Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5563	A. BUILDING: _____ B. WING _____	C 08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSET VISTA	3650 NORTH FOWLER AVE SILVER CITY, NM 88061

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
8 000	Initial Comments The following deficiencies were cited during an Compliant Initial Survey completed on 08/20/25 for the state requirements of NMAC 8.370.14, Regulations for Assisted Living facilities for Adults. Resident Census: 21	8 000		
8 016	8 NMAC 370.14.16 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 40-mile radius may have one full-time administrator. The administrator shall: (1) be at least 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, 8.370.5 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 notarized letters of reference from persons unrelated to the applicant; and (9) comply with the pre-employment requirements pursuant to the employee abuse registry, 8.370.8 NMAC.	8 016		

Elizabeth Sirey updated 10-9-25

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8 016	Continued From page 1 B. Direct care staff: (1) shall be at least 16 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, 8.370.8 NMAC; and (4) shall comply with the current requirements of reporting and investigating incidents pursuant to incident reporting, intake processing and training requirements, 8.370.9 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, 8.370.5 NMAC, shall provide current (within the last 6 months) proof of the caregiver's 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, 8.370.5 NMAC. [8.370.14.16 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by:	8 016		

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8 016	Continued From page 2 8.370.14.16 B (3) (7) Refer to 8.370.8 EMPLOYEE ABUSE REGISTRY 8.370.8 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 provider shall use identifying information concerning the individual under consideration for employment or contracting sufficient to reasonably and completely search the registry,	8 016		

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8 016	Continued From page 3 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 instance, or termination or non-renewal of any contract with the department or other governmental agency. [8.370.8.8 NMAC - N, 07/01/2024]	8 016		

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8 016	Continued From page 4 8.370.5.8 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 8.370.5.8 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. E. Fees: The federal bureau of investigation has a mandatory processing fee with no exceptions. The Department and Department of Public Safety	8 016		

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8 016	Continued From page 5	8 016		

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 8.370.5.7 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 act and these rules.

(1) During the term of employment, care providers shall maintain evidence of each applicant, caregiver or hospital caregiver's

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8 016	Continued From page 6 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 following for 1 (KS #1) of 2 (KS #1-2) kitchen staff : 1. KS #1 was cleared by the Employee Abuse Registry (EAR) prior to hire. 2. Submitted Direct Care Staff (DCS) application and fingerprints to the Caregivers Criminal History Screening Program (CCHSP) within 20 days of hire. These deficient practices could likely result in the 21 residents identified on the census provided by the Administrator on 08/18/25, to be at risk of harm or abuse if residents are being provided care by staff who may have a previous history of abusing, neglecting, and/or exploiting residents, and may be a convicted felon. The findings are: A. Record review of KS #1's employee file, date of hire 02/01/25, revealed the facility failed to ensure that KS #1 had documentation of a clearance from the EAR prior to hire and	8 016		

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8 016	Continued From page 7 documentation for application and fingerprints being submitted to the CCHSP within 20 days of hire. B. On 08/20/25 at 10:50 am., the house manager confirmed KS #1 did not have documentation of being cleared from the EAR prior to hire, nor was there documentation of an application and fingerprints submitted to the CCHSP within 20 days of hire.	8 016	8 016 Employees finger prints Will be corrected immediately, this was an oversight of management. Admin/management will make sure a background check is run prior to hiring. Finger prints will be run within 5 days. When an applicant is eligible to be hired at the facility, finger printers will be run within 5 days. The Administrator will follow up to make sure background checks and finger prints are being completed.	
8 021	8 NMAC 370.14.21 Resident Records A. Record contents: A record for each resident shall be maintained in accordance with the specific requirements of this section. Entries in each resident's record shall be legible, dated and authenticated by the signature of the person making the entry. Resident records shall be readily available on site and organized utilizing a table of contents. Each resident record shall include: (1) the admission agreement records, as set forth in 8.370.14.20 NMAC; (2) the resident evaluation form, that is to be completed within 15 days prior to admission and updated at a minimum of every six months; (3) the current ISP, that is to be completed within 10 calendar days of admission and updated at a minimum of every six months; (4) the physical examination report; the physical examination report shall have been completed within the past six months, by a primary care physician, a nurse practitioner or a physician's assistant and shall be on file in the resident's record within 10 days of admission; (5) personal and demographic information for the resident, to include: (a) current names, addresses, relationship and	8 021	This deficiency was fixed on	08/27/25

