount of hamburger buns
b. one (1) bag of unknown amount of vanilla wafers
c. one (1) container of unknown amount of yeast
d. one (1) unknown amount of box of penne pasta
e. one (1) unknown amount of box of elbow pasta
f. one (1) unknown amount of a bag corn tortillas
g. one (1) unknown amount of a bag cookies
h. one (1) bag of unknown amount of crackers
i. one (1) bag of unknown amount of a saltines
j. Two (2) bags of opened potato chips
5. Two (2) one gal bottle of sanitizer was being stored on the floor of the dry food storage

B. On 06/14/23 at 12:10 pm, during observation of the facility's lunch item temperatures taken in resident activity room revealed the following hot temperatures:
1. Red enchiladas were 107 degrees Fahrenheit.
2. Fidello (pasta) was 90 degrees Fahrenheit.
3. Pinto beans were 90 degrees Fahrenheit.
4. Fried cinnamon sticks was 92 degrees Fahrenheit

C. On 06/14/23 at 2:30 pm, during an interview with the Administrator, she confirmed:
1. The one (1) garbage can in the kitchen did not have a tight-fitting lid.
2. The above items observed in the kitchen freezer, refrigerator and pantry were not dated.

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A 036	Continued From page 25 3. Two one gallon containers of sanitizer were being stored in the dry food area. 4. The food temperatures for the facility's cooked lunch items were recorded below 140 degrees Fahrenheit.	A 036		
A 038	7 NMAC 8.2.38 Housekeeping Services HOUSEKEEPING SERVICES. The facility shall maintain the interior and exterior of the facility in a safe, clean, orderly and attractive manner. The facility shall be free from offensive odors, safety hazards, insects and rodents and accumulations of dirt, rubbish and dust. A. All common living areas and all bathrooms shall be cleaned as often as necessary to maintain a clean and sanitary environment. B. Combustibles such as cleaning rags or flammable substances shall be stored in closed metal containers in approved areas that provide adequate ventilation. Combustibles shall be stored away from the food preparation areas and away from the resident rooms. C. Poisonous or flammable substances shall not be stored in residential areas, food preparation areas or food storage areas. If hazardous chemicals are stored on the property, material safety data sheets shall be maintained and stored in the same area as the chemicals, pursuant to state environment department requirements, 11.5.2.9 NMAC. [7.8.2.38 NMAC - Rp, 7.8.2.39 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.38 C	A 038		

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A 038	Continued From page 26	A 038		

Based on observation and interview, the facility failed to ensure that cleaning supplies/hazardous chemicals were stored in secure areas and were not accessible to the residents.

This deficient practice could likely result in the 15 (R #s 1-15) residents listed on the census list provided by the Administrator on 06/14/23, to be at risk of harm, illness, or injury if the residents were to spill the chemicals on their skin or ingest the hazardous chemicals.

The findings are:

A. On 06/14/23 at 11:14 am, during observation of the facility's unlocked outdoor storage unit, the following chemicals were noted:
1. unidentified bucket of an unknown substance
2. one (1)16 oz. bottle of hydrogen peroxide
3. one (1) 8 oz. bottle insecticide
4. unknown size bottle of fungicide
5. one (1) 1 lb container of powder insecticide
6. one (1) 32 fl. oz. container of insecticide
7. one (1) 2 oz. spray of insecticide
8. one (1) 16 fl oz. container of fungicide
9. one (1) 32 fl oz. container of insecticide/fungicide
10. one (1) unknown oz. jug of insecticide
11. two (2) fl gal. container of herbicide
12. one (1) 40 fl oz. container of herbicide
13. one (1) pint container of herbicide
14. one (1) box of three (3) .035 oz fumigator
15. one (1) 32 oz. bottle of degreaser
16. three (3) 32. fl oz. container of toilet bowl cleaner
17. one (1) gal fl oz. germicidal bleach jug
18. one (1) 15.2 fl oz. spray bottle of car wax
19. one (1) 1 gal. Muriatic acid (diluted solution of hydrochloric acid) jug.
20. one (1) 16 fl oz. can of wood stain

