STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7226	A. BUILDING: _____ B. WING _____	06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASITA SENIOR LIVING LLC	9846 ACADEMY STREET NW ALBUQUERQUE, NM 87114

(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 an Initial Survey completed on 06/26/24 for the state requirements of NMAC 7.8.2, Regulations for Assisted Living Facilities for Adults. Census:	A 000		
A 016	7 NMAC 8.2.16 Staff Qualifications STAFF QUALIFICATIONS: A facility shall employ staff with the following qualifications. A. Administrator, director, operator: an assisted living facility shall be supervised by a full-time administrator. Multiple facilities that are located within a forty (40) mile radius may have one full-time administrator. The administrator shall: (1) be at least twenty-one (21) years of age; (2) have a high school diploma or its equivalent; (3) comply with the requirements of the New Mexico Caregivers Criminal History Screening Act, 7.1.9 NMAC; (4) complete a state approved certification program for assisted living administrators; (5) be able to communicate with the residents in the language spoken by the majority of the residents; (6) not work while under the influence of alcohol or illegal drugs; (7) have evidence of education and experience to prove the ability to administer, direct and operate an assisted living facility; the evidence of education and experience shall be directly related to the services that are provided at the facility; (8) provide three (3) notarized letters of reference from persons unrelated to the applicant; and (9) comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC. B. Direct care staff:	A 016		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Monica Lovato
TITLE: Administrator
(X6) DATE: 9/10/2024

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A 016	Continued From page 1 (1) shall be at least eighteen (18) years of age; (2) shall have adequate education, relevant training, or experience to provide for the needs of the residents; (3) shall comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC; and (4) shall comply with the current requirements of reporting and investigating incidents pursuant to Incident Reporting, Intake Processing and Training Requirements, 7.1.13 NMAC; (5) if a facility provides transportation for residents, the employees of the facility who drive vehicles and transport residents shall have copies of the following documents on file at the facility: (a) a valid New Mexico driver ' s license with the appropriate classification for the vehicle that is used to transport residents; (b) documentation of training in transportation safety for the elderly and disabled, including safe vehicle operation; (c) proof of insurance; and (d) documentation of a clean driving record; (6) any person who provides direct care who is not employed by an agency that is covered by the requirements of the Caregivers Criminal History Screening Requirements, 7.1.9 NMAC, shall provide current (within the last 6 months) proof of the caregivers criminal history screening to the facility; the facility shall maintain and have proof of such screening readily available; and (7) employers shall comply with the requirements of the Caregivers Criminal History Screening Requirements, 7.1.9 NMAC. [7.8.2.16 NMAC - Rp, 7.8.2.16 NMAC, 01/15/2010]	A 016		

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A 016	Continued From page 2 This REQUIREMENT is not met as evidenced by: 7.8.2.16 B (3) (7) Refer to 7.1.12 EMPLOYEE ABUSE REGISTRY 7.1.12.8 REGISTRY ESTABLISHED; PROVIDER INQUIRY REQUIRED: Upon the effective date of this rule, the department has established and maintains an accurate and complete electronic registry that contains the name, date of birth, address, social security number, and other appropriate identifying information of all persons who, while employed by a provider, have been determined by the department, as a result of an investigation of a complaint, to have engaged in a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider. Additions and updates to the registry shall be posted no later than two (2) business days following receipt. Only department staff designated by the custodian may access, maintain and update the data in the registry. A. Provider requirement to inquire of registry. A provider, prior to employing or contracting with an employee, shall inquire of the registry whether the individual under consideration for employment or contracting is listed on the registry. B. Prohibited employment. A provider may not employ or contract with an individual to be an employee if the individual is listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider. C. Applicant's identifying information required. In making the inquiry to the registry prior to employing or contracting with an employee, the	A 016	PLAN OF CORRECTION: PREFIX TAG: A016-: 7.8.2.16 B (3) (7) (3) Employee Abuse Registry 7.1.12 NMAC All Staff will be cleared by the Employee Abuse Registry(EAR), prior to hire. **Plan of Correction:** No Employee will be hired without the Administrator authorizing and completing the EAR. Emloyee Personnel files have been implemented with a checklist of all State requirements to ensure that each employee's packet is completed. (7) Caregiver Crimminal History Screening Program (CCHSP) Requirements: 7.1.9 NMAC All employees prior to hire will be cleared by EAR. Once cleared by EAR the employee will be hired Provisionally and will have 20 days to complete their fingerprints. Once the employee is cleared by the CCHSP, the employee will be hired permanently. **Plan of Correction:** No Employee will be hired without the Administrator authorizing and completing the EAR and the CCHSP. Emloyee Personnel files have been implemented with a checklist of all State requirements to ensure that the	7/12/24

