Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4032	A. BUILDING _____ B. WING _____	C 11/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LEGACY AT SANTA FE	3 AVENIDA ALDEA SANTA FE, NM 87507

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments The following deficiencies were cited during a complaint survey completed on 11/12/21, for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living Facilities Complaint NM46541 was substantiated with deficiencies cited. Complaint NM46570 was substantiated with deficiencies cited. Complaint NM46839 was substantiated with deficiencies cited. Complaint NM44804 was unsubstantiated with no deficiencies cited. Complaint NM46840 was unsubstantiated with no deficiencies cited. Complaint NM44746 was unsubstantiated with no deficiencies cited. Complaint NM44434 Substantiated with deficiency cited. Complaint NM47155 Substantiated with deficiency cited. Complaint NM45399 Substantiated with deficiency cited.	A 000	DISCLAIMER: This plan of correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or (if applicable) the administrative sanctions imposed on the community. Rather, it is submitted as a confirmation of our ongoing efforts to comply with all statutory and regulatory requirements. In this document, we have outlined specific actions in response to each allegation or finding. We have not presented all contrary factual or legal arguments, nor have we identified all mitigating factors.	
A 026	7 NMAC 8.2.26 Individual Service Plan INDIVIDUAL SERVICE PLAN (ISP): An ISP shall be developed and implemented within ten (10) calendar days of admission for each resident residing in the facility. A. The ISP shall address those areas of need as identified in the resident evaluation and through staff observation. (1) The ISP shall detail the services that are provided by the facility as well as the services to be provided by other agencies. (2) The resident evaluation and the ISP shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or a physician	A 026	A026 ED and/or designee will re-inservice all staff regarding resident's individualized needs based upon resident specific Individual Care Plans. ED and/or designee will ensure that all staff are trained on how to properly read and follow resident ISP to ensure all identified needs are being met as stated in ISP. ED and/or desginee will ensure that all ADL's and IADLS's are listed on care plan. ED was in-serviced on 12-13-21 regarding ISP management. (see attached in service sheet) ED and/or designee will ensure that all staff are in-serviced by 01/31/2022. Compliance will be monitored by the ED and/or designee through weekly spot audit checks X 1 month then twice monthly through spot audit checks X 3 months, then quarterly spot audit checks and through the annual quality assurance process to ensure all identified needs are being met for each resident as outlined in their ISP.	12-13-21 01-31-22

Division of Health Improvement
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

01/17/24

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A 026	Continued From page 1 extender. (3) The ISP shall be reviewed and or revised at a minimum of every six (6) months or when there is a significant change in the resident ' s health status. B. The ISP shall include the following: (1) a description of identified needs as noted in the resident evaluation; (2) a written description of all services to be provided; (3) who will provide the services; (4) when or how often the services will be provided; (5) how the services will be provided; (6) where the services will be provided; (7) expected goals and outcomes of the services; (8) documentation of the facility ' s determination that it is able to meet the needs of the resident; (9) the level of assistance that the resident will require with activities of daily living and with medications; (10) a crisis prevention/intervention plan when indicated by diagnosis or behavior; and (11) current orders for all medications, including those authorized for PRN usage. [7.8.2.26 NMAC - Rp, 7.8.2.26 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.26 B (1) Based on record review and interview, the facility failed to ensure for 1 (R #1) of 14 (R #s 1-14) residents whose Individual Service Plans (ISPs) were reviewed for compliance contained a description of identified needs as noted on the resident evaluation.	A 026		

