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	2211	A. BUILDING: _____ B. WING _____	C 07/12/2023

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BEEHIVE HOMES OF FARMINGTON 4	508 B N AIRPORT DR FARMINGTON, NM 87401

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A 000	Initial Comments The following deficiencies were cited during a Full-Onsite/Complaint survey completed on [redacted]'23 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living Facilities for Adults. Census: 10 Complaint Intake [redacted] was investigated with deficiencies cited. Abbreviations: Direct Care Staff: DCS Resident: R	A 000		
A 016	7 NMAC 8.2.16 Staff Qualifications STAFF QUALIFICATIONS: A facility shall employ staff with the following qualifications. A. Administrator, director, operator: an assisted living facility shall be supervised by a full-time administrator. Multiple facilities that are located within a forty (40) mile radius may have one full-time administrator. The administrator shall: (1) be at least twenty-one (21) years of age; (2) have a high school diploma or its equivalent; (3) comply with the requirements of the New Mexico Caregivers Criminal History Screening Act, 7.1.9 NMAC; (4) complete a state approved certification program for assisted living administrators; (5) be able to communicate with the residents in the language spoken by the majority of the residents; (6) not work while under the influence of alcohol or illegal drugs; (7) have evidence of education and experience to prove the ability to administer, direct and operate an assisted living facility; the evidence of	A 016		

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A 016	Continued From page 1	A 016		

education and experience shall be directly related to the services that are provided at the facility;
(8) provide three (3) notarized letters of reference from persons unrelated to the applicant; and
(9) comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC.
B. Direct care staff:
(1) shall be at least eighteen (18) years of age;
(2) shall have adequate education, relevant training, or experience to provide for the needs of the residents;
(3) shall comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC; and
(4) shall comply with the current requirements of reporting and investigating incidents pursuant to Incident Reporting, Intake Processing and Training Requirements, 7.1.13 NMAC;
(5) if a facility provides transportation for residents, the employees of the facility who drive vehicles and transport residents shall have copies of the following documents on file at the facility:
(a) a valid New Mexico driver ' s license with the appropriate classification for the vehicle that is used to transport residents;
(b) documentation of training in transportation safety for the elderly and disabled, including safe vehicle operation;
(c) proof of insurance; and
(d) documentation of a clean driving record;
(6) any person who provides direct care who is not employed by an agency that is covered by the requirements of the Caregivers Criminal History Screening Requirements, 7.1.9 NMAC, shall provide current (within the last 6 months) proof of the caregivers criminal history screening to the facility; the facility shall maintain and have proof

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A 016	Continued From page 2 of such screening readily available; and (7) employers shall comply with the requirements of the Caregivers Criminal History Screening Requirements, 7.1.9 NMAC. [7.8.2.16 NMAC - Rp, 7.8.2.16 NMAC, 01/15/2010]	A 016		
	This REQUIREMENT is not met as evidenced by: 7.8.2.16 B (3) (7) Refer to 7.1.12 EMPLOYEE ABUSE REGISTRY 7.1.12.8 REGISTRY ESTABLISHED; PROVIDER INQUIRY REQUIRED: Upon the effective date of this rule, the department has established and maintains an accurate and complete electronic registry that contains the name, date of birth, address, social security number, and other appropriate identifying information of all persons who, while employed by a provider, have been determined by the department, as a result of an investigation of a complaint, to have engaged in a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider. Additions and updates to the registry shall be posted no later than two (2) business days following receipt. Only department staff designated by the custodian may access, maintain and update the data in the registry. A. Provider requirement to inquire of registry. A provider, prior to employing or contracting with an employee, shall inquire of the registry whether the individual under consideration for employment or contracting is listed on the registry. B. Prohibited employment. A provider may not	A016	All potential staff will be cleared with EAR before they are hired and staff will have their background checked including fingerprints within 20 days of hire. The house manager will see that this is done with all staff.	07/13/2023

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A 016	Continued From page 3	A 016		

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, 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

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A 016	Continued From page 4	A 016		

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.
[7.1.12.8 NMAC - N, 01/01/2006]

7.1.9.8 CAREGIVER AND HOSPITAL CAREGIVER EMPLOYMENT REQUIREMENTS:
. . .
D. Application: In order for a nationwide criminal history record to be obtained and processed, the following shall be submitted to the department on forms provided by the department.
(1) A form containing personal identification which has a photograph of the person and which meets the requirements for employment eligibility in accordance with the immigration and nationality act as amended. A reasonable xerographic copy of a drivers license photograph will suffice under Subsection D of 7.1.9.8 NMAC.
(2) A signed authorization for release of information form.
(3) Three (3) complete sets of readable fingerprint cards or other department approved media acceptable to the Department of Public Safety and the Federal Bureau of Investigation submitted using black ink.
(4) The fee specified by the department for the nationwide and statewide criminal history screening investigation shall not exceed seventy-four ($74) dollars. Of which, twenty-four ($24) dollars shall be applied for the federal bureau of investigation nationwide criminal history