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A 016	Continued From page 3 provider shall use identifying information concerning the individual under consideration for employment or contracting sufficient to reasonably and completely search the registry, including the name, address, date of birth, social security number, and other appropriate identifying information required by the registry. D. Documentation of inquiry to registry. The provider shall maintain documentation in the employee's personnel or employment records that evidences the fact that the provider made an inquiry to the registry concerning that employee prior to employment. Such documentation must include evidence, based on the response to such inquiry received from the custodian by the provider, that the employee was not listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation. E. Documentation for other staff. With respect to all employed or contracted individuals providing direct care who are licensed health care professionals or certified nurse aides, the provider shall maintain documentation reflecting the individual's current licensure as a health care professional or current certification as a nurse aide. F. Consequences of noncompliance. The department or other governmental agency having regulatory enforcement authority over a provider may sanction a provider in accordance with applicable law if the provider fails to make an appropriate and timely inquiry of the registry, or fails to maintain evidence of such inquiry, in connection with the hiring or contracting of an employee; or for employing or contracting any person to work as an employee who is listed on the registry. Such sanctions may include a directed plan of correction, civil monetary penalty not to exceed five thousand dollars ($5000) per	A 016	Continued from page 3 Manager and Administrator are following the correct steps in hiring new employees and that their personnel file has all the documents required for employment by the New Mexico Dept of Health (NMDOH).	

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A 016	Continued From page 4 instance, or termination or non-renewal of any contract with the department or other governmental agency. [7.1.12.8 NMAC - N, 01/01/2006] 7.1.9.8 CAREGIVER AND HOSPITAL CAREGIVER EMPLOYMENT REQUIREMENTS: . . . D. Application: In order for a nationwide criminal history record to be obtained and processed, the following shall be submitted to the department on forms provided by the department. (1) A form containing personal identification which has a photograph of the person and which meets the requirements for employment eligibility in accordance with the immigration and nationality act as amended. A reasonable xerographic copy of a drivers license photograph will suffice under Subsection D of 7.1.9.8 NMAC. (2) A signed authorization for release of information form. (3) Three (3) complete sets of readable fingerprint cards or other department approved media acceptable to the Department of Public Safety and the Federal Bureau of Investigation submitted using black ink. (4) The fee specified by the department for the nationwide and statewide criminal history screening investigation shall not exceed seventy-four ($74) dollars. Of which, twenty-four ($24) dollars shall be applied for the federal bureau of investigation nationwide criminal history screening, seven ($7) dollars shall be applied for the statewide criminal history screening. The remaining application fee shall be applied to cover costs incurred by the Department to support activities required by the Act and these rules. The fees will not be applied to any other activity or expense undertaken by the Department.	A 016		

