STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4047	A. BUILDING: _____ B. WING _____	C 03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVAMERE AT RIO RANCHO	1000 RIVERVIEW DRIVE SE RIO RANCHO, NM 87124

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8 000	Initial Comments The following deficiencies were cited during a Complaint survey completed on 03/03/25 for the state requirements of NMAC 8.730.14, Regulations for Assisted Living for Adults. Census: 72 Assisted Living, 28 Memory Care Complaint intake NM[redacted] was investigated and deficiencies were not cited. Complaint intake NM[redacted] was investigated and deficiencies were not cited. Complaint intake NM[redacted] was investigated and deficiencies were cited. Complaint intake NM[redacted] was investigated and deficiencies were not cited. Complaint intake NM[redacted] was investigated and deficiencies were not cited. Complaint intake NM[redacted] was investigated and deficiencies were cited.	8 000	This plan of correction is submitted as required by law. By submitting this plan of correction Avamere at Rio Rancho does not admit that the citations listed on the Statement of Deficiencies exist nor does Avamere at Rio Rancho admit to any statement, finding, fact, or conclusion that forms the basis of the alleged citations. This plan of correction represents our written credible allegation of compliance	
8 024	8 NMAC 370.14.24 Assistance with Daily Living The facility shall supervise and assist the residents, as necessary, with health, hygiene and grooming needs, to include but not limited to the following: A. eating; B. dressing; C. oral hygiene; D. bathing; E. grooming; F. mobility; and G. toileting. [8.370.14.24 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.24 (D) (E)	8 024	R #4 has been discharged from the facility R #7 evaluation, service plan, and tasks have been reviewed and showers are recorded per resident preference. R #8 evaluation, service plan, and tasks have been reviewed and showers are recorded per resident preference. All residents who reside in the facility can be effected by this deficient practice. The facility completed an audit of all shower schedules from 03/06/2025 through 03/13/2025. Any discrepancies from evaluation, service plan, task, and resident preference were corrected.	04/21/2025

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8 024	Continued From page 1 Based on record review and interview, the facility failed to ensure for 3 (R #4, R #7, and R #8) of 4 (R #4, R #6, R #7, and R #8) residents were receiving supervision and assistance with their bathing and grooming needs. This deficient practice could likely cause harm to residents if hygiene is neglected, increasing the likelihood of illnesses. The findings are: R #4 A. On 02/27/25 at 2:15 pm, during an interview, the Memory Care Administrator reported during a visit, R #4's Power of Attorney (POA) expressed concern about R #4's hygiene. B. Record review of R #4's care plan dated [redacted], indicated R #4 required the following: 1. Assistance with showers twice weekly, scheduled Wednesday and Friday. 2. Standby assistance (is when a Direct Care Staff (DCS) is nearby to help with daily tasks). 3. Reminders for bathing. C. Record review of R #4's shower logs for the month of February 2025, revealed R #4 was assisted with showers on February 3rd, 7th, 10th, and 11th of 2025. The log did not contain any documentation of showers being logged for the weeks of February 17 and February 24, 2025, which cannot be verified. D. On 02/27/25 at 4:43 pm, during an interview, R #4's POA stated R #4 was not provided with showers as scheduled. R #4 was scheduled to shower Wednesday and Friday. R #4 was able to clean [redacted] sometimes resistant.	8 024	Shower completion or refusals will be monitored by facility RCC/Designee to ensure showers are being completed per resident schedules. In-service will be completed by 03/31/2025 with all staff related to showers and and resident preferences. Randomized audits will be conducted by DHS/ Designee to ensure continued compliance with shower schedules for 60 days. Results of audits will be discussed in CQI.	

