STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5686	A. BUILDING: _____ B. WING _____	C 07/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARISTOCRAT ASSISTED LIVING (THE)	2969 CLAUDE DOVE DRIVE LAS CRUCES, NM 88011

(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 a Complaint Survey completed on 07/16/25 for the state requirements of NMAC 8.370.14, Regulations for Assisted Living facilities for Adults. Resident Census: 44 Complaint # NM [redacted] was investigated and deficiencies were cited. Complaint # NM [redacted] was investigated and deficiencies were cited.	8 000		
8 032	8 NMAC 370.14.32 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 8.370.9 NMAC. (1) The facility shall also report any incident or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within 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 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	8 032		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARISTOCRAT ASSISTED LIVING (THE)	2969 CLAUDE DOVE DRIVE LAS CRUCES, NM 88011

(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
8 032	Continued From page 1 recorded on the state approved incident report form for the current year, pursuant to 8.370.9 NMAC; and (3) plans for further actions in response to the incident. [8.370.14.32 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.32 A (1) (2), B (1) REPORTING OF INCIDENTS: A. The facility shall ensure (to make certain that something shall occur or be the case) that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 8.370.9 NMAC. (1) The facility shall also report any incident or 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. (3) All licensed health care facilities shall ensure that the reporter with direct knowledge of an incident has immediate access to the bureau incident report form to allow the reporter to respond to, report, and document incidents in a timely and accurate manner. B. The facility is responsible for conducting and documenting the investigation into 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. Based on record review and interview, the facility	8 032	8.370.14.32 A (1) (2), B(1) On July 28, 2025, at 2:00 p.m., the Director and Director of Nursing (DON) completed Incident Reporting Management Training provided by HCA to prevent this from affecting any residents. An Incident Tracking Log is now established to ensure all state-reportable incidents are documented. Weekly internal reviews of the tracking log will be conducted by the Director or DON, and after a month will continue monthly. The Director or DON will be responsible for ongoing monitoring to ensure sustained compliance. The resident that was affected discharged from facility on 11/16/2024 due to not meeting the criteria for assisted living facility, per state regulations.	7/28/2025

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARISTOCRAT ASSISTED LIVING (THE)	2969 CLAUDE DOVE DRIVE LAS CRUCES, NM 88011

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8 032	Continued From page 2 failed to ensure for 1 resident (R #3) of 4 (R # 1-4) that the Licensing Authority (LA) was notified within twenty-four (24) hours, and a follow-up investigation report was submitted within five (5) business days to the LA. This deficient practice could impede (delay or prevent) regulatory oversight and hinder (create difficulties resulting in delay) the identification of care trends or patterns that may affect resident outcomes. The findings are: A. 1. Record review of R #3's Internal Incident reports revealed the following: a. On [redacted], the resident had an unwitnessed fall from [redacted] bed resulting in reopening of a previous [redacted]. First Aide was performed by staff. b. On [redacted], the resident transferred [redacted] from a bedroom recliner to [redacted] wheelchair resulting in an unwitnessed fall. The resident sustained [redacted]. c. On [redacted], the resident's Powere of Attoney (POA) requested the resident be sent to [redacted] to be evaluated for extreme [redacted] d. On [redacted] R #3 asked kitchen staff for a [redacted] claiming, "to fix something." Staff denied R #3 access to kitchen utensils and staff were aware the resident [redacted] e. On [redacted], staff observed a [redacted] fall onto the floor from R #3's clothing pocket, a staff picked up the [redacted] and the [redacted] allegedly grabbed the [redacted] from the staff and began banging the [redacted] on the table yelling at the	8 032		

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ARISTOCRAT ASSISTED LIVING (THE)	2989 CLAUDE DOVE DRIVE LAS CRUCES, NM 88011