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A 026	Continued From page 2 This deficient practice could likely result in harm, to the residents if they do not receive the care and services needed as documented on the resident Evaluation. The findings are: A. Record review of R #1's resident Evaluation dated 06/13/20 revealed that the resident required supervision and cueing during meals. B. Record review of R #1's ISP dated 07/20/20 revealed there was no documentation in the ISP stating that the resident required supervision and cueing during meals. C. On 10/25/21 at 11:35 am, during an interview with the Assistant Executive Director, she stated she did not know if R #1's ISP dated 07/20/20 stated that the resident required supervision and cueing during meals, but that it should have. She stated she did not look at R #1's ISP, but confirmed that it should have documented that the resident required supervision and cueing during meals. D. On 11/16/21 at 9:36 am, during an interview with the previous Administrator, she confirmed that R #1's ISP dated 07/20/20 did not state that she required supervision and cueing during meals and that it should have been included in the ISP.	A 026	A032 ED was re-inserviced by Regional Director of Health and Wellness on Reporting of Incidents policy and procedure on 12/13/21(see attached in service sheet). ED will report all suspected cases or known incidents of resident abuse, neglect or exploitation in accordance with state regulations to include any unusual occurrence such as a fall that requires medical attention at an outside facility. Community incidents reports will be entered within 24 hours of incident occurring and ED and/or designee will report to licensing authority within 24 hours of incident occurring and will follow up with a report within 5 business days from incident as outlined in community policy and procedure.	12-13-21
A 032	7 NMAC 8.2.32 Reporting of Incidents REPORTING OF INCIDENTS: A. The facility shall insure that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 7.1.13 NMAC. (1) The facility shall also report any incident or	A 032	All staff will be re-inserviced by ED and/or designee by 01/31/2022 regarding reporting of incidents and completion of incident report. Compliance will be monitored by Regional Nurse.	01-31-22

12/17/21

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A 032	Continued From page 3 unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within twenty-four (24) hours or by the next business day, if it is a weekend or a holiday. (2) The facility shall not delay a report to the complaint hotline while an internal investigation is conducted. B. The facility is responsible for conducting and documenting the investigation of all incidents within five (5) business days and shall submit a copy of the investigation report to the licensing authority. A copy of the report and the documentation, including the date and time that it was submitted to the licensing authority, shall be maintained on file at the facility. The investigation shall include the following: (1) a narrative description of the incident; (2) the result of the facility's investigation shall be recorded on the state approved incident report form for the current year, pursuant to 7.1.13 NMAC; and (3) plans for further actions in response to the incident. [7.8.2.32 NMAC - Rp, 7.8.2.32 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.32 A (1) 7.1.13 INCIDENT REPORTING, INTAKE, PROCESSING AND TRAINING REQUIREMENTS Refer to 7.1.13.7 W. & 8 B. (2) W. " Reportable incident " means possible	A 032		

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A 032	Continued From page 4 abuse, neglect, exploitation, injuries of unknown origin and other events including but not limited to falls which cause injury, unexpected death, elopement), medication error which causes or is likely to cause harm, failure to follow a doctor 's order or an ISP or any other incident which may evidence abuse, neglect, or exploitation . B. (2) Division incident report form and notification by licensed health care facilities: The licensed health care facility shall report incidents utilizing the division's incident report form consistent with the requirements of the division ' s incident management system guide and CMS regulations as applicable. The licensed health care facility shall ensure that all incident report forms alleging abuse, neglect, exploitation, injuries of unknown origin or other reportable incidents are submitted by a reporter with direct knowledge of an incident, are completed on the bureau's incident report form and received by the division within twenty-four (24) hours of an incident or allegation of an incident or the next business day if the incident occurs on a weekend or a holiday. The licensed health care facility shall ensure that the reporter with the most direct knowledge of the incident assists with the preparation of the incident report form. Based on record review and interview, the facility failed to ensure for 1 (R #15) of 3 (R #s 2, 3 & 15) residents whose files, including Internal Incident Reports were reviewed for compliance, that incidents of possible abuse, neglect, or exploitation, were reported to the Licensing Authority within 24 hours or the next business day, if it is a weekend or a holiday. This deficient practice could likely result in the residents to be at risk of harm, injury, and/or	A 032		