Elizabeth Ann Ling 10-9-25

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8 021	Continued From page 8	8 021		

phone numbers of family members, or surrogate decision makers updated as necessary;
(b) resident's name;
(c) age;
(d) recent photograph;
(e) marital status;
(f) date of birth;
(g) sex;
(h) address prior to admission;
(i) religion (optional);
(j) personal physician;
(k) dentist;
(l) social history;
(m)surrogate decision maker or other emergency contact person;
(n) language spoken and understood;
(o) legal documentation relevant to commitment or guardianship status;
(p) current medications list; and
(q) required diet;
(6) unless included in the admission agreement, a separate written agreement between the facility and the resident relating to the resident's funds, in accordance with the facility's policy and procedures;
(7) entries by direct care staff, appropriate health care professionals and others authorized to care for the resident; entries shall be dated and signed by the person making the entry and shall include significant information related to the ISP;
(8) entries that provide a written account of all accidents, injuries, illnesses, medical and dental appointments, any problems or improvements observed in the resident, any condition that would indicate a need for alternative placement or medical attention and entries reflecting appropriate follow-up; the maintenance of such written documentation in the resident record may be by copy of an incident or accident report, if the

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8 021	Continued From page 9	8 021		

original incident or accident report is maintained elsewhere by the facility;
(9) the medication assistance record (MAR); the MAR is the document that details the resident's medication; the MAR shall include all of the information pursuant to Subsection G of 8.370.14.35 NMAC of this rule;
(10) progress notes completed by any contract agency (e.g., hospice, home health); the progress notes shall include the date, time and type of health services provided;
(11) copies of all completed and signed transfer forms from the accepting facility when a resident is transferred to a hospital or another health care facility and when the resident is transferred back to the facility; and
(12) upon the death or transfer of a resident, documentation of the disposition of the resident's personal effects and money or valuables that are deposited with the assisted living facility.
B. Resident records maintenance:
(1) Current resident records shall be maintained on-site and stored in an organized, accessible and permanent manner.
(2) The facility shall establish a policy to maintain and ensure the confidentiality of resident records, including the authorized release of information from the resident records.
(3) Non-current resident records shall be maintained by the facility against loss, destruction and unauthorized use for a period of not less than five years from the date of discharge and readily available within 24 hours of request.
(4) There shall be a policy and procedure in place for record retention in the event of facility closure.
(5) Failure to follow facility policies is grounds for sanctions.
[8.370.14.21 NMAC - N, 7/1/2024]

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8 021	Continued From page 10 This REQUIREMENT is not met as evidenced by: 8.370.14.21 B (3) Based on record review and interview the facility failed to ensure that non-current resident records were maintained by the facility against loss, destruction and unauthorized use for a period of not less than five years from the date of discharge and readily available within 24 hours of request. This deficient practice could likely result in the resident recorded history being unavailable to the licensing authority at the time of request. The findings are: A. Record review of R #3's resident file revealed there was no initial facility evaluation or Care Plan present in R #3's file. B. On 08/20/25 at 9:18 am, during an interview, the house manager confirmed the initial	8 021	8 021 Residents Records Management will make sure to have all paper work needed for each resident in their charts. Admin/management will make sure ISP's are always completed before a resident is admitted to the facility. ISP's will always be in the residents charts. Admin/management will go to potential residents' location to fill out needed paperwork. Administrator will follow up to make sure required paper work is completed and in residents charts. This deficiency was fixed on	08/27/25
8 034	assessment and care plan was not in R # 3's file. 8 NMAC 370.14.34 Custodial Drug Permits A facility with two 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	8 034		

