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GOOD LIFE SENIOR LIVING AND MEMORY CARE	906 PISTACHIO TRAIL ARTESIA, NM 88210

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A 000	Initial Comments The following deficiencies were cited during a Full Onsite/Complaint survey completed on 11/18/2020 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living. Complaint #NM47848 was substantiated with deficiencies cited.	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.	A 016		

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A 016	Continued From page 1 B. Direct care staff: (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	A 016		

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employing or contracting with an employee, the 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

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not to exceed five thousand dollars ($5000) per 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

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A 016	Continued From page 5 activity or expense undertaken by the Department. . . . 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 MAC, no later than twenty (20) calendar days from the first day of employment or effective date of a contractual relationship with the care provider.	A 016		

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A 016	Continued From page 6 G. Maintenance of Records: Care providers shall maintain documentation relating to all employees and contractors evidencing compliance with the 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 provide documentation that: 1. All Direct Care Staff (DCS) providing care and services have been cleared by the Employee Abuse Registry (EAR) prior-to-hire. 2. The applications and fingerprints for the Caregiver Criminal History Screening program (CCHSP) were submitted within 20 days of the date of hire. This deficient practice could likely negatively affect the safety and welfare of the 16 (R #s 1-16) residents listed on the census provided by the Administrator on 11/16/20, if they are being provided services by staff who may have a previous history of abusing, neglecting, and/or exploiting residents. The findings are:	A 016		

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A 016	Continued From page 7 A. Record review of the employee files for: 1. DCS #1's (hire date 12/03/19), DCS #2's (hire date 02/01/20, and DCS #3's (hire date 04/30/18) revealed no documentation that the EAR applications were submitted and clearances received prior to hire. 2. No documentation that their applications and fingerprints were submitted to the CCHSP within 20 days of hire or clearance letters received. B. On 11/17/20 at 11:27 am, during an interview with the Administrator, she confirmed that there was no documentation in DCS #s 1-3 employee files that their: 1. EAR applications were submitted/clearances received for prior to hire. 2. Fingerprints were submitted to or clearance letters received from the Caregiver Criminal History Screening program (CCHSP) at any time after they were hired.	A 016		
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;	A 017		

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A 017	Continued From page 8 (3) safe food handling practices (for persons involved in food preparation), to include: (a) instructions in proper storage; (b) preparation and serving of food; (c) safety in food handling; (d) appropriate personal hygiene; and (e) infectious and communicable disease control; (4) confidentiality of records and resident information; (5) infection control; (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 A B C (1-2) (3 a-e) (4-12) Based on record review and interview the facility failed to ensure that the Direct Care Staff received all the required trainings and documentation of completion and was maintained onsite at the facility for ability to review. (1) Sixteen (16) hours of supervised training	A 017		

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prior to providing unsupervised care for residents.
(2) Twelve (12) hours of orientation and annual trainings.

This deficient practice could likely result in harm or injury for the 16 (R #s 1-16) residents identified on the census provided by the Administrator on 11/16/20, if the DCS providing care have not received all required training and do not know how to properly care for residents. The findings are:

Findings for DCS #1

A. Record review of DCS #1's training file, revealed no documentation of receiving sixteen (16) hours of supervised training prior to providing unsupervised care for residents.

B. Record review of DCS #1's training file, revealed no documentation of receiving 12 hours of the required orientation and/or annual trainings in the following areas:
1. Fire safety and evacuation.
2. First aid.
3. Safe food handling practices (for persons involved in food preparation) that includes a certificate of training completion.
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. State approved medication assistance training, including the certificate of training

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completion for staff that assist with medication delivery.

12. The proper way to implement a resident ISP for staff that assist with ISPs.

Findings for DCS #2

C. Record review of DCS #2's training file, revealed no documentation of receiving sixteen (16) hours of supervised training prior to providing unsupervised care for residents

D. Record review of DCS #2's training file, revealed no documentation of receiving 12 hours of the required orientation and/or annual trainings in the following areas:

1. Fire safety and evacuation.
2. First aid.
3. Safe food handling practices (for persons involved in food preparation) that includes a certificate of training completion.
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. State approved medication assistance training, including the certificate of training completion for staff that assist with medication delivery.
12. The proper way to implement a resident ISP for staff that assist with ISPs.

Findings for DCS #3

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A 017	Continued From page 11 E. Record review of DCS #3's training file, revealed no documentation of receiving sixteen (16) hours of supervised training prior to providing unsupervised care for residents F. Record review of DCS #3's training file, revealed no documentation of receiving the required orientation and/or annual trainings in the following areas: 1. Fire safety and evacuation. 2. Safe food handling practices (for persons involved in food preparation) that includes a certificate of training completion. 3. Smoking policy for staff, residents and visitors. 4. Methods to provide quality resident care. 5. Emergency procedures. 6. State approved medication assistance training, including the certificate of training completion for staff that assist with medication delivery. 7. The proper way to implement a resident ISP for staff that assist with ISPs. Findings for DCS #4 G. Record review of DCS #4's training file, revealed no documentation of receiving sixteen (16) hours of supervised training prior to providing unsupervised care for residents. H. Record review of DCS #4's training file, revealed no documentation of receiving the required orientation and/or annual trainings in the following areas: 1. Safe food handling practices (for persons involved in food preparation) that includes a certificate of training completion. 2. State approved medication assistance training, including the certificate of training	A 017		

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A 017	Continued From page 12 completion for staff that assist with medication delivery. Findings for R #5 I. Record review of DCS #5's training file, revealed no documentation of receiving the required orientation and/or annual training for reporting requirements for abuse, neglect or exploitation in accordance with 7.1.13 NMAC. J. On 11/17/20 at 11:27 am, during an interview with the Administrator, she confirmed the training findings listed above for DCS #s 1-5.	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; (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;	A 020		

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A 020	Continued From page 13 (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; (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.	A 020		

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A 020	Continued From page 14 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 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	A 020		

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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 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,

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A 020	Continued From page 16 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) Refer to Senate Bill (SB) 0335 - 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. 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	A 020		

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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) whose Admission/Discharge Agreements were reviewed for compliance included a Refund Upon Death policy that was in compliance with NMAC 7.8.2.20 Regulations for Assisted Living Facilities and Senate Bill (SB) 0335 - 2013.