12/17/21

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A 032	Continued From page 5 death, if incidents occur and there is no oversight by the Licensing Authority. The finding are: A. On 10/18/21 at 10:20 am, during an interview, R #15 stated that [redacted] had just returned from the hospital were [redacted] was treated for a [redacted] in the dinning room a couple of weeks ago. B. Record request for R #15's resident files from [redacted]/21 through [redacted]21, revealed no documentation of an internal incident report or that the incident above was reported to the Licensing Authority. C. On 10/25/21 at 2:46 pm, during an interview with the Administrator, she confirmed that R #15 did have a [redacted] there was no documentation of an internal incident report being completed, or that the incident had been reported to the Licensing Authority.	A 032		
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:	A 033	A033 Resident Rights: 1) ED was re-inserviced by Regional Director of Health and Wellness on Resident's Rights on 12/13/21(see attached in service sheet), ED will ensure that all staff are re-inserviced by 01/31/2022 regarding Resident's Rights and the move in/out process when it relates to resident's personal property, that resident's and their POA have the right to bring or remove resident's property, and to be able to utilize moving company of their choice. ED will ensure that anyone who enters the community will be screened for COVID-19 in accordance with state and CDC guidelines. 2) Compliance will be monitored by ED and/or designee with each resident's move in/out process.	12-13-21 01-31-22

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A 033	Continued From page 6 (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: (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	A 033	A033 Resident's Rights: ED was re-inserviced by Regional Director of Health and Wellness regarding isolation of resident's during a respiratory outbreak within the community on 12-13-21(see attached in service sheet). ED and/ or designee will ensure that no resident will have to remain in their respective apartment as outlined by state and CDC guidance regarding symptoms or a condition that would require quarantine. ED and/or designee will ensure that activities will still occur for those residents who are not on quarantine, those resident who are on quarantine will be provided an independent activity if tolerated. Medication Carts will be stored in medication room when not in use. ED and/or designee will re-inservice all staff regarding Resident's RIghts by 01-31-2022. Compliance will be monitored by the ED and/or designee through spot audit checks quarterly. A033 Resident's RIghts, Confidentiality of residents medical records. ED was in serviced by Regional Nurse on 12-13-22 (see attached in service sheet) ED and/or desginee will re-inservice all staff regarding HIPAA regulations by 01/13/2022. ED and/or designee will ensure staff do not leave resident personal or medical information on medication carts unattended. Compliance will be monitored by the ED and/or designee daily X4 weeks, then by spot audit checks through quality assurance process.	12-13-21 01-31-22 01-31-22

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A 033	Continued From page 7 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; (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	A 033		

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A 033	Continued From page 8 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 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 (7) (11) (b) (f) Definition: Covid-19: (a mild to severe respiratory illness that is caused by a novel corona virus which is thought to be transmitted person to person chiefly by contact with infectious material (such as respiratory droplets), and is characterized especially by fever, cough, shortness of breath that may progress to pneumonia and respiratory). Based on record review, interview and observation, the facility failed to ensure that: 1. Residents were free from financial abuse	A 033		

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A 033	Continued From page 9	A 033		

or exploitation.

2. Residents have an environment that fosters social interaction and avoids social isolation.

3. The confidentiality of resident's medical records was maintained/protected.

These deficient practices could likely result in the 40 (R #s 1-40) residents listed on the census list provided by the Administrator on 10/18/21, to be at risk of harm or financial hardship if they were:

1. Only allowed by the facility to use a certain moving company to remove the resident's belongings after discharge.

2. Isolated in their rooms and are not allowed to socialize with other residents.

3. Resident's medical records were obtained, read or compromised by other individuals.

The findings are:

Findings related to financial abuse or exploitation:

A. On 10/18/21 at 2:51 pm, during an interview with the [name of complainant], he stated the previous facility Administrator forced R #1 to pay for a specific moving company to move [redacted] belongings out of the facility in August, 2020, though the family was prepared to move [redacted] items themselves.

B. On 11/16/21 at 9:36 am, during an interview with the previous Administrator, she confirmed that she required the family to pay for a specific moving company to move R #1's belongings because that moving company's employees were screened for Covid-19.