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A 016	Continued From page 5 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 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	A 016		

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A 016	Continued From page 6 caregiver as described in Subsections B, D and K of 7.1.9.7 NMAC, no later than twenty (20) calendar days from the first day of employment or effective date of a contractual relationship with the care provider. G. Maintenance of Records: Care providers shall maintain documentation relating to all employees and contractors evidencing compliance with the act and these rules. (1) During the term of employment, care providers shall maintain evidence of each applicant, caregiver or hospital caregiver's clearance, pending reconsideration, or disqualification. (2) Care providers shall maintain documented evidence showing the basis for any determination by the care provider that an employee or contractor performs job functions that do not fall within the scope of the requirement for nationwide or statewide criminal history screening. A memorandum in an employee's file stating "This employee does not provide direct care or have routine unsupervised physical or financial access to care recipients served by [name of care provider]," together with the employee's job description, shall suffice for record keeping purposes. Based on record review and interview, the facility failed to ensure that the Direct Care Staff (DCS): 1. Were cleared by the Employee Abuse Registry (EAR) prior to hire. 2. Application and fingerprints were submitted to the Caregiver Criminal History Screening Program (CCHSP) within 20 days of hire. These deficient practices could likely result in the [redacted] residents identified on the census provided by the Administrator on [redacted]/23, to be at risk of harm, if residents are being provided	A 016		

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A 016	Continued From page 7 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 DCS #2's employee file (hire date [redacted]/23), revealed that: 1. DCS # 2's EAR clearance was not completed until [redacted]1/23. 2. DCS #2's Fingerprinting had not been completed as of [redacted]/23. B. Record review of DCS #3's employee file (hire date [redacted]/22), revealed that the: 1. EAR clearance was not completed prior to hire. 2. Application and Fingerprints for the CCHSP had not yet been completed or submitted. C. On [redacted]/23 at 3:13 pm, during an interview with the Administrator, she confirmed that: 1. EAR clearances for both DCS #s 2 and DCS #3 were not completed prior to hire. 2. Application and fingerprints had not been completed or submitted for DCS #s 2 and 3 as of [redacted]/23.	A 016		
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 unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline	A 032		

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A 032	Continued From page 8 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: 7.1.13.7 W: "Reportable incident" means possible 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. 7.8.2.32 Based on record review and interview, the facility	A 032 A032	All reportable incidents will be reported to the licensing authority within 24 hours of the incident. All incidents will have a 5 day follow-up and an internal investigation will be completed. The house manager will ensure that all reportable incidents will be reported within 24 hours of the incident.	07/13/2023

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A 032	Continued From page 9	A 032		

failed to ensure for 1 [redacted] residents whose resident files were reviewed for compliance, that:
1. All suspected cases or known incidents of resident exploitation were reported to the Licensing Authority within twenty-four (24) hours or by the next business day, if it is a weekend or a holiday.
2. The facility conducted an internal investigation of the incidents.
3. A follow-up investigation report was submitted to the Licensing Authority within five (5) business days from the date the incident occurred.

These deficient practices could likely result in the residents to be at risk of harm, if incidents occur and there is no oversight by the Licensing Authority.

The findings are:

A. Record review of the Department of Health (DOH) complaint [redacted] dated [redacted]/20, revealed that on [redacted]/20, R #3's personal property which included jewelry, a bunch of scarves, and undergarments were missing.

B. Record review of R #3's resident file, revealed no documentation of incident reports (internal or external) regarding theft or misplacement of the resident's belongings:
1. Were reported to the Licensing Authority within 24 hours or the next business day if a holiday or weekend
2. That an internal investigation was conducted and/or a follow-up investigation was submitted to the Licensing Authority within 5 business days from the date the incident occurred

C. On [redacted]23 at 11:00 am, during an interview

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A 032	Continued From page 10 with the Administrator, she confirmed that some of R #3's property went missing and was never recovered. D. On [redacted]/23 at 10:38 am, during an interview with R #3's daughter/power of attorney (POA), she confirmed that: 1. One (1) expensive piece of jewelry went missing, but was anonymously returned when she threatened to call the police 2. R #3's expensive[redacted], scarves, other clothing items, and custom jewelry went missing and was never returned E. On [redacted]/23 at 12:32 pm, via email, the Administrator confirmed that: 1. Some of R #3's property went missing and was never recovered. 2. Incidents of missing resident's R #3's property were never reported to the Licensing Authority within 24 hours and a 5-day follow-up/investigation report was never completed or submitted.	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		

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A 033	Continued From page 11 (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		