This deficient practice could likely result in the residents and/or their legal representatives not being aware that the resident's estate could be be at risk of not receiving monies owed and/or not being aware of additional charges that may be incur, if the Refund Upon Death policy is not in compliance with the regulations and the Senate

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A 020	Continued From page 18 Bill. The findings are: A. Record review of R #s 1-4 revealed that Admission/Discharge Agreements did not include the Refund Upon Death policy in compliance with NMAC 7.8.2.20 Regulations for Assisted Living Facilities and Senate Bill (SB) 0335 - 2013. B. On 11/17/20 at 3:46 pm, during an interview with the Administrator, she confirmed the above findings for R #s 1-4 Admission/Discharge Agreements did not include the Refund Upon Death policy in compliance with NMAC 7.8.2.20 Regulations for Assisted Living Facilities and Senate Bill (SB) 0335 - 2013.	A 020		
A 024	7 NMAC 8.2.24 Assistance with Daily Living ASSISTANCE WITH DAILY LIVING: The facility shall supervise and assist the residents, as necessary, with health, hygiene and grooming needs, to include but not limited to the following: A. eating; B. dressing; C. oral hygiene; D. bathing; E. grooming; F. mobility; and G. toileting. [7.8.2.24 NMAC - Rp, 7.8.2.25 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.24 F Based on record review and interview the facility failed to ensure for 1 (R #1) of 1 (R #1) resident	A 024		

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A 024	Continued From page 19	A 024		

who needed a 2 person transfer that was conducted by one person. This deficient practice resulted in actual harm to R #1 who suffered bruising, a cut on the right arm, and a cut on right side of neck. The findings are:

A. Record review of R #1's Individual Service Plan (ISP) dated 06/25/20 revealed, that the resident was a 2-person assist with all transfers.

B. On 11/17/20 at 11:40 am, during an interview with the Nurse, she confirmed that R #1 is a 2-person assist with all transfers.

C. On 11/17/20 at 3:45 pm, during an interview with Direct Care Staff (DCS #6), she confirmed that DCS #5 transferred R #1 into bed on her own. DCS #6 also stated that she could not assist with R #1 because she was showering another resident.

D. On 11/17/20 at 11:40 am, during an interview with R #1, (resident in complaint), [redacted] stated that young people help [redacted] get into bed and that [redacted] goes to bed at 7:30 pm, that [redacted] was reading the Bible when the Hispanic, short girl with the Hispanic husband came in to [redacted] room and told [redacted] that [redacted] needed to put [redacted] to bed early. R #1 stated, "I asked [redacted] how early and [redacted] said now." R #1 stated that the girl (DCS #5) was on [redacted] own and that [redacted] told the caregiver that [redacted] did not want to go to bed and that [redacted] (R #1) became agitated. R #1 stated that DCS #5 was standing by the bed, R #1 looked at her girl (DCS #5), and R #1 stated that DCS #4 (caregiver) said "I'm putting you to bed now." R #1 stated that the girl came at [redacted] was stunned, and that the caregiver (DCS #5) was very strong and dug into her arms. R #1 stated the girl picked [redacted] up by the waist, threw [redacted] on the bed, and left [redacted] there.

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R #1 wanted the girl to leave and did not want "Any more treatment." R #1 stated that the girl had long finger nails and that the girl stated, "Yes you're going to get into bed. At the time, I thought she was going to break my arm and I knew I was in trouble."

E. Record review of R #1's [facility's internal] incident report dated 10/17/20 completed by DCS #3, caregiver states:

1. Person's involved in the incident: [Name of R #]
2. Description: Staff went to assist [redacted] to get ready for the day and noticed bruising on right arm and cut on left side of neck.
3. Resident/Employee said: Staff asked what happened and resident stated someone threw [redacted] into bed and was being rough with [redacted]
4. Facts Known: Bruising and cut to right arm and left side of neck (measurements unavailable).

F. Record review of DCS #5's Employee Write-Up dated 10/20/20 revealed that under employee statement it was written: "I was helping [redacted] [Name of R #1] to bed. [redacted] [Name of R #1] was being aggressive said that I was sleeping with [redacted] brother and that I was nothing but a whore. I simply ignored the comments and simply explained to [redacted] [R #1] that my Assistant Manager told us everyone has to be in bed. [redacted] [Name of R #1] did not want me to help [redacted] but I explained that my partner was busy with someone else, so I had to help [redacted] into bed."

G. Record review of Facility's pictures of R #1 revealed:

1. Picture image # 49621: picture of cut on neck.
2. Picture image # 49601: picture of bruising

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A 024	Continued From page 21 on right arm. H. On 11/17/20 at 2:35 pm, during an interview with the Administrator, she confirmed that the facility took the pictures of R #1's injuries on [redacted] neck and right arm on 10/17/20.	A 024		
A 033	7 NMAC 8.2.33 Resident Rights RESIDENT RIGHTS: All licensed facilities shall understand, protect and respect the rights of all residents. A. Prior to admission to a facility, a resident and legal representative shall be given a written description of the legal rights of the resident, translated into another language, if necessary, to meet the resident ' s understanding. B. If the resident has no legal representative and is incapable of understanding his or her legal rights, a written copy of the resident's legal rights shall be provided to the most significant responsible party in the following order: (1) the resident's spouse; (2) significant other; (3) any of the resident's adult children; (4) the resident's parents; (5) any relative the resident has lived with for six or more months before admission; (6) a person who has been caring for, or paying benefits on behalf of the resident; (7) a placing agency; (8) resident advocate; or (9) the ombudsman. C. The resident rights shall be posted in a conspicuous public place in the facility and shall include the telephone numbers for the incident management hotline and for the state ombudsman program. D. To protect resident rights, the facility shall:	A 033		

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A 033	Continued From page 22 (1) treat all residents with courtesy, respect, dignity and compassion; (2) not discriminate in admission or services based on gender, sexual orientation, resident's age, race, religion, physical or mental disability, or nationality; (3) provide residents written information about all services provided by the facility and their costs and give advance written notice of any changes; (4) provide residents with a safe and sanitary living environment; (5) provide humane care for all residents; (6) provide the right to privacy, including privacy during medical examinations, consultations and treatment; (7) protect the confidentiality of the resident ' s medical record; (8) protect the right to personal privacy, including privacy in personal hygiene; privacy during visits with a spouse, family member or other visitor; and privacy in the resident's own room; (9) protect the right to communicate privately and freely with any person, including private telephone conversations and private correspondence; and the right to receive visits from family, friends, lawyers, ombudsmen and community organizations; (10) prohibit the use of any and all physical and chemical restraints; (11) ensure that residents: (a) are free from physical and emotional abuse neglect and misappropriation/or exploitation; (b) are free from financial abuse and misappropriation by facility staff or management; (c) are free to participate in religious, social, community and other activities and freely associate with persons in and out of the facility; (d) are free to leave the facility and return without unreasonable restriction;	A 033		