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8 032	Continued From page 3 resident. 2. Record review of R #3's "Potential Change in Condition Notification" documents revealed the following: a. On 01/21/24, R#3 told staff [redacted] wants to end [redacted] life. Staff called 911 but got no response. The police arrived but determined the resident could not be forced to seek psychiatric attention. POA and Primary Care Physician (PCP) notified and one hour staff checks were temporarily implemented. b. On 01/13/24, staff found an empty [redacted] in R #3's bedroom trash can. Supervisor notified. c. On 04/12/24, R#3 had an unwitnessed injury claiming [redacted] hit the bedroom door frame resulting with a [redacted]. First aid was applied by staff. d. On 06/04/23, R#3 stated [redacted] was considering [redacted]. PCP notified and she instructed if [redacted] continues with [redacted] to send R #3 to the hospital. 3. Record Review of R#3's medical records from [redacted] and [redacted]) revealed the following: a. On 07/15/24, R#3 was examined at [redacted] as a result of a fall at the facility resulting in a [redacted] b. On 10/19/24, R#3 went to [redacted] for [redacted] c. On 10/21/24, R#3 went to [redacted] due to a fall resulting in a [redacted] B. Record Review of R# 3's resident file revealed the Licensing Authority (LA) was not notified within twenty-four (24) hours, and a follow-up	8 032		

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8 032	Continued From page 4 investigation report was submitted within five (5) business days to the LA concerning consecutive falls that resulted in hospital visits, unwitnessed falls with injuries, staff's observations of R #3 to have had a [redacted] on [redacted] person and an empty [redacted] in [redacted] wastebasket. C. On 07/16/25 at 1:06 pm, during an interview with the Executive Director, confirmed the Licensing Authority (LA) was not notified within twenty-four (24) hours, and a follow-up investigation report was submitted within five (5) business days to the LA, concerning R #3's consecutive falls that resulted in hospital visits, unwitnessed falls with injuries, staff's observations of R #3 to have had a [redacted] on [redacted] person and an [redacted] in [redacted] wastebasket. D. On 07/21/25, a Licensing Authority database search revealed the facility failed did not notify the Licensing Authority (LA) within twenty-four (24) hours, and a follow-up investigation report was not submitted within five (5) business days to the LA, concerning incidents: 1. On 01/13/24, staff found an [redacted] in R # 3's wastebasket. 2. On 01/21/24, R #3 [redacted] that resulted with police involvement. 3. On 04/12/24, 08/11/24 and 09/29/24, the resient fell sustaining injuries. 4. On 07/15/24 and 10/19/24, R #3 went to the hospital after [redacted] fell at the facility. 5. On 11/02/24, staff found R #3 with a [redacted] (after [redacted] had [redacted]	8 032		
8 033	8 NMAC 370.14.33 Resident Rights All licensed facilities shall understand, protect and	8 033		

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8 033	Continued From page 5 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: (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;	8 033		

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8 033	Continued From page 6 (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; (e) are given a 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	8 033		

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8 033	Continued From page 7 state agency, or any other person, without fear of reprisal or retaliation; (i) have the right to have their complaints addressed within 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 resident's surrogate decision maker and outlined in the resident's individual service plan. [8.370.14.33 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.33 D (1) (5) Based on record review and interview, the facility failed to ensure 2 (R #s 1 & 2) of 5 (R #s 1-5) residents were treated with dignity and compassion and were transferred by Direct Care Staff (DCS) in a safe and humane manner.	8 033	8.3703.14.33 D (1)(5) Upon hearing that staff member was transferring resident incorrectly the staff member was pulled from the floor and retraining was immediately given as well as a write up in June. Upon hearing of incident of staff member not treating a resident with respect on May 31, 2025 she was immediately taken off of the floor immediately and interviews were conducted of staff, resident and family. Allegations were substantiated and she was immediately fired and walked out of facility. A self reported incident report and a 5 day follow up were submitted online. The facility will continue to self-report any allegations in accordance with established protocols.Upon receiving a report, any employee(s) suspected of involvement will be immediately suspended pending investigation. A thorough investigation will be conducted, and if the allegation is substantiated,we will follow our progressive discipline policy which can include actions up to and including termination. A follow-up report that outlines each step taken and provides a detailed explanation of the findings. Ongoing training on resident rights, abuse, and neglect will be provided to all new hires and current employees.Compliance with this plan will be monitored by the Executive Director and the Director of Nursing to ensure accountability and continuous improvement.	07/30/2025