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A 016	Continued From page 5 . . . E. Fees: The federal bureau of investigation has a mandatory processing fee with no exceptions. The Department and Department of Public Safety impose a state processing and administrative fee. The fee payment must accompany the fingerprint application, or otherwise be credited to the department prior to or at the same time with the department's receipt of the application documents. The manner of payment of the fee is by bank cashier check or money order payable to the New Mexico Department of Health or other method of funds transfer acceptable to the department. Business checks will be accepted unless the business tendering the check has previously tendered a check to the department unsupported by sufficient funds. Neither cash nor personal checks will be accepted. The fee may be paid by the care provider or by the applicant, caregiver or hospital caregiver. The department will set a fee in addition to the fees imposed by Department of Public Safety and the Federal Bureau of Investigation that will fully and completely cover costs incurred by the department to support activities required by the act and these rules. The fees will not be applied to any other activity or expense undertaken by the department. F. Timely Submission: Care providers shall submit all fees and pertinent application information for all individuals who meet the definition of an applicant, caregiver or hospital caregiver as described in Subsections B, D and K of 7.1.9.7 NMAC, no later than twenty (20) calendar days from the first day of employment or effective date of a contractual relationship with the care provider. G. Maintenance of Records: Care providers shall maintain documentation relating to all employees and contractors evidencing compliance with the	A 016		

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A 016	Continued From page 6	A 016		

act and these rules.
(1) During the term of employment, care providers shall maintain evidence of each applicant, caregiver or hospital caregiver's clearance, pending reconsideration, or disqualification.
(2) Care providers shall maintain documented evidence showing the basis for any determination by the care provider that an employee or contractor performs job functions that do not fall within the scope of the requirement for nationwide or statewide criminal history screening. A memorandum in an employee's file stating "This employee does not provide direct care or have routine unsupervised physical or financial access to care recipients served by [name of care provider]," together with the employee's job description, shall suffice for record keeping purposes.

Based on record review and interview, the facility failed to ensure the Direct Care Staff (DCS) #2:
1. Was cleared by the Employee Abuse Registry (EAR) prior to hire.
2. Application and fingerprints was submitted to the Caregiver Criminal History Screening Program (CCHSP) within 20 days of hire.

These deficient practices could likely result in the (R #'s 1 -) residents listed on the census provided by the Administrator on 06/25/24 to be at risk of harm if residents are being provided care by staff who have a previous history of abusing, neglecting, and or exploiting residents and may be a convicted felon. The findings are:

A. Record review of DCS #2's (Hire Date: 03/01/24) employee file revealed the following:
1. Facility staff did not complete DCS #2's EAR until 06/24/24.

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A 016	Continued From page 7 2. The record did not contain an application, and fingerprinting needed to be completed and submitted to CCHSP within 20 days of hire. B. On 06/25/24 at 2:26 pm, during an interview, the Administrator confirmed DCS #2's employee file revealed: 1. Facility Staff did not receive EAR clearance prior to hire. 2. Application and fingerprints were not submitted to CCHSP within 20 days of hire.	A 016		
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 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	A 034		

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A 034	Continued From page 8 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 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	A 034		

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A 034	Continued From page 9 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 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: 7.8.2.34 A (7) Refer to:	A 034	PLAN OF CORRECTION: PREFIX TAG: A034-: 7.8.2.34 A (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.	7/20/24

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A 034	Continued From page 10 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 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	A 034	Continued from page 10 **Plan of Correction:** 11.3 Cylinder and Container Storage Requirements. The facility has implemented a designated area to keep oxygen cylinders safely stored outside in an enclosed storage secured to avoid unauthorized entry. With proper labeling of empty and full oxygen cylinders. Furthermore the Manager on site wil ensure that the Hospice companies are taking their oxygen cylinders which is part of their DME back to the company so that the ALF does not have an ambundance of uneccessary cylinders. The Manager will check the storage on a Monthly basis and send cylinders back to Hospice companies when no longer needed.	