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A 033	Continued From page 23 (e) are given a fifteen (15) calendar day, written notice before room transfers or discharge from the facility unless there is immediate danger to self or others in the facility; (f) have an environment that fosters social interaction and avoids social isolation; (g) or their surrogate decision makers, are informed of and consent to the services provided by the facility; (h) have the right to voice grievances to the facility staff, public officials, the ombudsmen, any state agency, or any other person, without fear of reprisal or retaliation; (i) have the right to have their complaints addressed within fourteen (14) calendar days or sooner; (j) have the right to participate in the development of their care plan/ISP; (k) have the right to choose a doctor, pharmacist and other health care provider(s); (l) have the right to participate in medical treatment decisions and formulate advance directives such as living wills and powers of attorney; (m) have the right to keep and use personal possessions without loss or damage; (n) have the right to manage and control their personal finances; (o) have the right to freely organize and participate in a resident association that may recommend changes in the facility's policies, services and management; (p) shall not be required to work for the facility; and (q) are protected from unjustified room transfers or discharge. E. The resident's rights shall not be restricted unless this restriction is for the health and safety of the resident, agreed to by the resident or the	A 033		

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A 033	Continued From page 24 resident ' s surrogate decision maker and outlined in the resident ' s individual service plan. [7.8.2.33 NMAC - Rp, 7.8.2.34 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.33 D 11 (a) Based on record review and interview the facility failed to ensure for 1 (R #1) of 1 (R #1) resident was free from physical abuse and neglect by a Direct Care Staff (DCS) when resident was forced into [redacted] bed against [redacted] wishes. This deficient practice resulted in actual harm to R #1, who was injured (bruises and cuts). The findings are: A. Record review of R #1's Individual Service Plan (ISP) dated 06/25/20 revealed, that the resident was a 2-person assist with all transfers. B. On 11/17/20 at 11:40 am, during an interview with the Nurse, she confirmed that R #1 is a 2-person assist with all transfers. C. Record review of R #1 Evaluation dated 06/25/20, revealed that [redacted] was admitted to the facility on [redacted]/19. Diagnosis [redacted]	A 033		

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[redacted]

D. Record review of R #1's [facility's internal] incident report dated 10/17/20 completed by DCS #3 revealed the following:

1. Person's involved in the incident: R #1
2. Description: Staff went to assist [redacted] to get ready for the day and noticed bruising on right arm and cut on left side of neck.
3. Resident/Employee said: Staff asked what happened and resident stated someone threw [redacted] into bed and was being rough with [redacted]
4. Facts Known: Bruising and cut to right arm and left side of neck. (Does not state the extent/measures of bruising and cuts).

E. Record review of R #1's Observation form completed on 10/17/20 at 1:41 pm, recorded by DCS #7 states: "When getting [Name of R #1] out of bed this morning staff noticed bruising on [redacted] right arm, and a small cut on the left side of [redacted] neck. Resident stated somebody threw [redacted] into bed and [redacted] was wanting to call the police. DCS #8, Administrator, Nurse, and Assistant Administrator were all notified."

F. Record review of DCS #5's Employee Write-Up dated 10/20/20, revealed incident involving R #1 under employee statement it was written: "I was helping [redacted] to bed. [redacted] was being aggressive said that I was sleeping with [redacted] brother and that I was nothing but a whore. I simply ignored the comments and simply explained to [redacted] that my Assistant Manager told us everyone has to be in bed. [redacted] did not want

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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
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me to help [redacted] but I explained that my partner was busy with someone else, so I had to help [redacted] into bed."

G. Record review of Facility's pictures taken of R #5:

1. Picture image #49621: revealed picture of cut on neck.

2. Picture image #49601: revealed picture of bruising on right arm.

H. On 11/17/20 at 2:35 pm, during an interview with the Administrator, she confirmed that the facility took the pictures #49621 and #49601 of R #1's injuries on [redacted] neck and right arm on 10/17/20.

I. On 11/17/20 at 11:40 am, during an interview with R #1, (resident in complaint) [redacted] stated that young people help [redacted] get into bed and that [redacted] goes to bed at 7:30 pm, that [redacted] was reading the Bible when the Hispanic, short girl with the Hispanic husband came into [redacted] room and told [redacted] that [redacted] needed to put [redacted] to bed early. R #1 stated, "I asked [redacted] how early and [redacted] said now." R #1 stated that the girl DCS #5 was on [redacted] own, that [redacted] told the caregiver that [redacted] did not want to go to bed, and that [redacted] (R #1) became agitated. R #1 stated that [redacted] was standing by the bed, looked at (DCS #5) and then DCS #5 said "I'm putting you to bed now." R #1 stated that the girl came at[redacted] was stunned, and that DCS #5 was very strong and dug into [redacted] arms. R #1 stated the girl picked [redacted] up by the waist and threw [redacted] on the bed and left [redacted] there. R #1 wanted the girl to leave and did not want "Any more treatment." R #1 stated that the girl had long finger nails and that the girl stated, "Yes you're going to get into bed. At the time, I thought she was going to break my arm and I knew I was

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A 033	Continued From page 27 in trouble." J. On 11/17/20 at 1:47 pm, during an interview with Assistant Manager, she stated that Administrator called her up and asked her to talk to R #1 and stated, [redacted] was good with me. After lunch she went into [redacted] [name of R #1's] room, looked at [name of R #1's] arm and asked [name of R #1], could you let me know what happened. [Name of R #1] informed her that after supper [redacted] did not want to go to bed. [Name of R #1] could not say [Name of DCS #5's] name and referred to her has the young Hispanic girl. [Name of R #1] informed [redacted] that the young girl came in and told [name of R #1] to go to bed. [Name of R #1] likes to turn on [redacted] TV and study in [redacted] Bible. [Name of R #1] told [redacted] that the girl told [redacted] to go to bed and [name of R #1] was not ready to go to bed. It was 6:30 pm and [name of R #1] did not want to go to bed that early. [Name of R #1] stated that the girl told [name of R #1] [redacted] has to go to bed. [Name of R #1] resisted her, and [name of R #1] was picked up by the waist and tossed into bed. At that point, [Name of R #1] told her that [redacted] became upset and [Name of R #1] stated "I know I should have not resisted." [Name of R #1] knows how to use [redacted] alarms for assistance, but that night [name of R #1] told her [redacted] did not move all-night. I called Administrator about what [name of R #1] told me." K. On 11/17/20 at 2:35 pm, during an interview with Administrator she stated, "[Name of R # 1's] daughter, just had a phone call from her [redacted] and her [redacted] told her a story that that she could not apprehend or understand and told the same story to her. Administrator reassured [name of R #1's] daughter that she would investigate what happened. Administrator was not at the	A 033		