E Elizabeth Lovato 10-9-25

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8 034	Continued From page 11 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 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 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;	8 034		

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8 034	Continued From page 12	8 034		

(c) the resident's name;
(d) the prescriber's name;
(e) the dose;
(f) the signature of the person assisting with delivery of the medication; and
(g) the balance of medication remaining.
(9) Any remaining medication discontinued by a physician's order, or upon discharge or death of the resident shall be inventoried and moved to a separate locked storage container. Such discontinued medications shall be destroyed upon the next quarterly visit by the consulting pharmacist in accordance with 16.19.11.10 NMAC.
(10) The record of medication destruction shall be signed by the administrator or designee and the pharmacist and shall be kept on file at the facility.
B. Consulting pharmacist: The facility shall maintain records demonstrating that the consulting pharmacist provides the following oversight and guidance.
(1) Reviews the medication regimen as needed, but at least quarterly/every three 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 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

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8 034	Continued From page 13 requirements for storage, labeling, destruction and documentation of medications as required by the state board of pharmacy, 16.19.11.10 NMAC and 8.370.14 NMAC. [8.370.14.34 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.34 A (1) (3) Based on observation and interview, the facility failed to ensure 21 (R's #1-21) of 21 (R's #1-21) residents medications were stored in a locked compartment or locked room, as well as locked refrigerator. This deficient practice could likely result in residents being able to access or ingest (take [food, drink, or another substance] into the body by swallowing or absorbing it) medications they are not prescribed, or medications being lost or stolen if they are not stored securely. The findings are: A. On 08//18/25 at 5:16 pm, during an observation of the facility in building 1 and building 2, the medication cabinets were unsecured along with both medication refrigerators without locks attached to them. The following medications were left unattended in an unsecured medication station, in open unsecured shelving, within open bins: 1. a. For R #2, on a cabinet shelf was an unsecured bin (with R# 2's name on it) with [redacted] b. For R #4, on a cabinet shelf was an unsecured bin (with R# 4's name on it) with [redacted]	8 034		

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	5563	A. BUILDING: _____ B. WING _____	C 08/20/2025

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8 034	Continued From page 14	8 034		

[redacted]

c. For R #6, on a cabinet shelf was an unsecured bin (with R# 6's name on it) with [redacted]

d. For R #7, on the nurse's station countertop was an unsecured bottle of [redacted]

e. For R #8, on a cabinet shelf was an unsecured bin (with R# 8's name on it) with [redacted]

f. For R #9, on a cabinet shelf was an unsecured bin (with R# 9's name on it) [redacted]

g. For R #10, on a cabinet shelf was an unsecured bin (with R# 10's name on it) with [redacted]

h. For R #11, on a cabinet shelf was an unsecured bin (with R# 11's name on it) with [redacted] of medication.

i. For R #12, on a cabinet shelf was an unsecured bin (with R# 12's name on it) with [redacted]

j. For R #13, on a cabinet shelf was an unsecured bin (with R# 13's name on it) with [redacted]

k. For R #14, on a cabinet shelf was an unsecured bin (with R# 14's name on it) with [redacted]