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8 033	Continued From page 8 These deficient practices could likely result in residents experiencing embarrassment or psychological or physical harm when: 1. DCS cover the resident's face with a clothing cover. 2. DCS attempt to transfer a resident alone when a 2-person transfer is required. The findings are: R #1 A. Record review of Intake NM[redacted] received on 05/31/25, revealed that on 05/31/25 at approximately 1:12 pm, a staff member (name not documented on the report) forwarded the Administrator (ADM) a copy of video footage showing former DCS #1 placing a piece of clothing cover over the resident's face on 05/31/25 at 7:46 am. B. On 07/14/25 at 5:03 pm, during an interview with the ADM and Director of Nursing (DON), they stated the ADM became aware of the incident involving former DCS #1 and R #1 when former DCS #2 sent her the video footage of the incident obtained from R #1's Power of Attorney (POA)/family member. C. On 07/15/25 at 8:13 am, during an interview, R #1's POA stated that Former DCS #2 told her she should check the camera footage for R # 1's room for the morning of 05/31/25, to see if the camera showed anything happening. R #1's POA stated they checked the footage and it showed Former DCS #1 trying to get R #1's sweater zipped up, and in the process, slipped the	8 033		

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8 033	Continued From page 9 clothing cover [redacted] up [redacted] face, covering [redacted] face. D. On 07/15/25 at 8:59 am, during an interview, DCS #3 stated that on 05/31/25, sometime before a meal (she could not recall the exact time), she was walking by R #1's room. She stated former DCS #1 put on R #1's [redacted] (in preparation to take [redacted] out to eat a meal) before zipping up [redacted] jacket. DCS #3 stated R #1 always likes to have [redacted] jacket zipped up because [redacted] would get cold. DCS #3 stated she heard R #1 ask former DCS #1 to zip up [redacted] jacket, and former DCS #1 gave [redacted] an ugly look and flipped the bib up over [redacted] face. DCS #3 stated she walked into R #1's room and pulled the bib down and off R #1's face and told former DCS #1, "Not like that." E. On 07/15/25 at 9:17 am, during an interview, former DCS #2 stated DCS #3 informed her of the incident she witnessed between former DCS #1 and R #1 in which she threw the bib over R #1's face on 05/31/25. Former DCS #2 stated she asked R #1's POA if she could play the video footage from the camera in [redacted] room, and R #1's POA was able to pull up the footage and show former DCS #2. Former DCS #2 stated she recorded the video footage off of R #1's POA's phone and sent it to the ADM and DON. R #2 F. On 07/15/25 at 9:17 am, during an interview, former DCS #2 stated sometime in May 2025, approximately a week or week and-a-half before the incident with R #1 and former DCS #1, former DCS #1 was assisting R #2 and asked for help. She stated she and DCS #3 went into R #2's room and witnessed former DCS #1 yanking R #2	8 033		

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8 033	Continued From page 10 from [redacted] right arm and had [redacted] knee underneath [redacted] bottom area, attempting to transfer the resident. She stated R #2 is a [redacted] transfer [redacted] needs 2 DCS to transfer [redacted]) and DCS should not attempt to transfer [redacted] alone. She stated a day or two after that incident, DCS #3, DCS #4, and DCS #5 went into R #2's room and witnessed former DCS #1 again trying to transfer R #2 by herself. She stated former DCS #1 had her hand behind the resident's neck and head, with her arm hooked under R #2's arm, trying to yank and lift [redacted] up to transfer [redacted] G. On 07/15/25 at 10:02 am, during an interview, DCS #4 stated there were 2 instances (she could not recall the dates) when former DCS #1 attempted to transfer R #2. She stated during the first incident, R #2 was sitting on [redacted] chair and former DCS #1 was standing in front of the resident pulling [redacted] by the arms, with [redacted]r knee in between the resident's legs and underneath [redacted] bottom area, trying to lift the resident upward off the couch to get [redacted] into the wheelchair. She stated R #2 told former DCS #1, "Not like that." She stated R #2 was not in any pain and was not injured from the incident. She stated the second incident happened when former DCS #1 asked DCS #4 and DCS #3 for assistance transferring R #2. She stated this time, R #2 was was laying in bed and former DCS #1 was on the left side of the bed, trying to lift [redacted] by the back of [redacted] head/neck area, and was pulling [redacted] right arm, trying to lift [redacted] out of the bed to transfer [redacted]. She confirmed that R #2 required a [redacted] transfer. H. Record review of R #2's assessment dated 03/31/25, revealed [redacted] requires a [redacted] assist for transfers.	8 033		