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facility she was away on a training in [name of town]. She contacted Assistant Administrator to go and talk to [name of R #1] to find out what happened. When Administrator went to the facility she talked to [name of R #1] to assure her that DCS #5 is not going to be back/not scheduled to be in the facility for three days and we will address the situation. When Assistant Administrator informed her of her findings for [name of R #1] would not get up or use the rest room during the night and wanted to be sure that [name of DCS #5] was out of the facility. The morning staff, [name of DCS #3] found the bruising on [redacted] arm and cut on [redacted] arm and neck and did inform me. The first person who contacted me was [name of R #1's] daughter and then a staff member reported [name of R #1's] bruising and cuts. The Regional Manager [no name] came down to interview [name of DCS #5]. At first [Name of DCS #5] did not want to give a statement but the Regional Manager stated that it would be in her best interest to give an interview because of the seriousness of the incident. When [Name of DCS #5] saw the pictures of R #1's arm and neck she stated that she did not do that. [Name of DCS #5] did give the facility a written statement stating that she did assist [name of R #1] to bed."

L. On 11/17/20 at 2:45 pm, during an interview with [name of home health care aide (HHCA) for [name of agency], who comes into the facility to shower [name of R #1] 3 times a week, HHCA stated that she gave [name of R #1] a shower between the hours of 1-4 pm on Friday 10/16/20, and that R #1 is not combative at all when taking showers, [redacted] The HHCA also stated that R #1 loves to talk and is always in a good mood. HHCA stated that on the Friday [10/16/20], there was no bruising or

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scratches on R #1, but when she came back on Tuesday [10/20/20]that is when she saw bruising on R #1's right arm and a cut on R #1's neck and reported to the facility and her agency she worked for.

M. On 11/17/20 at 3:30 pm, during an interview with DCS #9, who works on the 10 pm to 6 am shift, she stated "[Names of DCS #5 and DCS #6] were tagging (staff alternating receiving change of shift report at end of shift from out-going staff). When we got to [name of R #1's] room DCS #5 informed DCS #9 that it was a crazy day, there were rude remarks, told [redacted] was going to call the cops, and tell [redacted]. [Name of R #1] was on 2-hour checks for incontinence/restroom break and was checked at 12:00 am, 2:00 am, 4:00 am and at 6:00 am. [name of R #1's] briefs were checked and sometimes [redacted] would use [redacted] button for assistance to the bathroom but that night [redacted] did not, and [name of R #1] did not talk or ask for any assistance. [Name of R #1] was dry all night and never moaned that [redacted] was in pain."

N. On 11/17/20 at 3:45 pm, an interview with DCS #6, who works on the 2:00 pm to 10:00 pm shift stated "DCS #5 asked at the beginning of the week if she could change duties with me on Friday to be the Med Tech because she did not like to shower [Name of R #4]. [Name of R #4] takes over an hour to shower and assist with dressing. I don't have any issues with R #1. DCS #5 and myself did rounds with oncoming shift DCS #9. I went to put another resident to bed and shower [Name of R #4]. When I was finished around 7:30 pm DCS #5 was doing her reports and never stated that [Name of R #1] was difficult to put to bed or say anything. We checked on [Name of R #1] at 8:00 pm and just before 10:00 pm. [Name of R #1] did not say anything and at

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A 033	Continued From page 30 10:00 pm [Name of R #1] was asleep. That evening [Name of R #1] never rang [redacted] button. No other person was in the facility." O. On 12/03/20 at 1:05 pm, interview with R #1's daughter, she stated that her [redacted] called her in the morning around 9:00 am, not to sure of the time but remember it was in the morning and her [redacted] informed that [redacted] R #1's daughter stated that her [redacted] went on to tell her that a worker at the facility picked [redacted] up and threw [redacted] onto the bed and that [redacted] did not want to go to bed a 6:30 pm. Daughter stated that her [redacted] was coherent and she did understood what her [redacted] was telling her about the incident and that she informed her [redacted] that she will call management, and have it addressed.	A 033		
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.	A 034		

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A 034	Continued From page 31 (2) Internal medication shall be kept separate from external medications. Drugs to be taken by mouth shall be separated from all other delivery forms. (3) A separate, locked refrigerator shall be provided by the facility for medications. The refrigerator temperature shall be kept in compliance with the state board of pharmacy requirements for medications. (4) All medications, including non-prescription medications, shall be stored in separate compartments for each resident and all medications shall be labeled with the resident's name. (5) A resident may be permitted to keep his or her own medication in a locked compartment in his or her room for self-administration, if the physician's order deems it appropriate. (6) The facility shall not require the residents to purchase medications from any particular pharmacy. (7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes shall comply with the national fire protection association (NFPA) 99. (8) A proof of use record shall be maintained separately for each schedule II through IV drug (controlled substances). The proof of use sheet shall document: (a) the type and strength of the schedule II through IV drugs; (b) the date and time staff assisted with 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.	A 034		

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A 034	Continued From page 32 (9) Any remaining medication discontinued by a physician ' s order, or upon discharge or death of the resident shall be inventoried and moved to a separate locked storage container. Such discontinued medications shall be destroyed upon the next quarterly visit by the consulting pharmacist in accordance with 16.19.11.10 NMAC. (10) The record of medication destruction shall be signed by the administrator or designee and the pharmacist and shall be kept on file at the facility. B. Consulting pharmacist. The facility shall maintain records demonstrating that the consulting pharmacist provides the following oversight and guidance. (1) Reviews the medication regimen as needed, but at least quarterly/every three (3) months, to determine that all medications and records are accurate and current. All irregularities shall be reported to the administrator of the facility and these irregularities shall be resolved by the administrator within seventy-two (72) hours. (2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation. (3) Consultation shall be provided on all aspects of pharmacy services in the facility, including reference information regarding side effects and, when needed, physician consultation in cases involving the use of psychotropic medications. (4) The consulting pharmacist will be responsible 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]	A 034		