Findings related to isolation:

12/17/21

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A 033	Continued From page 10 C. On 10/18/21 at 2:51 pm, during an interview with the [name of complainant], she stated that the residents were not being taken out of their rooms during the Covid-19 pandemic in 2020. D. On 11/08/21 at 3:01 pm, during an interview with Direct Care Staff (DCS) #2, she confirmed that residents were in complete lockdown in their rooms until she began implementing a walking and activity schedule for them during the pandemic in 2020. E. Record review of Long-Term Care (LTC) guidance dated 03/26/20 revealed the following: "Residents should not be confined to their room or isolated unless they have a condition or symptoms that require quarantine. Any activity should be in compliance with [name of Governor's] orders regarding gatherings. Residents should be reminded to practice social distancing and perform frequent hand hygiene." F. On 11/16/21 at 9:36 am, during an interview with the previous Administrator, she confirmed that residents were required to stay in their rooms, unless they were accompanied by a staff member to do an activity. Findings related to Medication Records Privacy are: G. On 10/18/21 at 10:25 am, during observation, a medication cart with an unsecured computer was observed in the hallway on the second floor of the facility. H. On 10/26/21 at 8:50 am, during observation, a medication cart with an unsecured computer and resident information on top of the cart were	A 033		

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A 033	Continued From page 11 observed unattended on the first floor of the facility. I. On 10/26/21 at 8:55 am, during an interview with DCS #8, she confirmed that the medication carts were left unattended with resident information on top; and computer with access to resident medication information were left unsecured.	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. (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	A 034	A034 Custodial Drug Permits: Findings related to oxygen storage. ED was re-inserviced by Regional Director of Health and Wellness on 12-13-21(see attached in service sheet) regarding storing of oxygen tanks and community policy. ED will ensure that all oxygen tank are stored in a secure base and accordance with all state and federal guidelines related to use of oxygen. Oxygen tanks were immediately stored in a secure base upon this finding. ED and/or designee will re-inservice all staff by 01-31-2022 on community policy and storage of oxygen tanks. Compliance will be monitored by spot audit checks of oxygen tanks by Ed and/or designee. A034 Medication Destruction: ED was re-inserviced by Regional Director of Health and Wellness on medication storage and destruction of discontinued medications. (see attached in service sheet) Community has set up with providing pharmacy to pick up and destroy all discontinued medications from storage bin in accordance with Board of Pharmacy Regulations on a every other month basis to ensure there is no overflow of discontinued medications not secure in bin. ED and/or designee will re-inservice all staff by 01-31-2022 on correct procedure for storage of discontinued medications. Compliance will be monitored 2X weekly for 1 month then weekly thereafter through assurance quality process by the ED and/or designee.	12-13-21 01-31-22 12-13-21 01-31-22

12/17/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4032	A. BUILDING _____ B. WING _____	C 11/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LEGACY AT SANTA FE	3 AVENIDA ALDEA SANTA FE, NM 87507

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A 034	Continued From page 12 requirements for medications. (4) All medications, including non-prescription medications, shall be stored in separate compartments for each resident and all medications shall be labeled with the resident's name. (5) A resident may be permitted to keep his or her own medication in a locked compartment in his or her room for self-administration, if the physician's order deems it appropriate. (6) The facility shall not require the residents to purchase medications from any particular pharmacy. (7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes shall comply with the national fire protection association (NFPA) 99. (8) A proof of use record shall be maintained separately for each schedule II through IV drug (controlled substances). The proof of use sheet shall document: (a) the type and strength of the schedule II through IV drugs; (b) the date and time staff assisted with self-administration; (c) the resident ' s name; (d) the prescriber ' s name; (e) the dose; (f) the signature of the person assisting with delivery of the medication; and (g) the balance of medication remaining. (9) Any remaining medication discontinued by a physician ' s order, or upon discharge or death of the resident shall be inventoried and moved to a separate locked storage container. Such discontinued medications shall be destroyed upon the next quarterly visit by the consulting pharmacist in accordance with 16.19.11.10 NMAC.	A 034		