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS CITY STATE ZIP CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 038	Continued From page 27 21. one (1)11 oz. spray can of metal finish 22. one (1) 13.8 oz. spray can multipurpose adhesive 23. one (1)12 oz. metal spray can paint 24. one (1)10 oz. spray can of enamel 25. two (2) 10.1 oz. container of water asphalt sealant 26. one (1) 12 oz. spray can of gloss enamel 27. one (1)12 oz. satin spray can 28. one (1) 12 oz. can of primer 29. two (2)16 oz. jug of engine oil 30. one (1) 2.6 fl oz. bottle of synthetic blend oil 31. two (2) 10.1 fl oz. tubes of silicone 32. one (1) 4 oz. bottle of all-purpose oil 33. one (1) 4 oz. bottle of multi surface glue 34. one (1) 4 fl oz. container of pipe thread sealant 35. one (1) 4 fl oz. container of lubricant oil 36. one (1) 14 oz. container of plumbers putty 37. one (1) 12.5 oz. carb & choke cleaner spray can 38. one (1) 4 oz. container of marking chalk 39. one (1) 10.5 oz. spray can of starting fluid 40. one (1) 32 fl oz. bag of plant fertilizer 41. one (1) 32 oz. jug of insecticide 42. one (1) 60 lb. container of concrete color 43. one (1) 18 oz. spray can of rubber sealant 44. one (1) gal. jug of floor polish 45. one (1) 1.33 gal container of insecticide 46. one (1)10 fl oz. container of fuel & oil treatment B. On 06/14/23 at 3:15 pm, during an interview, the Administrator, she confirmed that the chemicals observed in the outdoor storage unit were unsecured and accessible to residents.	A 038		
A 039	7 NMAC 8.2.39 Site Requirements	A 039		

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A 039	Continued From page 28 SITE REQUIREMENTS: The facility shall be located and maintained free from environmental and other factors that are detrimental to the residents and staff's health, safety or welfare. The facility site shall be designed and maintained to encourage outdoor activities by the residents. [7.8.2.39 NMAC - Rp, 7.8.2.42 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.39 Based on observation and interview, the facility failed to ensure that hazardous equipment and tools that could be dangerous and harmful to the residents were secured at all times. This deficient practice could likely result in the 15 (R #'s 1-15) residents listed on the resident census list provided by the Administrator on 06/14/23, to be at risk of harm, injury, or death if the facility does not secure hazardous equipment and prevent residents from accessing them. A. On 06/14/23 at 11:14 am, during observation of the facility's unlocked storage unit on the East side of the facility, revealed the following hazardous equipment were unsecured and accessible to residents: 1. Two (2) tree cutting tools (one large and one small). 2. Two (2) garden rakes. 3. Two (2) shovels. 4. Three (3) detached electric saw wheels. 5. One (1) hammer. 6. One (1) sledge hammer. B. On 06/14/23 at 3:15 pm, during an interview	A 039		

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A 039	Continued From page 29 with the Administrator, she confirmed that the above hazardous equipments were left unsecured.	A 039		
A 045	7 NMAC 8.2.45 Water WATER: Pursuant to the current New Mexico drinking water requirements, 7.6.2.9 NMAC. A. The water supply system shall be constructed, protected, operated and maintained in conformance with applicable local, state and federal laws, ordinances and regulations. B. Where a facility is supplied by its own water system, the system shall meet the sampling and construction requirement of a non-community water system as defined by the current New Mexico drinking water requirements. C. All water that is not piped into the facility directly from a public water supply system shall be from an approved source, disinfected, transported, handled, stored and dispensed in a sanitary manner. Such water shall be prevented from entering potable water systems by appropriate cross connection and backflow prevention devices. D. Hot and cold running water, under pressure shall be provided in all areas where food is prepared and where equipment and utensils are washed, sinks, lavatories, washrooms and laundries. E. The hot water temperature that is accessible to residents shall be maintained at a minimum of ninety-five (95) degrees fahrenheit and a maximum of one hundred ten (110) degrees fahrenheit. Hot water in excess of one hundred ten (110) degrees fahrenheit is permitted in kitchen and laundry areas, provided that residents are supervised in order to prevent injury.	A 045		