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A 034	Continued From page 33 This REQUIREMENT is not met as evidenced by: 7.8.2.34 A (3) (7) Refer to: NFPA (National Fire Prevention Association) 99. 2012 Edition. 11.3 Cylinder and Container Storage Requirements. 11.3.1* Storage for nonflammable gases equal to or greater than 85 m3 (3000 ft3) at STP shall comply with 5.1.3.3.2 and 5.1.3.3.3. 11.3.2* Storage for nonflammable gases greater than 8.5 m3 (300 ft3), but less than 85 m3 (3000 ft3), at STP shall comply with the requirements in 11.3.2.1 through 11.3.2.3. 11.3.2.1 Storage locations shall be outdoors in an enclosure or within an enclosed interior space of noncombustible or limited combustible construction, with doors (or gates outdoors) that can be secured against unauthorized entry. 11.3.2.2 Oxidizing gases, such as oxygen and nitrous oxide, shall not be stored with any flammable gas, liquid, or vapor. 11.3.2.3 Oxidizing gases such as oxygen and nitrous oxide shall be separated from combustibles or materials by one of the following: (1) Minimum distance of 6.1 m (20 ft) (2) Minimum distance of 1.5 m (5 ft) if the entire storage location is protected by an automatic sprinkler system designed in accordance with 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.	A 034		

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A 034	Continued From page 34 11.3.2.5 Cylinder and container storage locations shall comply with 5.1.3.3.1.7 with respect to temperature limitations. 11.3.2.6 Cylinder or container restraints shall comply with 11.6.2.3. 11.3.2.7 Smoking, open flames, electric heating elements, and other sources of ignition shall be prohibited within storage locations and within 6.1 m (20 ft) of outside storage locations. 11.3.2.8 Cylinder valve protection caps shall comply with 11.6.2.3. 11.3.2.9 Gas cylinder and liquefied gas container storage shall comply with 5.1.3.5.12. 11.3.3 Storage for nonflammable gases with a total volume equal to or less than 8.5 m3 (300 ft3) shall comply with the requirements in 11.3.3.1 and 11.3.3.2. 11.3.3.1 Individual cylinder storage associated with patient care areas, not to exceed 2100 m2 (22,500 ft2) of floor area, shall not be required to be stored in enclosures. 11.3.3.2 Precautions in handling cylinders specified in 11.3.3.1 shall be in accordance with 11.6.2. 11.3.3.3 When small-size (A, B, D, or E) cylinders are in use, they shall be attached to a cylinder stand or to medical equipment designed to receive and hold compressed gas cylinders. 11.3.3.4 Individual small-size (A, B, D, or E) cylinders available for immediate use in patient care areas shall not be considered to be in storage. 11.3.3.5 Cylinders shall not be chained to 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.	A 034		

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A 034	Continued From page 35 11.3.4.2 The sign shall include the following wording as a minimum: CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING Based on observation and interview the facility failed to ensure that: 1. Oxygen cylinder tanks were secured (crate, stand, chained), stored correctly, and that no more than one (1) secured oxygen cylinder tank was stored in resident's rooms. 2. The medication refrigerator located in the medication room was locked at all times when not in use. These deficient practices could likely result in the 16 (R #s 1-16) residents identified on the census provided by the Administrator on 11/16/20, to be at risk of illness, harm, or death if : 1. The oxygen cylinder tanks were not stored correctly, away from combustibles, become damaged, and depressurize accelerating a fire. 2. Resident medications are not kept secure in a locked refrigerator and are unavailable to the resident when needed. The findings are: Findings related to oxygen storage A. On 11/16/20 at 4:12 pm, during an observation of Resident Room #8, [redacted] in a cart and [redacted] were observed stored on the carpet floor with [redacted] (wood furniture, TV, and medical supplies etc). B. On 11/16/20 at 4:12 pm, during an interview with the Administrator, she confirmed the observation that the [redacted] were	A 034		

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A 034	Continued From page 36 being stored in Resident Room #8. Findings related to medication refrigerator C. On 11/16/20 at 4:32 pm, during observation of the medication room the medication refrigerator was observed to be unlocked and accessible to residents/staff entering the room. D. On 11/16/20 at 4:33 pm, during an interview with the Administrator, she confirmed that the facility medication refrigerator was unlocked and accessible to residents/staff entering the room.	A 034		
A 036	7 NMAC 8.2.36 Nutrition NUTRITION: The facility shall provide planned and nutritionally balanced meals from the basic food groups in accordance with the " recommended daily dietary allowance " of the American dietetic association, the food and nutrition board of the national research council, or the national academy of sciences. Meals shall meet the nutritional needs of the residents in accordance with the " 2005 USDA dietary guidelines for Americans. " Vending machines shall not be considered a source of snacks. A. Dietary services policies and procedures. The facility will develop and implement written policies and procedures that are maintained on the premises and that govern the following requirements. (1) Meal service. The facility shall: (a) serve at least three (3) meals or their equivalent each day at regular times with no more than sixteen (16) hours between the evening meal and morning meal with snacks freely available; (b) provide snacks of nourishing quality and post	A 036		