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A 033	Continued From page 12 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 13 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 (11) (m) Based on record review and interview, the facility failed to ensure for [redacted] residents whose records were reviewed for personal property/possessions lost/misplacement had been reimbursed or compensated. This deficient practice could likely result in the residents to be at risk of financial loss, if Direct Care Staff (DCS) are not ensuring that resident's personal property/possession(s) are not getting lost or stolen.	A 033 A033	All residents have an inventory checklist that them or their family will complete upon moving into the facility. The house manager will ensure that this inventory checklist is complete for every resident.	07/17/2023

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A 033	Continued From page 14 The findings are: A. Record review of Complaint Intake [redacted] (dated [redacted]/20) revealed that R #3's personal property/possessions which included jewelry, a bunch of scarves, and undergarments were lost or stolen at the facility. B. On [redacted]/23 at 11:00 am, during an interview with the Administrator, she confirmed that some of the possessions belonging to R #3 were never found/returned. C. On [redacted]/23 at 10:38 am, during an interview with R #3's daughter/Power of Attorney (POA), she confirmed that R #3's possessions which included expensive costume jewelry, expensive [redacted], and scarves were never found and returned to the family. D. On [redacted]/23 at 12:32 pm, via email, the Administrator confirmed that some of R #3's property went missing and was never recovered or returned to the family.	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	A 034		

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A 034	Continued From page 15 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 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	A 034		

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A 034	Continued From page 16 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 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	A 034		

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A 034	Continued From page 17 for assuring that the facility meets all requirements for storage, labeling, destruction and documentation of medications as required by the state board of pharmacy, 16.19.11.10 NMAC and 7.8.2 NMAC. [7.8.2.34 NMAC - Rp, 7.8.2.35 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.34 A (7) Refer to: NFPA (National Fire Prevention Association) 99. 2012 Edition. 11.3 Cylinder and Container Storage Requirements. 11.3.1* Storage for nonflammable gases equal to or greater than 85 m3 (3000 ft3) at STP shall comply with 5.1.3.3.2 and 5.1.3.3.3. 11.3.2* Storage for nonflammable gases greater than 8.5 m3 (300 ft3), but less than 85 m3 (3000 ft3), at STP shall comply with the requirements in 11.3.2.1 through 11.3.2.3. 11.3.2.1 Storage locations shall be outdoors in an enclosure or within an enclosed interior space of noncombustible or limited combustible construction, with doors (or gates outdoors) that can be secured against unauthorized entry. 11.3.2.2 Oxidizing gases, such as oxygen and nitrous oxide, shall not be stored with any flammable gas, liquid, or vapor. 11.3.2.3 Oxidizing gases such as oxygen and nitrous oxide shall be separated from combustibles or materials by one of the following: (1) Minimum distance of 6.1 m (20 ft) (2) Minimum distance of 1.5 m (5 ft) if the entire storage location is protected by an automatic sprinkler system designed in accordance with	A 034 A034	Outdoor Resin Constructed Storage cabinets were purchased for all Assisted Living Facilities to store residents' oxygen tanks. The maintenance staff will ensure that all outdoor oxygen storage cabinets are well vented and stored with only oxygen tanks.	7/27/2023

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A 034	Continued From page 18 NFPA 13, Standard for the Installation of Sprinkler Systems (3) Enclosed cabinet of noncombustible construction having a minimum fire protection rating of 1/2 hour 11.3.2.4 Gas cylinder and cryogenic liquid container storage shall comply with 5.1.3.5.12. 11.3.2.5 Cylinder and container storage locations shall comply with 5.1.3.3.1.7 with respect to temperature limitations. 11.3.2.6 Cylinder or container restraints shall comply with 11.6.2.3. 11.3.2.7 Smoking, open flames, electric heating elements, and other sources of ignition shall be prohibited within storage locations and within 6.1 m (20 ft) of outside storage locations. 11.3.2.8 Cylinder valve protection caps shall comply with 11.6.2.3. 11.3.2.9 Gas cylinder and liquefied gas container storage shall comply with 5.1.3.5.12. 11.3.3 Storage for nonflammable gases with a total volume equal to or less than 8.5 m3 (300 ft3) shall comply with the requirements in 11.3.3.1 and 11.3.3.2. 11.3.3.1 Individual cylinder storage associated with patient care areas, not to exceed 2100 m2 (22,500 ft2) of floor area, shall not be required to be stored in enclosures. 11.3.3.2 Precautions in handling cylinders specified in 11.3.3.1 shall be in accordance with 11.6.2. 11.3.3.3 When small-size (A, B, D, or E) cylinders are in use, they shall be attached to a cylinder stand or to medical equipment designed to receive and hold compressed gas cylinders. 11.3.3.4 Individual small-size (A, B, D, or E) cylinders available for immediate use in patient care areas shall not be considered to be in storage. 11.3.3.5 Cylinders shall not be chained to	A 034		