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8 033	Continued From page 11 I. On 07/16/25 at 10:42 am, during an interview, the ADM confirmed the incidents with former DCS #1 attempting to transfer R #2 alone was reported to her and former DCS #1 was retrained on safe transfers after the incidents.	8 033		
8 034	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 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	8 034		

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ARISTOCRAT ASSISTED LIVING (THE)	2969 CLAUDE DOVE DRIVE LAS CRUCES, NM 88011

(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
8 034	Continued From page 12 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; (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	8 034		

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8 034	Continued From page 13 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 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 (7) Reference NFPA 99, 1999 Edition Section 4-3.1.1.2 Storage Requirements (Location, Construction, Arrangement). (a)* Nonflammable Gases (Any Quantity; In-Storage, Connected, or Both) 1. Sources of heat in storage locations shall be protected or located so that cylinders or compressed gases shall not be heated to the activation point of integral safety devices. In no case shall the temperature of the cylinders	8 034	8.370.14.34 A(7) Retraining of caregivers and medication technicians regarding the correct storage of oxygen tanks was completed by the director of nursing on July 17, 20025. New staff are to be trained on the correct storage procedures. Weekly audits for two months to ensure that oxygen tanks are being stored properly. After two month's monthly audits are to be performed by the director of nursing.	7/17/2025

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8 034	Continued From page 14 exceed 130°F (54°C). Care shall be exercised when handling cylinders that have been exposed to freezing temperatures or containers that contain cryogenic liquids to prevent injury to the skin. 2. * Enclosures shall be provided for supply systems, cylinder storage or manifold locations for oxidizing agents such as oxygen and nitrous oxide. Such enclosures shall be constructed of an assembly of building materials with a fire-resistive rating of at least 1 hour and shall not communicate directly with anesthetizing locations. Other nonflammable (inert) medical gases may be stored in the enclosure. Flammable gases shall not be stored with oxidizing agents. Storage of full or empty cylinders is permitted. Such enclosures shall serve no other purpose. 3. Provisions shall be made for racks or fastenings to protect cylinders from accidental damage or dislocation. 4. The electric installation in storage locations or manifold enclosures for nonflammable medical gases shall comply with the standards of NFPA 70, National Electrical Code, for ordinary locations. Electric wall fixtures, switches, and receptacles shall be installed in fixed locations not less than 152 cm (5 ft) above the floor as a precaution against their physical damage. 5. Storage locations for oxygen and nitrous oxide shall be kept free of flammable materials [see also 4-3.1.1.2(a)7]. 6. Cylinders containing compressed gases and containers for volatile liquids shall be kept away from radiators, steam piping, and like sources of heat. 7. Combustible materials, such as paper, cardboard, plastics, and fabrics, shall not be stored or kept near supply system cylinders or manifolds containing oxygen or nitrous oxide. Racks for cylinder storage shall be permitted to	8 034		

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8 034	Continued From page 15 be of wooden construction. Wrappers shall be removed prior to storage. Exception: Shipping crates or storage cartons for cylinders. 8. When cylinder valve protection caps are supplied, they shall be secured tightly in place unless the cylinder is connected for use. 9. Containers shall not be stored in a tightly closed space such as a closet [see 8-2.1.2.3(c)]. Based on observation and interview, the facility failed to ensure that Oxygen cylinder tanks were stored securely, protected from accidental damage or dislocation. This deficient practice could likely result in residents being at risk of harm if the oxygen cylinder tanks were to fall over causing it to depressurize. The findings are: A. On 07/14/25, at 3:16 pm, during an observation of room [redacted] one unsecured oxygen tank was on the floor. B. On 07/14/25 at 4:09 pm, during an interview, the Director of Nursing (DON) confirmed the unsecured oxygen tank was on the floor of room [redacted]	8 034		
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 A (1) (d)	8 036	8 NMAC 370.14.36 Nutrition A list of snacks that are available at any time is posted on the bulletin board starting 7/29/2025 and is accessible to all residents. Routine weekly inspection that the snack list is posted on the bulletin board will be done by the director.	7/29/2025