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A 036	Continued From page 37 on the daily menu; (c) develop menus enjoyed by the residents and served at normal intervals appropriate to the residents ' preferences; (d) post the weekly menu, including snacks where residents and families are able to view it; posted menus shall be followed and any substitution shall be of equivalent nutritional value and recorded on the posted menu; identical menus shall not be used within a one (1) week cycle; (e) have special menus or meal items following guidelines from the resident ' s physician for residents who have medically prescribed special diets; (f) serve all residents in a dining room except for residents with a temporary illness, or with documented specific personal preference to have meals in their room; (g) allow sufficient time for meals to enable residents to eat at a leisurely pace and to socialize; and (h) contact the resident ' s PCP within forty-eight (48) hours if a resident consistently refuses to eat. (2) Staff in-service training. The facility shall provide an in-service training program for staff that are involved in food preparation at orientation and at least annually and that includes: (a) instruction in proper food storage; (b) preparation and serving food; (c) safety in food handling; (d) appropriate personal hygiene; and (e) infectious and communicable disease control. B. Dietary records. The facility shall maintain the following documentation onsite: (1) a systematic record of all menus and revisions, including snacks, for a minimum of thirty (30) calendar days;	A 036		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 036	Continued From page 38 (2) a systematic record of therapeutic diets as prescribed by a PCP; (3) a copy of the most recent licensing inspection and for facilities with 10 or more residents, a copy of the New Mexico environment department inspection with notations made by the facility of action taken to comply with recommendations or citations; and (4) a daily log of the recorded temperatures for all facility refrigerators, freezers and steam tables maintained and available for inspection for thirty (30) calendar days. C. Clean and sanitary conditions. All practices shall be in accordance with the standards of the state environment department, pursuant to 7.6.2 NMAC. (1) Kitchen sanitation. (a) Equipment and work areas shall be clean and in good repair. Surfaces with which food or beverages come into contact shall be of smooth, impervious material free of open seams, not readily corrodible and easily accessible for cleaning. (b) Utensils shall be stored in a clean, dry place protected from contamination. (c) The walls, ceiling and floors of all rooms that food or drink is stored, prepared or served shall be kept clean and in good repair. (2) Washing and sanitizing kitchenware. (a) All reusable tableware and kitchenware shall be cleaned in accordance with procedures that include separate steps for prewashing, washing, rinsing and sanitizing. (b) Proper dishwashing procedures and techniques shall be utilized and understood by the dishwashing staff. (c) Periodic monitoring of the operation of the detergent dispenser, washing, rinsing and sanitizing temperatures shall be performed and	A 036		

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A 036	Continued From page 39 documented. (d) When a dishwashing machine is utilized, the cleanliness of the machine, its jets and its thermostatic controls shall be monitored and documented by the facility. A monthly log of the recorded temperature of the dishwasher shall be maintained in the facility and available for inspection. (3) Sinks for hand washing shall include hot and cold running water, hand-washing soap and disposable towels. (4) All garbage and kitchen refuse that is not disposed of through a garbage disposal unit shall be kept in watertight containers with close-fitting covers and disposed of daily in a safe and sanitary manner. (5) Cooks and food handlers shall wear clean outer garments and hair nets or caps and shall keep their hands clean at all times when engaged in handling food, drink, utensils or equipment in accordance with the local health authority. Disposable gloves shall be used in accordance with the local health authority. D. Food management. The facility shall store, prepare, distribute and serve food under sanitary conditions and in accordance with the regulations governing food establishments of local health authority having jurisdiction, 7.6.2 NMAC. (1) The facility shall ensure that a minimum of a three (3) calendar day supply of perishables and a five (5) calendar day supply of non-perishables or canned foods is available for the residents. (2) The facility refrigerator and freezer shall have an accurate thermometer which reads within or not more than plus or minus three (3) degrees fahrenheit of the required temperature, located in the warmest section of the refrigerator and freezer and shall be accessible and easily read. (a) The temperature of the refrigerator shall be	A 036		

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A 036	Continued From page 40 thirty-five (35) - forty-one (41) degrees fahrenheit. (b) Freezer temperatures shall be maintained at zero (0) degrees fahrenheit or below. (3) Refrigerators and freezers shall be kept clean and sanitary at all times. Food stored in refrigerators and freezers shall be covered, dated and labeled. Unused leftover food shall be discarded after three (3) calendar days. (4) Steam tables, hot food tables, slow cookers, crock pots and other hot food holding devices shall not be used in heating or reheating food. Hot food temperatures shall be checked periodically to insure that a minimum of one hundred forty (140) degrees fahrenheit is maintained. (5) Medication, biological specimens, poisons, detergents and cleaning supplies shall not be kept in the same storage areas used for storage of foods. Medications shall not be stored in the refrigerator with food; an alternate refrigerator for medication shall be used pursuant to Subsection B of 7.6.2.8 NMAC. (6) Canned or preserved foods shall be procured from sources that process the food under regulated quality and sanitation controls. This does not preclude the use of local fresh produce. The facility shall not use home-canned foods. (7) Dry or staple food items shall be stored at least six (6) inches off the floor in a ventilated room that is not subject to sewage, waste water back-flow or contamination by condensation, leakage, rodents or vermin. (8) The facility shall ensure the following: (a) all perishable food is refrigerated and the temperature is maintained no higher than forty-one (41) degrees fahrenheit; (b) the temperature for all hot foods is maintained at one hundred forty (140) degrees fahrenheit; and	A 036		

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A 036	Continued From page 41 (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 D (5) Based on observation and interview the facility failed to ensure that cleaning supplies and chemicals were not stored in unlocked cabinets in the kitchen area where food is prepared and served to residents. This deficient practice has the potential to negatively affect the 16 (R #s 1-16) residents listed on the census provided by the Administrator on 11/16/20 to be at risk harm, injury or illness if the stored chemicals contaminate food, residents ingest the chemicals,	A 036		

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A 036	Continued From page 42 and/or splash the cleaning supplies/chemicals on themselves. The findings are: A. On 11/18/20 at 11:00 am, during observation of the kitchen where resident meals are prepared, the following chemicals were observed to be in the unlocked cabinets under the kitchen sink in an unsecured cabinet and accessible to residents: 1. Cabinet under kitchen sink: a. (3) 18 oz stainless steel cleaner b. (1) 18 oz can bug spray c. (1) 32 oz patching compound d. (1) 18 oz oven cleaner e. (1) 40 oz dish soap f. (1) 18 oz can wasp spray g. (2) 32 ox multipurpose cleaner h. (1) 28 oz mildew cleaner i. (2) 18 ox cans powder cleaner j. (1) 32 oz Calcium remover k. (1) 1"x 2" plastic box containing (8) razor blades D. On 11/18/20 at 2:48 pm, during an interview with the Administrator, she confirmed that the above listed chemicals and razor blades were stored in an unsecured cabinet under the kitchen sink and accessible to residents.	A 036		
A 037	7 NMAC 8.2.37 Laundry Services LAUNDRY SERVICES: A. General requirements. The facility shall provide laundry services for the residents, either on the premises or through a commercial laundry and linen service. (1) On-site laundry facilities shall be located in areas separate from the resident units and shall be provided with necessary washing and drying	A 037		