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A 034	Continued From page 19 portable or movable apparatus such as beds and oxygen tents. 11.3.4 Signs. 11.3.4.1 A precautionary sign, readable from a distance of 1.5 m (5 ft), shall be displayed on each door or gate of the storage room or enclosure. 11.3.4.2 The sign shall include the following wording as a minimum: CAUTION: OXIDIZING GAS(ES) STORED WITHIN (7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes shall comply with the national fire protection association (NFPA) 99. Based on observation and interview, the facility failed to ensure that oxygen cylinder tanks were stored securely and protected from accidental damage. This deficient practice could likely result in the 10 (R #s 1-10) residents identified on the census provided by the Administrator on 07/11/23, to be at risk of harm, injury, or death if oxygen cylinder tanks were to fall over damaging the valve, causing them 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. The findings are: A. On [redacted]/23 at 1:49 pm, during observation of resident [redacted], two (2) large oxygen tanks were observed stored unsecured in the closet with clothing, adult underwear packages, and shoes. B. On [redacted]/23 at 1:49 pm, during an interview	A 034		

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A 034	Continued From page 20 with the Administrator, she confirmed the oxygen tanks in [redacted] were unsecured and stored in the closet with clothing, adult underwear packages, and shoes.	A 034		
A 035	7 NMAC 8.2.35 Medication MEDICATIONS: Administration of medications or staff assistance with self-administration of medications shall be in accordance with state and federal laws. No medications, including over-the-counter medications, PRN (when needed) medications, or treatment shall be started, changed or discontinued by the facility without an order from the physician, physician assistant or nurse practitioner and with entry into the resident's record. A. State board of nursing licensed or certified health care professionals are responsible for the administration of medications. Administration may only be performed by these individuals. B. Facility staff may assist a resident with the self-administration of medications if written consent by the resident is given to the administrator of the facility or the administrator ' s designee. If the resident is incapable of giving consent, the surrogate decision maker named in accordance with New Mexico law may give written consent for assistance with self-administration of medications. All staff that assist with self-administration of medications shall have successfully completed a state approved assistance with self-administration of medication training program or be licensed or certified by the state board of nursing. C. PRN (pro re nada) medication. (1) Physician or physician extender ' s orders for PRN medications shall clearly indicate the circumstances in which they are to be used, the	A 035		

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A 035	Continued From page 21 number of doses that may be given in a 24-hour period and indicate under what circumstances the primary care practitioner (PCP) is to be notified. (2) The utilization of PRN medications shall be reviewed routinely. Frequent or escalating use of PRN medications shall be reported to the PCP. D. Only a licensed nurse (RN or LPN) shall administer any medications or conduct any invasive procedures provided by the following routes: intravenous (IV), subcutaneous (SQ), intramuscular (IM), vaginal or rectal. Only a licensed nurse shall administer non-premixed nebulizer treatments. E. The facility shall have medication reference material that contains information relating to drug interactions and side effects on the premises. Staff that assist in the self-administration of medications shall know interactions or possible side effects that might occur. F. Medications prescribed for one resident shall not be used for another resident. G. Medication assistance record (MAR). For residents who are not independent and require assistance with self administration, the facility shall have a MAR that documents the details of the residents' medication, including PRN and over-the-counter medication that is assisted with self-administration by qualified staff or administered to the resident by licensed or certified staff. The information in the MAR shall include: (1) the resident's name; (2) any known allergies to medication that the resident has; (3) the name of the resident's PCP or the prescriber of the medication; (4) the diagnosis or reason for the medication; (5) the name of the medication, including the drug product brand name and the generic name;	A 035		

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A 035	Continued From page 22 (6) notation if the medication is a schedule II-IV drug; (7) the dosage of the medication; (8) the strength of the medication; (9) the frequency or how often the medication is to be taken or given; (10) the route of delivery for the medication (mouth, eye, ear, other); (11) the method of delivery for the medication (pills, drops, IM injection, other); (12) the date that the medication was started or discontinued; (13) any change in the medication order; (14) pre-medication information (i.e., pulse, respiration, blood pressure, blood sugar) as required by the medication order; (15) the date and time that the medication is self-administered, administered with assistance or is administered; (16) the initials and signature of the person assisting with or administering the medication; (17) the desired results obtained from or problems encountered with the medication (pain relieved, allergic reaction, etc.); (18) any refused dose of medication; (19) any missed dose of medication; and (20) any medication error. H. No medication shall be stopped or started without specific orders from the primary care physician. I. If a resident refuses to take a prescribed medication, it shall be documented and the facility shall report it to the prescriber. J. A suspected adverse reaction to a medication shall be documented on the MAR and reported immediately to the PCP and the resident's surrogate decision maker. If applicable, emergency medical treatment shall be arranged. Documentation of the event shall be kept in the	A 035		