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A 034	Continued From page 11 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 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	A 034		

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A 034	Continued From page 12 national fire protection association (NFPA) 99. 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 oxygen cylinder tanks: 1. Were not stored with combustible materials (paper products, cardboard, and other materials that catch fire and burn quickly or easily). 2. Protected from falling over and damaging the valve by not being attached to a cylinder stand. These deficient practices could likely result in the (R #s 1-) residents listed on the resident census, provided by the Administrator on 06/25/24, being at risk of harm, injury, or death if the oxygen cylinder tanks were: 1. Stored with combustible materials which could accelerate a fire. 2. To fall over, damaging the valve, causing it to depressurize during a fire; the oxygen feeds the fire, causing it to spread faster. The findings are: A. On 06/24/24 at 3:00 pm, during an observation, two small-size E oxygen cylinder tanks, not attached to a stand, were sitting upright in the common resident's bathroom located in the west hallway. Bed pads and adult briefs were among the things where they were stored. B. On 06/25/24 at 1:30 pm, during an interview, the Administrator confirmed that the oxygen tank was not secured by properly chaining or supporting it in a proper cylinder stand and tanks were stored with combustible materials.	A 034		

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	7226	A. BUILDING: _____ B. WING _____	06/26/2024

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A 036	Continued From page 13	A 036		
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 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	A 036		

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A 036	Continued From page 14 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; (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	A 036		

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A 036	Continued From page 15 state environment department, pursuant to 7.6.2 NMAC. (1) Kitchen sanitation. (a) Equipment and work areas shall be clean and in good repair. Surfaces with which food or beverages come into contact shall be of smooth, impervious material free of open seams, not readily corrodible and easily accessible for cleaning. (b) Utensils shall be stored in a clean, dry place protected from contamination. (c) The walls, ceiling and floors of all rooms that food or drink is stored, prepared or served shall be kept clean and in good repair. (2) Washing and sanitizing kitchenware. (a) All reusable tableware and kitchenware shall be cleaned in accordance with procedures that include separate steps for prewashing, washing, rinsing and sanitizing. (b) Proper dishwashing procedures and techniques shall be utilized and understood by the dishwashing staff. (c) Periodic monitoring of the operation of the detergent dispenser, washing, rinsing and sanitizing temperatures shall be performed and documented. (d) When a dishwashing machine is utilized, the cleanliness of the machine, its jets and its thermostatic controls shall be monitored and documented by the facility. A monthly log of the recorded temperature of the dishwasher shall be maintained in the facility and available for inspection. (3) Sinks for hand washing shall include hot and cold running water, hand-washing soap and disposable towels. (4) All garbage and kitchen refuse that is not disposed of through a garbage disposal unit shall be kept in watertight containers with close-fitting	A 036		

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A 036	Continued From page 16 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 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	A 036		

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A 036	Continued From page 17 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 (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	A 036		

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A 036	Continued From page 18 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 D (3) (7) Based on observation and interview, the facility failed to ensure that: 1. Food stored in the refrigerator was covered, dated, labeled, and any unused leftovers were discarded after three (3) calendar days. 2. Facility staff stored dry or staple food (food product that is basic and important in people's everyday lives) items at least six (6) inches off the floor. These deficient practices could likely result in the (R #s 1-) residents listed on the census provided by the Administrator on 06/25/24 to be at risk of harm or contracting foodborne illnesses if: 1. Food stored in the refrigerator was not covered, dated, labeled, and any unused leftovers were kept longer than (3) three calendar days. 2. Facility staff fail to store dry or staple food items at least six (6) inches off the floor. The findings are: Findings for unlabeled, undated, and uncovered food items:	A 036	PLAN OF CORRECTION: PREFIX TAG: A036: 7.8.2.36 D (3) (7) D. Food Management (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. (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. **Plan of Correction:** D (3) The Administrator and Manager have reeducated the employees on making sure all foods are covered and dated. Leftover foods will be dated/labeled and discarding after 3 days. To ensure this is being done the Administrator has designated the Manager and a	6/26/24