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8 034	Continued From page 15 [redacted] l. For R #15, on a cabinet shelf was an unsecured bin (with R# 15's name on it) with [redacted] m. For R #16, on a cabinet shelf was an unsecured bin (with R# 16's name on it) with [redacted]. n. For R #17, on a cabinet shelf was an unsecured bin (with R# 17's name on it) with [redacted] o. For R #18, on a cabinet shelf was an unsecured bin (with R# 18's name on it) with [redacted]. 2. In an unsecured medication refrigerator (without an attached lock) was an [redacted] B. On 08/18/25 at 5:18 pm, during an interview with the facility administrator, she confirmed building 1 and building 2 medication stations consisted of an unsecured medication cabinets and medication refrigerators (without locks attached to them) with unsecured unidentified medications.	8 034	8 034 Medications Admin/management will have a meeting with all caregivers to discuss the importance of following regulations. This will be a mandatory meeting for all caregivers to discuss regulations required by the state. There will be consequences for employees who leave med cabinets unlocked. Verbal warning, written warning, final warning, termination. Admin/management will periodically check that cabinets are being kept locked. This deficiency was fixed on	08/28/25
8 036	8 NMAC 370.14.36 Nutrition The facility shall provide planned and nutritionally balanced meals from the basic food groups in accordance with the "recommended daily dietary allowance" of the American dietetic association, the food and nutrition board of the national research council, or the national academy of	8 036		

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8 036	Continued From page 16 sciences. Meals shall meet the nutritional needs of the residents in accordance with the "2005 USDA dietary guidelines for Americans." Vending machines shall not be considered a source of snacks. A. Dietary services policies and procedures: The facility will develop and implement written policies and procedures that are maintained on the premises and that govern the following requirements. (1) Meal service: The facility shall: (a) serve at least three meals or their equivalent each day at regular times with no more than 16 hours between the evening meal and morning meal with snacks freely available; (b) provide snacks of nourishing quality and post on the daily menu; (c) develop menus enjoyed by the residents and served at normal intervals appropriate to the residents' preferences; (d) post the weekly menu, including snacks where residents and families are able to view it; posted menus shall be followed and any substitution shall be of equivalent nutritional value and recorded on the posted menu; identical menus shall not be used within a one week cycle; (e) have special menus or meal items following guidelines from the resident's physician for residents who have medically prescribed special diets; (f) serve all residents in a dining room except for residents with a temporary illness, or with documented specific personal preference to have meals in their room; (g) allow sufficient time for meals to enable residents to eat at a leisurely pace and to socialize; and (h) contact the resident's PCP within 48 hours if a resident consistently refuses to eat.	8 036		

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8 036	Continued From page 17 (2) Staff in-service training: The facility shall provide an in-service training program for staff that are involved in food preparation at orientation and at least annually and that includes: (a) instruction in proper food storage; (b) preparation and serving food; (c) safety in food handling; (d) appropriate personal hygiene; and (e) infectious and communicable disease control. B. Dietary records: The facility shall maintain the following documentation onsite: (1) a systematic record of all menus and revisions, including snacks, for a minimum of thirty (30) calendar days; (2) a systematic record of therapeutic diets as prescribed by a PCP; (3) a copy of the most recent licensing inspection and for facilities with 10 or more residents, a copy of the New Mexico environment department inspection with notations made by the facility of action taken to comply with recommendations or citations; and (4) a daily log of the recorded temperatures for all facility refrigerators, freezers and steam tables maintained and available for inspection for 30 calendar days. 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.	8 036		

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8 036	Continued From page 18 (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 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.	8 036		

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8 036	Continued From page 19 D. Food management: The facility shall store, prepare, distribute and serve food under sanitary conditions and in accordance with the regulations governing food establishments of local health authority having jurisdiction. (1) The facility shall ensure that a minimum of a three calendar day supply of perishables and a five calendar day supply of non-perishables or canned foods is available for the residents. (2) The facility refrigerator and freezer shall have an accurate thermometer which reads within or not more than plus or minus three degrees fahrenheit of the required temperature, located in the warmest section of the refrigerator and freezer and shall be accessible and easily read. (a) The temperature of the refrigerator shall be 35 - 41 degrees fahrenheit. (b) Freezer temperatures shall be maintained at zero degrees fahrenheit or below. (3) Refrigerators and freezers shall be kept clean and sanitary at all times. Food stored in refrigerators and freezers shall be covered, dated and labeled. Unused leftover food shall be discarded after three calendar days. (4) Steam tables, hot food tables, slow cookers, crock pots and other hot food holding devices shall not be used in heating or reheating food. Hot food temperatures shall be checked periodically to insure that a minimum of 140 degrees fahrenheit is maintained. (5) Medication, biological specimens, poisons, detergents and cleaning supplies shall not be kept in the same storage areas used for storage of foods. Medications shall not be stored in the refrigerator with food; an alternate refrigerator for medication shall be used. (6) Canned or preserved foods shall be procured from sources that process the food under regulated quality and sanitation controls. This	8 036		