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A 035	Continued From page 23 resident's record. K. Prescription medication, other than blister packs and unit dose containers, shall be kept in the original container with a pharmacy label that includes the following: (1) the resident's name; (2) the name of the medication; (3) the date that the prescription was issued; (4) the prescribed dosage and the instructions for administration of the medication; and (5) the name and title of the prescriber. L. Any medication that is removed from the pharmacy container or blister pack shall be given immediately and documented by the staff that assisted with the medication delivery. M. The facility shall report all medication errors to the physician, documentation of medication errors and the prescriber's response shall be kept in the resident's record. N. The facility shall develop and follow a written policy for unused, outdated, or recalled medications kept in the facility in accordance with 16.19.11.10 NMAC (AS AMENDED). [7.8.2.35 NMAC - Rp, 7.8.2.35 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.35 G (4) Based on record review and interview, the facility failed to ensure for [redacted] residents whose Medication Administration Records (MARs) were reviewed for compliance, that all medications listed on the MAR included the diagnosis or reason for the medication.	A 035	A035 All residents MAR contain a diagnosis or reason for each medication. The 1 month MAR summary has always contained a diagnosis for every medication however I gave the surveyors a different medication list and not the 1 month MAR summary. The house manager will ensure that all medications has a diagnosis or reason for the medication on the MAR	8/2/2023

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A 035	Continued From page 24	A 035		

This deficient practice could likely result in the residents being at risk of harm, if the information on the MAR is not accurate and Direct Care Staff (DCS) who assist in self-administration of medications give the wrong medication because they were not sure of the reason for the medication.

The findings are:

A. Record review of R #1's MAR dated [redacted]/23 through [redacted]/23, revealed that the following medications did not have the diagnosis or reason for the medication:
1. [redacted] as needed
2. [redacted] once daily
3. [redacted] once a day
4. [redacted] daily
5. [redacted] - Take [redacted] by mouth daily
6. [redacted] twice daily
7. [redacted] 2 times per day
8. [redacted] twice daily
9. [redacted] once daily
10. [redacted] daily
11. [redacted] both [redacted] 3 to 4 times a day

B. Record review of R #2's MAR dated [redacted]/23 through [redacted]23, revealed that the following medications did not have the diagnosis or reason

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A 035	Continued From page 25 for the medication: 1. [redacted] once daily 2. [redacted] - take [redacted] as needed 3. [redacted] three times daily 4. [redacted] once daily 5. [redacted] every day 6. [redacted] et every day C. On [redacted]/23 at 9:20 am, during an interview with the Administrator and DCS #1, they confirmed that most of the medications on the MARs did not include the diagnosis or reason for the medication.	A 035		
A 036	7 NMAC 8.2.36 Nutrition NUTRITION: The facility shall provide planned and nutritionally balanced meals from the basic food groups in accordance with the " recommended daily dietary allowance " of the American dietetic association, the food and nutrition board of the national research council, or the national academy of sciences. Meals shall meet the nutritional needs of the residents in accordance with the " 2005 USDA dietary guidelines for Americans. " Vending machines shall not be considered a source of snacks. A. Dietary services policies and procedures. The facility will develop and implement written policies and procedures that are maintained on the premises and that govern the following requirements. (1) Meal service. The facility shall:	A 036		

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A 036	Continued From page 26 (a) serve at least three (3) meals or their equivalent each day at regular times with no more than sixteen (16) hours between the evening meal and morning meal with snacks freely available; (b) provide snacks of nourishing quality and post on the daily menu; (c) develop menus enjoyed by the residents and served at normal intervals appropriate to the residents ' preferences; (d) post the weekly menu, including snacks where residents and families are able to view it; posted menus shall be followed and any substitution shall be of equivalent nutritional value and recorded on the posted menu; identical menus shall not be used within a one (1) week cycle; (e) have special menus or meal items following guidelines from the resident ' s physician for residents who have medically prescribed special diets; (f) serve all residents in a dining room except for residents with a temporary illness, or with documented specific personal preference to have meals in their room; (g) allow sufficient time for meals to enable residents to eat at a leisurely pace and to socialize; and (h) contact the resident ' s PCP within forty-eight (48) hours if a resident consistently refuses to eat. (2) Staff in-service training. The facility shall provide an in-service training program for staff that are involved in food preparation at orientation and at least annually and that includes: (a) instruction in proper food storage; (b) preparation and serving food; (c) safety in food handling; (d) appropriate personal hygiene; and	A 036		

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	2211	A. BUILDING: _____ B. WING _____	C 07/12/2023