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A 037	Continued From page 43 equipment. (2) Soiled laundry shall be kept separate from clean laundry, unless the laundry facility is provided for resident use only. (3) Staff shall handle, store, process and transport linens with care to prevent the spread of infectious and communicable disease. (4) Soiled laundry shall not be stored in the kitchen or dining areas. The building design and layout shall ensure the separation of laundry room from kitchen and dining areas. An exterior route to the laundry room is not an acceptable alternative, unless it is completely enclosed. (5) In new construction or newly licensed facilities with more than fifteen (15) residents, washers shall be in separate rooms from dryers. The rooms with washers shall have negative air pressure from the other facility rooms. (6) All linens shall be changed as needed and at least weekly or when a new resident is to occupy the bed. (7) The mattress pad, blankets and bedspread shall be laundered as needed and at least once per month or when a new resident is to occupy the bed. (8) Bath linens consisting of hand towel, bath towel and washcloth shall be changed as needed and at least weekly. (9) There shall be a clean, dry, well ventilated storage area provided for clean linen. (10) Facility laundry supplies and cleaning supplies shall not be kept in the same storage areas used for the storage of foods and clean storage and shall be kept in a secured room or cabinet. B. Residents may do their own laundry, if it is their preference and they are capable of doing so, or if it is part of their skill-building for independent living and is documented as part of their ISP.	A 037		

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A 037	Continued From page 44 [7.8.2.37 NMAC - Rp, 7.8.2.39 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.37 A (10) Based on observation and interview the facility failed to ensure that laundry and cleaning supplies were kept in a secured room, closet, or cabinet. This deficient practice has the potential for the 16 (R #s 1-16) residents identified on the census provided by the Administrator on 11/16/20, to be at risk of harm or injury if they were to ingest or spill laundry or cleaning supplies on their face or body. The findings are: A. On 11/16/20 at 4:17 pm, during observation of the unlocked facility laundry room the following laundry and cleaning supplies were observed to be unsecured and accessible to residents: 1. Unlocked Cabinet near dryer: a. (1) 32 oz bottle of bleach b. (1) 24 oz container of spackling 2. Unsecured on top of the washer (1) 315 oz container of laundry detergent 3. Unlocked cabinet near the washer: a. (2) 1 gallon buckets joint compound b. (4) 1 gallon cans of paint c. (1) 3 lb bucket of joint compound 4. Unlocked cabinet under laundry room sink (1) 5 gallon bucket of paint B. On 11/16/20 at 4:24 pm, during an interview with the Administrator, she confirmed that the above listed laundry and cleaning supplies were stored in the unlocked laundry room, unsecured and accessible to residents.	A 037		

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A 038	Continued From page 45	A 038		
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 Based on observation and interview, the facility failed to ensure that flammable and poisonous substances were stored in secure areas and not accessible to residents. This deficient practice has the potential for the 16 (R #s 1-16) residents identified on the census provided by the	A 038		

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A 038	Continued From page 46 Administrator on 11/16/20, to be at risk of harm, illness, or death if residents were to ingest poisonous chemicals or spill poisonous chemicals on themselves. The findings are: A. On 11/16/20 at 3:50 pm, during observation of the facilities south hallway cleaning closet was observed to be unlocked and contained the following flammable and poisonous substances: 1. Shelf: a. (1) 10 oz can furniture polish b. (1) 32 oz bottle bleach cleaner c. (1) 24 oz bleach toilet cleaner d. (1) 32 oz bottle glass cleaner e. (1) 50 oz bottle liquid soap f. (1) 16 oz bottle spot remover g. (1) 10 oz can carpet cleaner h. (2) 1 gallon bottle weed killer i. (1) 8 oz can spray lubricant j. (1) 40 oz bottle bleach spray 2. Plastic Cooler on the floor: a. (1) 16 oz can room deodorizer b. (1) 24 oz bottle toilet bowl cleaner c. (1) 16 oz bottle window cleaner d. (1) 16 oz bottle bleach cleaner e. (1) 32 oz bottle disinfectant cleaner B. On 11/16/20 at 3:50 pm, during an interview with the Administrator, she confirmed that the above listed poisonous and flammable substances were stored in the unlocked south hall cleaning closet and accessible to residents.	A 038		
A 047	7 NMAC 8.2.47 Lighting and Lighting Fixtures LIGHTING AND LIGHTING FIXTURES: A. All areas of the facility, including storerooms, stairways, hallways, and interior and exterior entrances shall be lighted to make the area	A 047		

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A 047	Continued From page 47 clearly visible. B. Exits, exit-access ways and other areas used at night by residents and staff shall be illuminated by night lights or other continuous lighting. C. Lighting fixtures shall be selected and located to accommodate the needs and activities of the residents, with the comfort and convenience of the residents in mind. D. Lamps and lighting fixtures shall be shaded to prevent glare to the eyes of residents and staff, and protected from accidental breakage or shattering. E. Facilities with four (4) or more residents shall have emergency lighting to light exit passageways and the exterior area near the exits that activates automatically upon disruption of electrical service. F. Facilities with three (3) or fewer residents shall have a flashlight that is immediately available for use in lieu of electrically interconnected emergency lighting. [7.8.2.47 NMAC - Rp, 7.8.2.48 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.47 E Based on observation and interview the facility failed to ensure that all Emergency lights in the facility were in working order. This deficient practice could likely result in the 16 (R #s 1-16) residents identified on the census provided by the Administrator 11/16/20 to be at risk of harm, injury, or death, if there is a power outage or other emergency requiring evacuation occurs and the residents can not see to safely exit the building.	A 047		

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A 047	Continued From page 48 The findings are: A. On 11/18/20 at 3:11 pm, during observation and testing of the facilities emergency lights located in the hallways they failed to light up when the tested. B. On 11/18/20 at 3:14 pm, during an interview with the Administrator, she confirmed that the facilities emergency lights located in the hallways were not in working order.	A 047		
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]	A 063		

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A 063	Continued From page 49 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 that the fire extinguishers were being inspected annually. This deficient practice could likely result in the 16 (R #s 1-16) residents identified on the census provided by the Administrator 11/16/20, staff and all 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 11/18/20 at 3:11 pm, during observation of the fire extinguisher inspection tags, it was observed that the 2 of the 3 fire extinguishers in the hallways and kitchen had not been inspected annually (last inspection May 2019) as recommended by the manufacturer and local fire authority B. On 11/18/20 at 3:14 pm, during an interview with the Administrator, she confirmed that the fire extinguishers in the facility have not been inspected monthly or yearly as recommended by the local fire authority and manufacturer.	A 063		