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8 036	Continued From page 20 does not preclude the use of local fresh produce. The facility shall not use home-canned foods. (7) Dry or staple food items shall be stored at least six inches off the floor in a ventilated room that is not subject to sewage, waste water back-flow or contamination by condensation, leakage, rodents or vermin. (8) The facility shall ensure the following: (a) all perishable food is refrigerated and the temperature is maintained no higher than 41 degrees fahrenheit; (b) the temperature for all hot foods is maintained at 140 degrees fahrenheit; and (c) all displayed or transported food is protected from environmental contamination and maintained at proper temperatures in clean containers, cabinets or serving carts. E. Milk: (1) Raw milk shall not be used. (2) Condensed, evaporated, or dried milk products that are nationally recognized may be employed as "additives" in cooked food preparation but shall not be substituted or served to residents in place of milk. F. Collateral requirements: Compliance with this rule does not relieve a facility from the responsibility of meeting more stringent municipal regulations, ordinances or other requirements of state or federal laws governing food service establishments. Local health authority having jurisdiction means municipal, county, state or federal agency(s) that have laws and regulations governing food establishments, liquid waste disposal, treatment facilities and private wells. [8.370.14.36 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.36 D (3)	8 036		

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8 036	Continued From page 21 Based on observation and interview, the facility failed to ensure food was labeled with date in order to determine when food had expired. This deficient practice could likely result in residents to being at risk of contracting a food born illness from consuming expired foods or beverages containing harmful pathogens (bacteria, viruses, and fungi) or their toxins. The findings are: A. On 08/19/25 at 1:40pm, during observation of the kitchen the following was observed: 1. Located on the kitchen counter was a plastic-wrapped, undated loaf of banana bread. 2. The refrigerator contained the following: a. An undated plastic bag containing 2 pounds of meat. b. An undated 48 ounces container of jelly. c. An undated 4 pound container of salsa. d. An undated 32 ounces container of applesauce. e. An undated 64 ounces container of cranberry juice. f. An undated 24 ounce bag of red grapes. g. Two (2) unlabeled containers of strawberries. h. An undated 2.315 pound bag of turkey breast. i. An undated 12.6 ounce bag of corn tortillas. j. An undated (unknown amount) plastice bag containing shredded cheese. k. An undated 6 oz plastic bag containing Parmesan cheese. l. Two (2) undated 1 pound (each) bags	8 036		

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8 036	Continued From page 22 containing sliced lunch meat. m. A cooking pot covered with tin foil containing unknown substance. n. An undated one-gallon container containing Whole milk. o. An undated plastic bag containing a cut cucumber. p. An undated plastic bag containing a cut Roma tomato. q. An undated plastic wrapped containing red cabbage. r. An undated 10 ounce bag containing shredded carrots. 3. The freezer contained the following: a. Opened, undated 5 pound bag containing shredded potatoes. b. Uncovered, undated bowl containing ice cream. B. On 08/19/25 at 1:44 pm, during an interview, the house manager and the cook confirmed food items on the kitchen counter, in the refrigerator and freezer were undated and/or expired.	8 036	8 036 Nutrition Admin/management had a meeting with the kitchen staff regarding state regulations. Admin/management will check periodically throughout the week checking for proper labeling on food. Admin/management will keep a tracking log to avoid any future errors. It will be Admin/management responsibility to check labels at least 3 times a week. This deficiency was fixed on	08/29/25
8 038	8 NMAC 370.14.38 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	8 038		