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A 034	Continued From page 13 (10) The record of medication destruction shall be signed by the administrator or designee and the pharmacist and shall be kept on file at the facility. B. Consulting pharmacist. The facility shall maintain records demonstrating that the consulting pharmacist provides the following oversight and guidance. (1) Reviews the medication regimen as needed, but at least quarterly/every three (3) months, to determine that all medications and records are accurate and current. All irregularities shall be reported to the administrator of the facility and these irregularities shall be resolved by the administrator within seventy-two (72) hours. (2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation. (3) Consultation shall be provided on all aspects of pharmacy services in the facility, including reference information regarding side effects and, when needed, physician consultation in cases involving the use of psychotropic medications. (4) The consulting pharmacist will be responsible for assuring that the facility meets all requirements for storage, labeling, destruction and documentation of medications as required by the state board of pharmacy, 16.19.11.10 NMAC and 7.8.2 NMAC. [7.8.2.34 NMAC - Rp, 7.8.2.35 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.34 A (7) (9) Reference NFPA 99 (Healthcare Facilities Code) 2012 Edition NFPA 99.	A 034		

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A 034	Continued From page 14 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	A 034		

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A 034	Continued From page 15 shall comply with 5.1.3.5.12. 11.3.2.5 Cylinder and container storage locations shall comply with 5.1.3.3.1.7 with respect to temperature limitations. 11.3.2.6 Cylinder or container restraints shall comply with 11.6.2.3. 11.3.2.7 Smoking, open flames, electric heating elements, and other sources of ignition shall be prohibited within storage locations and within 6.1 m (20 ft) of outside storage locations. 11.3.2.8 Cylinder valve protection caps shall comply with 11.6.2.3. 11.3.2.9 Gas cylinder and liquefied gas container storage shall comply with 5.1.3.5.12. 11.3.3 Storage for nonflammable gases with a total volume equal to or less than 8.5 m3 (300 ft3) shall comply with the requirements in 11.3.3.1 and 11.3.3.2. 11.3.3.1 Individual cylinder storage associated with patient care areas, not to exceed 2100 m2 (22,500 ft2) of floor area, shall not be required to be stored in enclosures. 11.3.3.2 Precautions in handling cylinders specified in 11.3.3.1 shall be in accordance with 11.6.2. 11.3.3.3 When small-size (A, B, D, or E) cylinders are in use, they shall be attached to a cylinder stand or to medical equipment designed to receive and hold compressed gas cylinders. 11.3.3.4 Individual small-size (A, B, D, or E)	A 034		

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A 034	Continued From page 16 cylinders available for immediate use in patient care areas shall not be considered to be in storage. 11.3.3.5 Cylinders shall not be chained to portable or movable apparatus such as beds and oxygen tents. 11.3.4 Signs. 11.3.4.1 A precautionary sign, readable from a distance of 1.5 m (5 ft), shall be displayed on each door or gate of the storage room or enclosure. 11.3.4.2 The sign shall include the following wording as a minimum: CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING 2012 Edition Based on observation and interview, the facility failed to ensure that: 1. Oxygen cylinder tanks were stored in a secure location; protected from accidental damage or dislocation and away from combustibles (clothing, cloth storage bags). 2. Discontinued/remaining medications upon death were inventoried and locked in a storage container for destruction. These deficient practices could likely result in the 40 (R #s 1-40) residents identified on the census provided by the Administrator on 10/18/21 to be at risk for injury, harm or death if: 1. The oxygen cylinder tanks were to depressurize during a fire, the oxygen feeds the fire, causing it to spread faster and/or the cylinder tanks act like missiles and hit a resident/staff/rescuer, during a fire.	A 034		

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A 034	Continued From page 17 2. Unsecured medications were to be accidentally given to other residents. Findings related to unsecured oxygen cylinders: A. On 10/18/21 at 10:10 am, during observation of room #117, there were 2 large unsecured oxygen cylinders in the residents closet with combustibles. B. On 10/18/21 at 10:38 am, during observation of room #302, there were 6 unsecured oxygen cylinders in a corner of the resident's bedroom. C. On 10/18/21 at 10:56 am, during an interview, the Community Relations Director confirmed that oxygen cylinders were found in room # 117 and #302, and would be moved to a safe storage right away. Findings related to Medications: D. On 10/26/21 at 2:50 pm, during observations of a medication count with DCS #8 in the medication room, it was observed that the discontinued/unused medication bin was full and an overflow of medications were in an unsecured open bin with unlogged medications. E. On 10/26/21 at 3:25 pm, during an interview with DCS #11, she confirmed that the secured container of unused medications was full; and that an unsecured bin full of unlogged and unsecured medications was sitting on top of the secured bin.	A 034		
A 038	7 NMAC 8.2.38 Housekeeping Services HOUSEKEEPING SERVICES. The facility shall	A 038		