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A 036	Continued From page 19 A. On 06/25/24 at 9:56 AM, an observation of the facility kitchen revealed the following items in the refrigerator: 1. One (1) undated and unlabeled bag of carrots. 2. One (1) undated and unlabeled bag containing half an onion. 3. One (1) undated and unlabeled bag of tomatoes. 4. One (1) undated 7-ounce (oz) container of roast beef. 5. One (1) undated and unlabeled bag of shredded cheese. 6. One (1) one gallon jug of expired milk dated 06/22/24. Findings for food items not stored six inches off the floor: B. On 06/25/24 at 10:05 AM, an observation of the kitchen pantry revealed the following items were not stored six inches off the floor: 1. One (1) 5-pound (lb.) bag of potatoes. 2. One (1) 10 lb. bag of pancake mix. 3. One (1) 3 lb. box of crackers. 4. One (1) 25 lb. bag of flour. C. On 06/25/24, at 10:08 am during an interview the Administrator confirmed the findings in the facility's kitchen refrigerator and kitchen pantry.	A 036	Continued from page 19 Caregiver to check the Refrigerater every Monday and Friday to ensure food management is being handled properly. Furthermore the refrigerator is cleaned nightly for cleanliness and organization. D (7) The pantry was reorganized and all dry foods have been removed from the floor. 6" risers have been placed in the pantry to avoid any dry foods from being placed on the floor. To ensure proper storage, Administrator purchased a shelf to store dry foods to have more storage rooom to avoid placing goods on the floor.	6/27/24
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	A 038		

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A 038	Continued From page 20 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) Based on observation and interview, the facility failed to ensure that cleaning supplies and hazardous chemicals were stored in secured areas and were not accessible to the residents. This deficient practice could likely result in the (R #s 1-) residents listed on the resident census list provided by the Administrator on 06/25/24 to be at risk of harm, illness, or injury if the residents were to spill chemicals on themselves or ingest (take food, drink, or another substance in the body by swallowing or absorbing it.) the cleaning supplies or hazardous chemicals (any chemical which can cause a physical or a health hazard)	A 038	PLAN OF CORRECTION: PREFIX TAG: A038: 7.8.2.38 (C) 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]	6/25/24

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A 038	Continued From page 21 The findings are: A. On 06/24/24 at 2:23 PM, during observation of the facility's outside grounds, a shed located in the backyard was unsecured, and the following chemicals were accessible to residents: 1. Two (2) gallons of paint 2. Four (4) 620-ounce (oz) barrels of paint B. On 06/24/24 at 2:54 PM, during an observation of the laundry room located at the southeastern hall, the laundry room was unlocked. The following chemicals were accessible to residents: 1. One (1) bucket of laundry detergent 2. Two (2) gallons of bleach 3. One (1) 210 ounces (oz) bottle of multi-purpose cleaner 4. Two (2) 23 oz bottles of glass cleaner 5. Two (2) 4-pack box of bleach tablets 6. One (1) 24 oz of bottle bathroom cleaner 7. One (1) 32 oz bottle of wood cleaner 8. One (1) 19 oz of disinfectant spray 9. One (1) 1.28 oz box of ant killing bait 10. One (1) box of four (4) mice traps 11. One (1) 121 oz bottle of bleach 12. One (1) 11 oz spray can of flying insect killer C. On 06/24/24 at 2:58 PM, during an interview, the Administrator confirmed that the cleaning supplies and chemicals located in the laundry room were unsecured and accessible to residents. D. On 06/26/24 at 12:30 PM, during an interview, the Administrator confirmed the shed was unsecured, and the paint was accessible to residents.	A 038	Continued from page 21 **Plan of Correction:** The facility Administrator and Manager have reeducated the employees on the importance of keeping the laundry room locked (secured) at all times unattended. Furthermore there is a Large Sign on the door to keep it locked at all times as a reminder to the Caregivers. The shed outside has a key lock and only the Manager and Administrator will have access to this key to ensure that the shed is locked at all times when unattended. The Manager and the Administrator will ensure the doors are locked at all times when unattended by enforcing the rule to al staff and monitoring daily/weekly when in the home that the staff is following the rules.	