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8 038	Continued From page 23 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. [8.370.14.38 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.38 C Based on observation and interview, the facility failed to ensure poisonous or flammable chemicals were stored in a secured area and not in residential areas. This deficient practice could likely result in residents becoming ill if they were to ingest (take food, drink, or another substance in the body by swallowing or absorbing it) the chemicals. The findings are: A. On 08/18/25 at 5:03 PM, during observation of building 1 of the facility revealed the following: 1. In beauty salon near bathtub, a handwritten "Cleaning supply" spray bottle. 2. In laundry room, two (2) 3.89 quart latex paint containers and a 22.7 pound of uncovered container of laundry detergent inside an unsecured cabinet. B. On 08/18/25 at 5:15 PM, in building 2 revealed	8 038		

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8 038	Continued From page 24 the following: 1. On nurse's station counter, a 19 ounce spray can of disinfectant spray. 2. In resident bathroom (bottom cabinet), a 30 oz spray bottle of disinfectant cleaner. 3. In laundry room (ontop of a washer) a 22.7 lb of uncovered container of laundry detergent. 4. In another resident bathroom (ontop of counter) a 19 oz. spray can of disinfectant spray. C. On 08/18/25 at 5:18 PM, during an interview, the facility administrator confirmed the unsecured chemicals in identified areas of building 1 and 2.	8 038	8 038 House Keeping Admin/management had a meeting with housekeeping staff regarding the importance of keeping cleaning supplies in a safe place. Admin/management will make rounds daily to make sure cleaning supplies are not left out in undesignated areas. Manager will be responsible for checking that laundry rooms are kept locked at all times and that all cleaning supplies are secured away from residents. Manager will conduct a laundry room check daily. Staff meeting 08/29/25	
8 063	8 NMAC 370.14.63 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 2A10BC fire extinguishers: (1) one extinguisher located in the kitchen or food preparation area; (2) one 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 50 feet. B. Fire extinguishers, alarm systems, automatic detection equipment and other firefighting equipment shall be properly maintained and inspected as recommended by the manufacturer, state fire marshal, or the local fire authority. [8.370.14.63 NMAC - N, 7/1/2024]	8 063	This deficiency was fixed on	08/28/25

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8 063	Continued From page 25 This REQUIREMENT is not met as evidenced by: 8.370.14.63 B Fire Extinguishers Reference NAPA 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 fire extinguishers were being inspected monthly as recommended by the manufacturer. This deficient practice could likely result in residents, staff members, and other building occupants to be at risk of harm, injury, or death if a fire were to occur and the fire extinguishers did not work. The findings are: A. On 05/19/25 at 8:45 am, during observation of the facility's fire extinguishers, five (5) fire extinguishers had not been inspected monthly as recommended by the manufacturer: 1. One (1) located in Building 1, the north hallway near exit door. Last inspection date was 06/07/25. 2. One (1) located in building 1 dining room, near the french doors to building 2. Last Inspection date was 06/07/25. 3. One (1) located in building 2 living room area, near exit door. Last inspection date 06/07/25.	8 063		

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8 063	Continued From page 26 4. One (1) located in building 2, north hallway near room 7. Last inspection was 06/07/25. 5. One (2) located in building 2, north hallway near exit door. Last inspection was 06/07/25. B. On 08/18/25 at 5:18 pm, during an interview, the facility administrator confirmed the respective fire extinguishers in the facility had not been inspected monthly since 06/07/25.	8 063	8 063 Fire Extinguishers Admin/management will make sure blue cards are kept up to date. Admin/management will keep a log confirming dates were checked every month. Task will be done on a specific day of the month, every month. Admin will monitor every third week of the month to ensure all blue cards on extinguishers are up to date. This deficiency was fixed on	08/20/25