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8 036	Continued From page 21 Based on record review and interview, the facility failed to ensure snacks were included in the weekly meal menu that was posted for residents and families to view. This deficient practice could likely result in residents to be at risk of not having freedom of choice in what foods they eat if they are unaware of what snacks are available. The findings are: A. Record review of the weekly meal menu revealed it did not include snacks. B. On 07/14/25 at 4:10 pm, during an interview, the Director of Nursing (DON) & Administrator (ADM) confirmed the snacks were not posted on the weekly menu and were not posted anywhere else.	8 036		
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 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	8 038		

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8 038	Continued From page 22 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 that cleaning supplies and hazardous or poisonous chemicals were stored in secured areas and not accessible to residents. This deficient practice can likely result in the residents to be at risk of harm, illness, or injury if the residents were to spill chemicals on themselves or ingest (take food, drink, or another substance in the body by swallowing or absorbing it) the cleaning supplies or hazardous chemicals (any chemical which can cause a physical or a health hazard). The findings are: A. On 07/14/25 at 3:14 pm, during an observation of the dining room, a one-gallon bottle of bleach was observed under the aquarium in the cabinet, unsecured and accessible to residents. B. On 07/14/25 at 3:16 pm, during an observation of the unlocked boiler room, the following chemicals were observed: 1. One 9.46 liter (L) bottle of concentrated glass cleaner.	8 038	8.370.14.38 C Cleaning chemicals were immediately stored away in locked stoarge rooms on July 15, 2025. They are unaccessible to any resident or non housekeeping employee. Routine inspection to ensure that chemicals are stored properly and are inaccessible to non-employees and residents will be completed monthly by the director. A tracking log was created and started on 7/16/2025.	7/15/2025

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8 038	Continued From page 23 2. One 2 L bottle of floor cleaner in a cabinet on the wall. 3. One 2 L bottle of glass cleaner in a cabinet on the wall. 4. One 2 L bottle of acid-free disinfectant cleaner in a cabinet on the wall. 5. Two, 2 L bottles of disinfectant virucide cleaner. 6. Two, 1 gallon bottles of flatware presoak cleaner. 7. One gallon of floor cleaner. 8. One 32-ounce (oz.) bottle of grill cleaner. C. On 07/14/25 at 4:14 pm, during an interview, the facility administrator confirmed the chemicals under the aquarium in the dining room and in the boiler room were unsecured and accessible to the residents.	8 038		
8 042	8 NMAC 370.14.42 Maintenance of Building and Grounds The building(s) shall be maintained in good repair at all times. Such maintenance shall include, but is not limited to, the following areas: A. Storage areas/grounds: Storage areas and grounds shall be maintained in a safe, sanitary and presentable condition at all times. Storage areas and grounds shall be kept free from accumulation of refuse, weeds, discarded furniture, old newspapers or other items that create a fire hazard. B. Floors: Floors shall be maintained stable, firm and free of tripping hazards. [8.370.14.42 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.42 A	8 042	8.370.14.42 A Monthly Routine inspections of ceilings will be completed by maintenance and routine inspections of the building will be done to ensure timely repairs are completed. The ceiling and walls in the boiler room were repaired and repainted on 7/30/2025.	7/30/2025

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8 042	Continued From page 24 Based on observation and interview, the facility failed to ensure the ceiling in the boiler room of the facility was in good condition and free from water damage. This deficient practice could likely result in the 44 (R #s 1-44) residents listed on the census provided by the facility administrator on 07/14/25, to be at risk of harm if there is a water leak that extends to resident rooms. The findings are: A. On 07/14/25 at 3:16 pm, during an observation of the boiler room, the ceiling above the water heaters had extensive water damage and paint was peeling off the ceiling. B. On 07/14/25 at 4:14 pm, during an interview, the facility administrator confirmed the water damage and paint peeling above the water heaters in the boiler room.	8 042		