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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. [7.8.2.45 NMAC - Rp, 7.8.2.46 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced	A 045	**PLAN OF CORRECTION: PREFIX TAG: A045: 7.8.2.45 (E)**	6/28/24

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A 045	Continued From page 23 by: 7.8.2.45 (E) Based on observation and interview, the facility failed to ensure its hot water temperatures, which are accessible to residents, were maintained at a maximum of 110 degrees Fahrenheit (F). This deficient practice could likely result in the (R #s 1-) residents listed on the census provided by the Administrator on 06/25/24 to be at risk of being injured and burned by too hot water. The findings are: A. On 06/25/24 at 10:28 AM, during an observation (using a digital thermometer) of the common resident restroom located in the north hallway, the restroom sink water temperature was 133 degrees Fahrenheit (F). B. On 06/25/24 at 10:30 AM, during an observation (using a digital thermometer) of the common resident restroom located in the south hallway, the restroom sink water temperature was 135 degrees F. C. On 06/25/24 at 10:39 AM, during an interview, the Administrator confirmed that the water temperatures for the north and south restroom sinks were above 110 degrees F.	A 045	Continued from page 23 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. **Plan of Correction:** (E) The Administrator/Owner and 2nd Owner Vanessa lowered the furnace temperature per our local plumber. The Furnace has a Regulator that will continue to keep the water temperature consistent to the desired temperature. 48 hours later we confirmed that the water temperature in all three restrooms and kitchen are within the limits of a minimum of (95) degrees fahrenheit and a maximum of (110) degrees. To ensure the temperature is consistent the Administrator is measuring the temperature weekly, and will measure monthly for the safety of our residents and employees.	
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)	A 063		

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A 063	Continued From page 24 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 NFPA 10, Standard for Portable Fire Extinguishers, 1998 Edition: 4-3 Inspection. 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 the fire extinguishers were inspected monthly as recommended by the manufacturer. This deficient practice could likely result in the (R #s 1-) residents identified on the census provided by the Administrator on 06/25/24, staff members, and other building occupants to be at risk of harm, injury, or death if	A 063	PLAN OF CORRECTION: PREFIX TAG: A063: 7.8.2.63 B 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] **Plan Of Correction:** Fire extinguishers have been inspected and maintained monthly. However the Manager was not aware of the need to sign and date the Fire Extinguisher tag, she was only signing off on the inspections on the	6/28/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7226	A. BUILDING: _____ B. WING _____	06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASITA SENIOR LIVING LLC	9846 ACADEMY STREET NW ALBUQUERQUE, NM 87114

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A 063	Continued From page 25 a fire were to occur and the fire extinguishers did not work. The findings are: A. On 06/24/24 at 2:39 PM, during an observation of the facility fire extinguisher located in the dining area, the fire extinguisher was not signed and dated on the monthly inspection record located on the fire extinguisher tag indicating that the facility staff did not ensure monthly inspection on the fire extinguisher was performed. B. On 06/24/24 at 2:59 PM, during an observation of the facility's fire extinguisher, located in the southeast hallway, the fire extinguisher was not signed and dated on the monthly inspection record located on the fire extinguisher tag, indicating that the facility staff did not ensure monthly inspection was performed. C. On 06/24/24 at 3:05 PM, during an observation of the facility's fire extinguisher, located at the entrance of the facility, the fire extinguisher was not signed and dated on the monthly inspection record located on the fire extinguisher tag, indicating that the facility staff did not ensure monthly inspection was performed. D. On 06/24/24 at 3:06 PM, during an interview, the Administrator confirmed that the fire extinguishers located in the dining area, the southeast hallway, and at the facility's entrance were not signed and dated on the monthly inspection record located on the fire extinguisher tags, This indicates that the facility staff did not ensure monthly inspections were performed on each of the fire extinguishers.	A 063	Continued from page 25 Facility Fire Drill Log form. The Administrator has educated the Manager on Inspecting, dating, and signing off on each Fire Extinguisher label for every month that the Fire Extinguishers are checked. Furthermore all employees have been educated on the importance of documentation. Moving forward there will be no issues with documentation of dating and initialing the inspection of each fire extinguisher on it's record label. This is the house Manager's duty, she completes the monthly firedrills and has been educated on proper documentation. Furthermore the Adminstrator will follow up montlhy to ensure logs are being completed properly. Monica Lovato	