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A 045	Continued From page 30 [7.8.2.45 NMAC - Rp, 7.8.2.46 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.45 (E) Based on observation and interview, the facility failed to ensure hot water temperatures in resident restrooms were maintained at a minimum of ninety-five (95) degrees Fahrenheit (F). This deficient practice could likely result in the 15 (R #s 1-15) residents listed on the census list provided by the Administrator on 06/14/23, having to endure cold showers prompting possible illness. The findings are: A. On 06/14/23 at 12:31 pm, during observation of the activities room restroom sink, hot water temperature was observed to be 90 degrees F. B. On 06/14/23 at 12:35 pm, during observation of community bathroom, the restroom sink hot water temperature was observed to be 90 degrees F. C. On 06/14/23 at 12:37 pm, during observation of bathroom in resident room #1, the restroom sink hot water temperature was observed to be 90 degrees F. D. On 06/14/23 at 12:39 pm, during observation of the bathroom in resident room #5, the restroom sink hot water temperature was observed to be 90 degrees F.	A 045		

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A 045	Continued From page 31 E. On 06/14/23 at 2:30 pm, during an interview with the Administrator, she confirmed the hot water temperatures in resident rooms were below the required 95 degrees F.	A 045		
A 063	7 NMAC 8.2.63 Fire Extinguishers FIRE EXTINGUISHERS: Fire extinguisher(s) must be located in the facility, as approved by the state fire marshal or the fire prevention authority with jurisdiction. A. Facilities must as a minimum have two (2) 2A10BC fire extinguishers: (1) one (1) extinguisher located in the kitchen or food preparation area; (2) one (1) extinguisher centrally located in the facility; (3) all fire extinguishers shall be inspected yearly and recharged as needed; all fire extinguishers must be tagged noting the date of the inspection; (4) the maximum distance between fire extinguishers shall be fifty (50) feet. B. Fire extinguishers, alarm systems, automatic detection equipment and other fire fighting equipment shall be properly maintained and inspected as recommended by the manufacturer, state fire marshal, or the local fire authority. [7.8.2.63 NMAC - Rp, 7.8.2.62 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.63 B Reference NAPA 10, Standard for Portable Fire Extinguishers, 1998 Edition: 4-3 Inspection.	A 063		

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A 063	Continued From page 32 4-3.1* Frequency. Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals. Fire extinguishers shall be inspected at more frequent intervals when circumstances require. Based on observation and interview, the facility failed to ensure that the fire extinguishers were being inspected monthly as recommended by the manufacturer. This deficient practice could likely result in the 15 (R #s 1-15) residents identified on the census provided by the Administrator on 06/14/23, staff members, and other building occupants to be at risk of harm, injury, or death if a fire were to occur and the fire extinguishers did not work. The findings are: A. On 06/14/23 at 11:14 am, during an observation of the fire extinguisher in the facility's unsecured outdoor storage unit (located on the east side of the facility), revealed the fire extinguisher had not been inspected monthly as recommended by the manufacturer. B. On 06/14/23 at 2:48 pm, during an observation of the fire extinguisher in the facility kitchen, revealed the mounted fire extinguisher had not been inspected monthly as recommended by the manufacturer. C. On 06/14/23 at 3:15 pm, during an interview with the Administrator, she confirmed the fire extinguishers in the facility kitchen and in the unsecured outdoor storage unit had not been inspected monthly as recommended by the manufacturer.	A 063		

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A 067	7 NMAC 8.2.67 Smoking SMOKING: A. Smoking by residents and staff shall take place only in supervised areas designated by the facility and approved by the state fire marshal or local fire prevention authorities. Smoking shall not be allowed in a kitchen or food preparation area. B. All designated smoking areas shall be provided with suitable ashtrays that are not made of combustible material. C. Residents shall not be permitted to smoke in bed. D. Smoking shall not be permitted where oxygen is in use, is present or is stored. [7.8.2.67 NMAC - Rp, 7.8.2.64 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.67 A B Based on observation and interview, the facility failed to ensure that there were suitable (appropriate) ashtrays where residents/staff could smoke and dispose of the cigarette butts safely. This deficient practice could likely result in the 15 (R #s 1-15) residents identified on the census provided by the Administrator on 06/14/23, to be at risk of harm or death if a fire were to occur because there were no suitable (not made of combustible material) ashtrays were residents and staff could safely dispose of the cigarette butts. The findings are: A. On 06/15/23 at 11:45 am, during observation	A 067		