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A 038	Continued From page 18 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 A Based on record review and interview, the facility failed to ensure that the resident bedrooms were kept clean and sanitary at all times. This deficient practice could likely result in the 40 (R #s 1-40) residents listed on the census list provided by the Administrator on 10/18/21, to be at risk of harm, injury, or death if residents were exposed to bacteria, germs, or feces. The findings are:	A 038	A038 Housekeeping services: ED and Physical Plant Manager (PPM), was re-inserviced by Regional Health and Wellness on 12-13-21 on housekeeping services. (see attached in service sheet) PPM will ensure that housekeeping staff are appropriately cleaning residents apartments on a weekly basis as outlined in ISP, and as needed. Resident's apartments will be cleaned as outlined in ISP without restrictions related to outbreak of a infectious agent within the community. PPM will re in-service all housekeeping employees and other staff who may provide housekeeping services by 01-31-22 PPM and/or designee will perform audit checks according to housekeeping cleaning schedule to ensure that resident's apartments are cleaned appropriately weekly X4 weeks, then monthly X2 months, then spot audit checks will be performed according to quality assurance process. Compliance will also be monitored by the ED.	12-13-21 01-31-22

Tony Abeyta

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 038	Continued From page 19 A. Record review of Complaint Intake #46541, dated 08/21/20, revealed there was an allegation that the facility was not cleaning resident rooms during the period of March, 2020 through August, 2020. B. On 10/18/21 at 2:51 pm, during an interview with [name of complainant], she stated that there were times the resident bedrooms were dirty, dusty, and uncleaned from March, 2020 through August, 2020. C. On 11/16/21 at 9:36 am, during an interview with the former Administrator, she confirmed there were times from March, 2020 through August, 2020 that the resident bedrooms were dirty, dusty, and not clean due to the facility not having a Housekeeper.	A 038		

Tony Abeyta

INSERVICE SIGN IN LIST

Date: 12/13/21

Name of Inservice: Housekeeping Services

Subject Summary: Proper procedure of Cleaning Resident Apartments during Suspension of Outbreak

Presented By: Michelle McDaniel RDH W.

In Attendance

	Name	Title
1.	Johnnie Miller	Executive Director
2.	Tony Clayton	Physical Plant Manager
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INSERVICE SIGN IN LIST

Date: 12/13/21

Name of Inservice: Incident Reporting

Subject Summary: Compliance with State Regulations on Incident Reporting.

Presented By: Michele McDaniel Regional Nurse

In Attendance

	Name	Title
1.	Johnie Miller	Executive Director
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INSERVICE SIGN IN LIST

Date: 2/13/21

Name of Inservice: Care Plans.

Subject Summary: Ensuring all staff understand and follow care plans for all residents.

Presented By: Michele McDaniel Reginald Wise

In Attendance

	Name	Title
1.	Johnia Mullen	Executive Director
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INSERVICE SIGN IN LIST

Date: 12/13/21

Name of Inservice: Resident Rights.

Subject Summary: All Resident Rights, isolation and activities Confidentiality Hipaa. Securing Resident information medication carts.

Presented By: Michele McDaniel Regional Nurse

In Attendance

	Name	Title
1.	Tonia Miller	Executive Director
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INSERVICE SIGN IN LIST

Date: 12/13/21

Name of Inservice: Oxygen Storage, Destruction of Med's.

Subject Summary: How to properly store O2, destruction of medications & proper storage of DICD medications.

Presented By: Michele McDaniel, RDH/W.

In Attendance

	Name	Title
1.	Johnnie Mullen	Executive Director
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