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A 069	Continued From page 50	A 069		
A 069	7 NMAC 8.2.69 Memory Care Units MEMORY CARE UNITS: An assisted living facility that provides a memory care unit to serve residents with dementia shall comply with the provisions of subsection A-J below in addition to the rules applicable to all assisted living facilities, 7.8.2 NMAC. A. Additional definitions: The following definitions, in addition to those in 7.8.2.7 NMAC, shall apply. (1) " Alzheimer ' s " means a brain disorder that destroys brain cells, causing problems with memory, thinking and behavior that are severe enough to affect work, lifelong hobbies or social life. Alzheimer ' s gets progressively worse and is fatal. (2) " Care coordination agreement requirement " means a written document that outlines the care and services that are provided by other outside agencies for assisted living residents that require additional care and services. (3) " Dementia " means loss of memory and other mental abilities severe enough to interfere with daily life. It is caused by changes in the brain. (4) " Memory care unit " means an assisted living facility or part of or an assisted living facility that provides added security, enhanced programming and staffing appropriate for residents with a diagnosis of dementia, Alzheimer ' s disease or other related disorders causing memory impairments and for residents whose functional needs require a specialized program. (5) " Secured environment " means locked (secured/monitored) doors/fences that restrict access to the public way for residents who require a secure unit. B. Care coordination requirement. An assisted living facility that accepts residents with memory	A 069		

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A 069	Continued From page 51 issues shall determine which additional services and care requirements are relevant to the resident and disease process. (1) The medical diagnosis and ISP shall be utilized in the determination of the need for additional services. (2) The assisted living facility shall ensure the coordination of services and shall have evidence of an agreement of care coordination for all services provided in the facility by an outside health care provider. C. Employee training. In addition to the training requirements for all assisted living facilities, pursuant to 7.8.2.17 NMAC, all employees assisting in providing care for memory unit residents shall have a minimum of twelve (12) hours of training per year related to dementia, Alzheimer ' s disease, or other pertinent information. D. Individual service plan (ISP). An assisted living facility that admits memory care unit residents shall create an ISP in coordination with the resident ' s primary care practitioner, in compliance with the requirements outlined in " Individual Service Plan, " 7.8.2.26 NMAC, pursuant to a team meeting as described in " Exceptions to admission, readmission and retention, " Subsection C of 7.8.2.20 NMAC, and which ensures the following criteria: (1) identification of the resident's needs specific to the memory care unit and the services that are provided; each memory unit resident shall receive the services necessary to meet the individual resident ' s needs; (2) 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 069		

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	2247	A. BUILDING: _____ B. WING _____	C 11/18/2020

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A 069	Continued From page 52 (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. E. Assessments and reevaluations. (1) An assessment shall be completed by a registered nurse or a physician extender within fifteen (15) days prior to admission. When emergency placement is warranted the fifteen (15) day assessment shall be waived and the assessment shall be completed within five (5) days after admission. (a) The resident shall have a medical evaluation and documentation by a physician, physician's assistant or a nurse practitioner within six (6) months of admission. (b) The pre-admission assessment shall include written findings, an evaluation of less restrictive alternatives and the basis for the admission to the secured environment. The written documentation shall include a diagnosis from the resident's PCP of Alzheimer's disease or other dementia and the need for the resident to reside in a memory care unit. (c) Only those residents who require a secured environment placement or whose needs can be met by the facility, as determined by the assessment prior to admission or on review of the individual service plan (ISP), shall be admitted. (2) A re-evaluation must be completed every six (6) months and when there is a significant change in the medical or physical condition of the resident that warrants intervention or different care needs, or when the resident becomes a danger to self or others, to determine whether the	A 069		

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A 069	Continued From page 53 resident ' s stay in the assisted living facility memory care unit is still appropriate. F. Documentation in the resident ' s record. In addition to the required documentation pursuant to 7.8.2.21 NMAC, the following information shall be documented in the resident ' s record: (1) the physician ' s diagnosis for admission to a secure environment or a memory care unit; (2) the pre-admission assessment; and (3) the re-evaluation(s). G. Secured environment. (1) Memory care unit residents may require a secure environment for their safety. A secured environment is any locked (secured/monitored) area in which doors and fences restrict access to the public way. These include but are not limited to: (a) double alarm systems; (b) gates connected to the fire alarm; and (c) tab alarms for residents at risk for elopement. (2) In addition to the interior common areas required by this rule, the facility shall provide a safe and secure outdoor area for the year round use by the residents. (a) Fencing or other enclosures shall prevent elopement and protect the safety and security of the residents. (b) Residents shall be able to independently access the outdoor areas. (3) Locked areas shall have an access code or key which facility employees shall have available on their person or on the locking unit itself at all times. H. Resident rights. In addition to the requirements pursuant to 7.8.2.32 NMAC, the following shall apply: (1) the resident's rights may be limited as required by their condition and as identified in the ISP;	A 069		

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A 069	Continued From page 54 (2) the resident who believes that he or she has been inappropriately admitted to the secured environment may request the facility in contact the resident ' s legal guardian, or an advocate such as the ombudsman or the primary care practitioner; upon request, the facility shall assist the resident in making such contact. I. Disclosure to residents. A facility that operates a secured environment shall disclose to the resident and the resident ' s legal representative, if applicable and prior to the resident ' s admission to the facility, that the facility operates a secured environment. (1) The disclosure shall include information about the types of resident diagnosis or behaviors that the facility provides services for and for which the staff are trained to provide care for. (2) The disclosure shall include information about the care, services and the type of secured environment that the facility and trained staff provide. J. Staffing. The facility shall provide the sufficient number of trained staff members to meet the additional needs of the residents in the secured environment. There must be at least one (1) trained staff member awake and in attendance in the secured environment at all times. [7.8.2.69 NMAC - N, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.69 C Based on record review and interview the facility failed to ensure that the Direct Care Staff (DCS) received twelve (12) hours of Memory Care/Dementia/Alzheimer's training annually. This deficient practice could likely result in the 16 (R #s 1-16) residents living in the Memory Care	A 069		

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A 069	Continued From page 55 Unit receiving Dementia/Alzheimer's services, to be at risk of not receiving the individual (physical, mental, social) care and services needed if the DCS have not completed the required 12 hours of annual specialized Dementia/Alzheimer's training. The finding are. A. Record review of DCS #3 (hire date 12/10/18) revealed, no documentation that she received/completed the required annual twelve (12) hours of Dementia/Alzheimer's training. B. On 11/17/20 at 11:27 am, during an interview with the Administrator, she confirmed that DCS # 3 did not receive the required annual twelve (12) hours of Dementia/Alzheimer's training.	A 069		