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A 036	Continued From page 27 (e) infectious and communicable disease control. B. Dietary records. The facility shall maintain the following documentation onsite: (1) a systematic record of all menus and revisions, including snacks, for a minimum of thirty (30) calendar days; (2) a systematic record of therapeutic diets as prescribed by a PCP; (3) a copy of the most recent licensing inspection and for facilities with 10 or more residents, a copy of the New Mexico environment department inspection with notations made by the facility of action taken to comply with recommendations or citations; and (4) a daily log of the recorded temperatures for all facility refrigerators, freezers and steam tables maintained and available for inspection for thirty (30) calendar days. C. Clean and sanitary conditions. All practices shall be in accordance with the standards of the state environment department, pursuant to 7.6.2 NMAC. (1) Kitchen sanitation. (a) Equipment and work areas shall be clean and in good repair. Surfaces with which food or beverages come into contact shall be of smooth, impervious material free of open seams, not readily corrodible and easily accessible for cleaning. (b) Utensils shall be stored in a clean, dry place protected from contamination. (c) The walls, ceiling and floors of all rooms that food or drink is stored, prepared or served shall be kept clean and in good repair. (2) Washing and sanitizing kitchenware. (a) All reusable tableware and kitchenware shall be cleaned in accordance with procedures that include separate steps for prewashing, washing, rinsing and sanitizing.	A 036		

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A 036	Continued From page 28 (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. D. Food management. The facility shall store, prepare, distribute and serve food under sanitary conditions and in accordance with the regulations governing food establishments of local health authority having jurisdiction, 7.6.2 NMAC. (1) The facility shall ensure that a minimum of a three (3) calendar day supply of perishables and a five (5) calendar day supply of non-perishables or canned foods is available for the residents. (2) The facility refrigerator and freezer shall have	A 036		

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A 036	Continued From page 29 an accurate thermometer which reads within or not more than plus or minus three (3) degrees fahrenheit of the required temperature, located in the warmest section of the refrigerator and freezer and shall be accessible and easily read. (a) The temperature of the refrigerator shall be thirty-five (35) - forty-one (41) degrees fahrenheit. (b) Freezer temperatures shall be maintained at zero (0) degrees fahrenheit or below. (3) Refrigerators and freezers shall be kept clean and sanitary at all times. Food stored in refrigerators and freezers shall be covered, dated and labeled. Unused leftover food shall be discarded after three (3) calendar days. (4) Steam tables, hot food tables, slow cookers, crock pots and other hot food holding devices shall not be used in heating or reheating food. Hot food temperatures shall be checked periodically to insure that a minimum of one hundred forty (140) degrees fahrenheit is maintained. (5) Medication, biological specimens, poisons, detergents and cleaning supplies shall not be kept in the same storage areas used for storage of foods. Medications shall not be stored in the refrigerator with food; an alternate refrigerator for medication shall be used pursuant to Subsection B of 7.6.2.8 NMAC. (6) Canned or preserved foods shall be procured from sources that process the food under regulated quality and sanitation controls. This does not preclude the use of local fresh produce. The facility shall not use home-canned foods. (7) Dry or staple food items shall be stored at least six (6) inches off the floor in a ventilated room that is not subject to sewage, waste water back-flow or contamination by condensation, leakage, rodents or vermin. (8) The facility shall ensure the following:	A 036		

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A 036	Continued From page 30 (a) all perishable food is refrigerated and the temperature is maintained no higher than forty-one (41) degrees fahrenheit; (b) the temperature for all hot foods is maintained at one hundred forty (140) degrees fahrenheit; and (c) all displayed or transported food is protected from environmental contamination and maintained at proper temperatures in clean containers, cabinets or serving carts. E. Milk. (1) Raw milk shall not be used. (2) Condensed, evaporated, or dried milk products that are nationally recognized may be employed as " additives " in cooked food preparation but shall not be substituted or served to residents in place of milk. F. Collateral requirements. Compliance with this rule does not relieve a facility from the responsibility of meeting more stringent municipal regulations, ordinances or other requirements of state or federal laws governing food service establishments. Local health authority having jurisdiction means municipal, county, state or federal agency(s) that have laws and regulations governing food establishments, liquid waste disposal, treatment facilities and private wells. [7.8.2.36 NMAC - Rp, 7.8.2.37 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.36 B 4 Based on observation and interview, the facility failed to ensure that daily refrigerator and freezer temperatures logs for all facility refrigerators/freezers were maintained for thirty	A 036 A036	Refrigerator temperatures are recorded daily and maintained in the home. All staff know that recording daily refrigerator temperatures is required. The house cook/chef will ensure that temperatures are recorded daily.	8/2/2023