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A 067	Continued From page 34 around the facility, it was observed that there was not a suitable ashtray(s) in the designated area where residents and staff can smoke. B. On 6/16/23 at 9:50 am, during an interview with the Administrator, she confirmed that there was no suitable ashtray(s) in the designated smoking area.	A 067		
A 068	7 NMAC 8.2.68 Hospice HOSPICE: An assisted living facility that provides or coordinates hospice care and services shall meet the requirements in this section, in addition to the rules applicable to all assisted living facilities, 7.8.2 NMAC. A. Definitions: in addition to the requirements for all assisted living facilities pursuant to " DEFINITIONS, " 7.8.2.7 NMAC, the following definitions shall also apply. (1) " Hospice agency " means an organization, company, for-profit or non-profit corporation or any other entity which provides a coordinated program of palliative and supportive services for physical, psychological, social and the option of spiritual care of terminally ill people and their families. The services are provided by a medically directed interdisciplinary team in the person's home and the agency is required to be licensed pursuant to 7.12 NMAC. (2) " Hospice care " means a focus on palliative, rather than curative care. The goal of the plan of care is to help the patient live as comfortably as possible, with emphasis on eliminating or decreasing pain and other uncomfortable symptoms. (3) " Licensed assisted living provider " means a facility that provides twenty-four (24) hour assisted living and is licensed by the department	A 068		

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A 068	Continued From page 35 of health. (4) " Hospice services " means a program of palliative and supportive services which provides physical, psychological, social and spiritual care for terminally ill patients and their family members. (5) " Care coordination requirements " means a written document that outlines the care and services to be provided by the hospice agency for assisted living residents that require hospice services. (6) " Palliative care " means a form of medical care or treatment that is intended to reduce the severity of disease symptoms, rather than to reverse progression of the disease itself or provide a cure. (7) " Terminally ill " means a diagnosis by a physician for a patient with a prognosis of six (6) months or less to live. (8) " Visit notes " means the documentation of the services provided for hospice residents and includes ongoing care coordination. B. Employee training and support. A facility that provides hospice services shall provide the following education and training for employees who assist with providing these services: (1) provide a minimum of six (6) hours per year of palliative/hospice care training, which includes one (1) hour specific to the hospice resident ' s ISP, in addition to the basic staff education requirements pursuant to 7.8.2.17 NMAC; and (2) offer an ongoing employee psychological support program for end of life care issues. C. Individual service plan (ISP) requirements. (1) Each resident who receives hospice services shall be provided the necessary palliative care to meet the individual resident ' s needs as outlined in the ISP and shall include one (1) hour of training specific to the resident for all direct care	A 068		

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A 068	Continued From page 36 staff. (2) The assisted living facility, in coordination with the hospice provider, shall create an ISP that identifies how the resident's needs are met and includes the following: (a) the requirements set forth in the " Individual Service Plan, " 7.8.2.26 NMAC, and " Exceptions to admission, readmission and retention, " Subsection C of 7.8.2.20 NMAC; (b) what services are to be provided; (c) who will provide the services; (d) how the services will be provided; (e) a delineation of the role(s) of the hospice provider and the assisted living facility in the ISP process; (f) documentation (visit notes) of the care and services that are provided with the signature of the person who provided the care and services; and (g) a list of the current medications or biologicals that the resident receives and who is authorized to administer them. (3) Medications shall be self-administered, self-administered with assistance by an individual that has completed a state approved program in medication assistance or administered by the following individuals: (a) a physician; (b) a physician extender (PA or NP); (c) a licensed nurse (RN or LPN); (d) the resident if their PCP has approved it; (e) family or family designee; and (f) any other individual in accordance with applicable state and local laws. D. Care coordination. (1) The assisted living facility shall be knowledgeable with regard to the hospice requirements pursuant to 7.12 NMAC and ensure that the hospice agency is well informed with	A 068		