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A 036	Continued From page 31 (30) calendar days and available for inspection. These deficient practices could likely result in the [redacted] residents on the resident census provided by the Administrator on [redacted]/23, to be at risk of illness/death from foodborne illnesses if the refrigerated and/or frozen foods stored, prepared, and served to residents are not maintained at the correct temperatures. The findings are: A. On [redacted]/23 at 10:25 am, during observation of the [redacted], the refrigerator and freezer temperature logs were not completed daily. B. On [redacted]/23 at 10:31 am, during an interview with the Administrator, she confirmed that the refrigerator and freezer temperatures are not being monitored and documented on the daily refrigerator/freezer temperature log sheets consistently.	A 036		
A 038	7 NMAC 8.2.38 Housekeeping Services HOUSEKEEPING SERVICES. The facility shall maintain the interior and exterior of the facility in a safe, clean, orderly and attractive manner. The facility shall be free from offensive odors, safety hazards, insects and rodents and accumulations of dirt, rubbish and dust. A. All common living areas and all bathrooms shall be cleaned as often as necessary to maintain a clean and sanitary environment. B. Combustibles such as cleaning rags or flammable substances shall be stored in closed metal containers in approved areas that provide adequate ventilation. Combustibles shall be stored away from the food preparation areas and away from the resident rooms.	A 038		

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A 038	Continued From page 32 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]	A 038		
	This REQUIREMENT is not met as evidenced by: 7.8.2.38 C Based on observation and interview, the facility failed to ensure that cleaning supplies and hazardous chemicals were stored in secure areas and were not accessible to the residents. This deficient practice could likely result in the [redacted] residents listed on the resident census list provided by the Administrator on [redacted]/23, to be at risk of harm, illness, or injury, if the residents were to spill chemicals on themselves or ingest the cleaning supplies/hazardous chemicals. The findings are: A. On [redacted]/23 at 1:37 pm, during observation of the Maintenance/Janitors closet located in the hallway near [redacted], the closet was unsecured and the following chemicals were accessible to residents: 1. (1) 1 gallon bottle of disinfectant cleaner 2. (1) 50 ounce (oz.) bottle of carpet cleaner 3. (1) 64 oz. bottle of fabric cleaner 4. (1) 24 oz. spray bottle of adhesive remover	A038	Janitorial closet will always remain closed and locked while vacant. Chemicals will not be stored under the kitchen sink, all chemicals will be stored in the janitorial closet which will be locked at all times. House manager will ensure that the janitorial closet is closed and locked at all times.	7/13/202

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A 038	Continued From page 33 5. (2) 22 oz. can of powder cleaner B. On [redacted]/23 At 1:40 pm, during an interview, the Maintenance man/Janitor confirmed that the above listed cleaning supplies/chemicals were unsecured and accessible to residents. C. On [redacted]/23 at 8:36 am, during observation of the kitchen, the cabinet under the kitchen sink was unsecured and the following chemicals were observed to accessible to residents: 1. One (1) 32 oz. bottles of spray cleaner 2. One (1) 32 oz. bottles of spray degreaser 3. One (1) 19 oz. bottle of spray window cleaner 4. One (1) 16 oz. can of oven cleaner 5. One (1) 19 oz. bottle of disinfectant cleaner 6. One (1) 21 ounce container of powdered cleaner D. On [redacted]/23 at 9:18 am, during an interview, the Administrator confirmed that the above listed cleaning supplies/chemicals were in the unsecured cabinet under the kitchen sink and accessible to residents.	A 038		
A 063	7 NMAC 8.2.63 Fire Extinguishers FIRE EXTINGUISHERS: Fire extinguisher(s) must be located in the facility, as approved by the state fire marshal or the fire prevention authority with jurisdiction. A. Facilities must as a minimum have two (2) 2A10BC fire extinguishers: (1) one (1) extinguisher located in the kitchen or food preparation area; (2) one (1) extinguisher centrally located in the facility; (3) all fire extinguishers shall be inspected yearly and recharged as needed; all fire extinguishers	A 063		

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A 063	Continued From page 34 must be tagged noting the date of the inspection; (4) the maximum distance between fire extinguishers shall be fifty (50) feet. B. Fire extinguishers, alarm systems, automatic detection equipment and other fire fighting equipment shall be properly maintained and inspected as recommended by the manufacturer, state fire marshal, or the local fire authority. [7.8.2.63 NMAC - Rp, 7.8.2.62 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: NFPA 17A Standard for Wet Chemical Extinguishing Systems, 2009 Edition 7.2 Owner's Inspection. 7.2.1 On a monthly basis, inspection shall be conducted in accordance with the manufacturer's listed installation and maintenance manual or the owner's manual. 7.2.2 At a minimum, this "quick check" or inspection shall include verification of the following: (1) The extinguishing system is in its proper location. (2) The manual actuators are unobstructed. (3) The tamper indicators and seals are intact. (4) The maintenance tag or certificate is in place. (5) No obvious physical damage or condition exists that might prevent operation. (6) The pressure gauge(s), if provided, shall be inspected physically or electronically to ensure it is in the operable range. (7) The nozzle blowoff caps, where provided, are intact and undamaged. (8) Neither the protected equipment nor the hazard has not been replaced, modified, or relocated. 7.2.3 If any deficiencies are found, appropriate	A 063 A063	Fire Protection Company inspected the fire suppression system and ensures that the system is functioning properly and safely. Fire Protection Company will inspect the kitchen fire safety system including the fire suppression system every 6 months. The maintenance staff will ensure that these inspections are scheduled and completed every 6 months.	8/2/2023

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corrective action shall be taken immediately.
7.2.3.1 Where the corrective action involves maintenance, it shall be conducted by a service technician as outlined in 7.3.1.
7.2.4 Personnel making inspections shall keep records for those extinguishing systems that were found to require corrective actions.
7.2.5 At least monthly, the date the inspection is performed and the initials of the person performing the inspection shall be recorded.
7.2.6 The records shall be retained for the period between the semiannual maintenance inspections.

_____
NFPA® 96 Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations(Reference NFPA 96, 1998 Edition)
8-2* Inspection.
An inspection and servicing of the fire-extinguishing system and listed exhaust hoods containing a constant or fire-actuated water system shall be made at least every 6 months by properly trained and qualified persons.
8-2.1 All actuation components, including remote manual pull stations, mechanical or electrical devices, detectors, actuators, and fire-actuated dampers, shall be checked for proper operation during the inspection in accordance with the manufacturer's listed procedures. In addition to these requirements, the specific inspection requirements of the applicable NFPA standard shall also be followed.
10.5 Manual Activation.
10.5.1 A readily accessible means for manual activation shall be located between 1067 mm and 1219 mm (42 in. and 48 in.) above the floor, be accessible in the event of a fire, be located in a path of egress, and clearly identify the hazard protected.
10.5.1.1 At least one manual actuation device

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A 063	Continued From page 36 shall be located a minimum of 3 m (10 ft) and a maximum of 6 m (20 ft) from the protected kitchen appliance(s) within the path of egress. 7.8.2.63 Based on observation and interview, the facility failed to ensure the industrial gas fired stove and oven located in the facility kitchen had a range hood fire suppression system in compliance with NFPA 96 (Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations) and with NFPA 17A (Standard for Wet Chemical Extinguishing System, 2009 Edition). The system is a device or method that prevents or reduces the spread of fire in a building. This deficient practice could likely result in the 10 (R #s 1-10) residents identified on the resident census provided by the Administrator on 07/11/23, staff, and visitors to be at risk of physical harm or death if the stove/oven were to catch on fire, and the flames were not extinguished due to the fire suppression system not being in working order. The findings are: A. On [redacted]/23 at 8:57 am, during observation of industrial gas fired stove in the facility kitchen, a "Red Tag/Impairment List" (list of things that were found to be wrong with the system) was observed to be attached to the fire suppression system and indicated that the [name of the fire suppression-extinguishing system] was inspected on [redacted]/23, by a local fire equipment inspection company with deficiencies that as of this survey had not been corrected, including: 1. A pulley and cable system that engages the fire suppression system, that is housed in a pipe	A 063		

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connected to the industrial stove/oven, running behind the refrigerator, making a 90 degree direction change through the metal corner pulley (a part intended to create a minimal loss of force and eliminate the pulley cable from kinking as it makes the 90 degree direction change), and then across the wall on the West side of the refrigerator to a metal box that houses the metal pull tab that when pulled turns on the fire suppression system on in an emergency.
2. Range protection system is not working correctly.
3. Duct and Premium nozzle not properly located (metal box that houses the metal pull tab that when pulled, turns on the fire suppression system on in an emergency).

B. On [redacted]/23 at 8:59 am, during observation the stove/oven fire suppression system, revealed that the manual actuator (The one (1) inch diameter exterior pull ring that is supposed to be pulled completely out from the box to activate (turn on) the suppression system) that is necessary to activate the range hood extinguishing system used to extinguish (put out) kitchen stove fires was:
1. Attached to the kitchen wall with access both visually and physically obstructed by the large industrial size refrigerator.
2. The one (1) inch diameter exterior pull ring that is supposed to be pulled completely out from the box to activate (turn on) the suppression system, was too close to the refrigerator to properly function.

C. On [redacted]/23 at 9:18 am, during an interview with the Administrator, she confirmed that the facility had not addressed the issues documented on the "Red Tag" and that no changes had been made to the range hood extinguishing systems

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A 063	Continued From page 38 since the citation was written a local fire equipment inspection company on 04/05/23.	A 063		