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A 068	Continued From page 37 regard to the assisted living provisions pursuant to Subsection C of 7.8.2.20 NMAC. (2) The assisted living facility shall hold a team meeting prior to accepting or retaining a hospice resident in accordance with " Exceptions to admission, readmission and retention, " Subsection C of 7.8.2.20 NMAC. (3) Upon admission of a resident into hospice care, the assisted living facility shall designate a section of the resident ' s record for hospice documentation. (a) The facility shall provide individual records for each resident. (b) The hospice agency shall leave documentation at the facility in the designated section of the resident ' s record. (4) The assisted living facility shall provide the resident and family or surrogate decision maker with information on palliative care and shall support the resident ' s freedom of choice with regard to decisions. (5) Hospice services shall be available twenty-four (24) hours a day, seven (7) days a week for hospice residents, families and facility staff and may include continuous nursing care for hospice residents as needed. These services shall be delivered in accordance with the resident ' s individual service plan (ISP) and pursuant to 7.8.2 26 NMAC. (6) The assisted living facility shall ensure the coordination of services with the hospice agency. (a) The resident's individual service plan (ISP) shall be updated with significant changes in the resident ' s condition and care needs. (b) The assisted living facility shall receive information and communication from the hospice staff at each visit. (i) The information shall include the resident status and any changes in the ISP (i.e.,	A 068		

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A 068	Continued From page 38	A 068		

medication changes, etc.).
(ii) The information shall be in the form of a verbal report to the assisted living facility staff and also in the form of written documentation.
(c) The assisted living facility or the family/resident shall reserve the right to schedule care conferences as the needs of the resident and family dictate. The care conferences shall include all care team members.
(d) Concerns that arise with regard to the delivery of services from either the assisted living facility or the hospice agency shall first be addressed with the facility administrator and the hospice agency administrator.
(i) The process may be informal or formal depending on the nature of the issue.
(ii) If an issue can not be resolved or if there is an immediate danger to the resident the appropriate authority shall be notified.
E. Additional provisions. An assisted living facility that provides or coordinates hospice care and services shall make additional provisions for the following requirements:
(1) individual services and care: each resident receiving hospice services shall be provided the necessary palliative procedures to meet individual needs as defined in the ISP;
(2) private visiting space:
(a) physical space for private family visits;
(b) accommodations for family members to remain with the patient throughout the night; and
(c) accommodations for family privacy after a resident ' s death.
F. Medicare and medicaid restrictions. Assisted living facilities shall not accept a resident considered " hospice general inpatient " which would be billable to medicare or medicaid because the facility will not qualify for payment by medicare or medicaid.

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A 068	Continued From page 39 [7.8.2.68 NMAC - N, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.68 B (1) Based on record review and interview, the facility failed to ensure that the Direct Care Staff (DCS) had completed a minimum of six (6) hours per year of palliative/hospice care training. This deficient practice could likely result in the 3 (R #s 2, 3 and 8) residents identified as receiving hospice care services on the resident census list provided by the Administrator on 06/14/23, to be at risk of harm or injury if DCS have not received training on the proper methods of providing hospice care and services. The findings are: A. Record review of House Manager's (date of hire: 02/22/16) palliative/hospice care training records for 2022, revealed there were no hours documented to show she completed a minimum of six (6) hours per year. B. Record review of DCS #1's (date of hire: 10/28/15) palliative/hospice care training records for 2022, revealed there were no hours documented to show she completed a minimum of six (6) hours per year. C. Record review of DCS #2's (date of hire: 11/13/17) palliative/hospice care training records for 2022, revealed there were no hours documented to show she completed a minimum of six (6) hours per year.	A 068		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2286	A. BUILDING: _____ B. WING _____	C 06/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS CITY STATE ZIP CODE
BEEHIVE HOMES OF BOSQUE FARMS	**1935 BOSQUE FARMS BLVD BOSQUE FARMS, NM 87068**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 068	Continued From page 40 D. On 06/16/23 at 1:57 pm, during an interview with the House Manager, she confirmed that the facility could not show documentation of the hours received for the 2022 palliative/hospice care training that was provided to herself, DCS #1, and DCS #2.	A 068		