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8 024	Continued From page 2 Shower logs were then implemented in December 2024 to track R #4's showers. R #8 E. Record review of R #8's Level of Care (LOC) service plan dated [redacted], indicated R #8 required the following: 1. Assistance with bathing twice weekly with no schedule indicated. 2. Standby assistance. F. Record review of R #8's shower logs for the month of February 2025, revealed R #8 was assisted with bathing once on the week of February 17th and once on the week of February 24th, 2025. R #8 was not assisted with bathing twice (2) weekly as written [redacted] LOC. G. On 03/03/25 at 10:30 am, during an interview, R #8 confirmed [redacted] not received showers twice a week. R #8 stated that in the past [redacted] had gone two (2) weeks without a shower. R #7 H. Record review of R #7 LOC service plan date 01/22/25, indicated R #7 required full assistance with activities of daily living and the assistance of two (2) people for bathing twice weekly. I. Record review of R #7's shower logs for the months of January 2025 and February 2025, revealed R #7 received showers: 1. January 21, 2025. 2. and Feb 1, Feb 4, Feb 15, Feb 18, Feb 22nd and Feb 25, 2025. J. On 03/03/25 at 1:24 pm, during an interview, R #7 confirmed that before two (2) through three (3) weeks ago, [redacted] was not receiving showers two (2) times a week for approximately one (1) year.	8 024		

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8 024	Continued From page 3 K. On 03/03/25 at 12:42 pm, during an interview, the Executive Director confirmed the following: 1. LOC and tasks for R #8 and R #7 should be assisted with bathing twice weekly. 2. R #8 and R #7 tasks were not in compliance with their LOC.	8 024		
8 037	8 NMAC 370.14.37 Laundry Services A. General requirements: The facility shall provide laundry services for the residents, either on the premises or through a commercial laundry and linen service. (1) On-site laundry facilities shall be located in areas separate from the resident units and shall be provided with necessary washing and drying equipment. (2) Soiled laundry shall be kept separate from clean laundry, unless the laundry facility is provided for resident use only. (3) Staff shall handle, store, process and transport linens with care to prevent the spread of infectious and communicable disease. (4) Soiled laundry shall not be stored in the kitchen or dining areas. The building design and layout shall ensure the separation of laundry room from kitchen and dining areas. An exterior route to the laundry room is not an acceptable alternative, unless it is completely enclosed. (5) In new construction or newly licensed facilities with more than 15 residents, washers shall be in separate rooms from dryers. The rooms with washers shall have negative air pressure from the other facility rooms. (6) All linens shall be changed as needed and at least weekly or when a new resident is to occupy the bed. (7) The mattress pad, blankets and bedspread	8 037	No residents were identified as being affected. All residents who reside in the facility have the potential to be affected by this deficient practice. A keypad lock was installed on the laundry room door on 03/26/2025. The closing mechanism for the door was adjusted to help ensure the door closes appropriately. In-service will be completed by 03/31/2025 with all staff related to chemical storage. Randomize audits will be conducted by the Maintenance Director/Designee to ensure chemicals are behind closed door for 60 days. Results of audits will be discussed in CQI.	04/21/2025

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8 037	Continued From page 4 shall be laundered as needed and at least once per month or when a new resident is to occupy the bed. (8) Bath linens consisting of hand towel, bath towel and washcloth shall be changed as needed and at least weekly. (9) There shall be a clean, dry, well ventilated storage area provided for clean linen. (10) Facility laundry supplies and cleaning supplies shall not be kept in the same storage areas used for the storage of foods and clean storage and shall be kept in a secured room or cabinet. B. Residents may do their own laundry, if it is their preference and they are capable of doing so, or if it is part of their skill-building for independent living and is documented as part of their ISP. [8.370.14.37 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.37 A (10) Based on observation and interview, the facility failed to ensure cleaning supplies and hazardous chemicals (any chemical which can cause a physical or a health hazard) were stored in secured areas and were not accessible to the residents. This deficient practice could likely result in residents to be at risk of harm, illness, or injury if the residents were to spill or ingest (take food, drink, or another substance in the body by swallowing or absorbing it) cleaning supplies or hazardous chemicals. The findings are: A. On 02/25/25 at 10:05 am, during an	8 037		

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8 037	Continued From page 5 observation of the memory care unit, the laundry room door was unlocked and the following chemicals were unsecured and accessible to residents: 1. One (1) 1.85 gallon (gal) of liquid laundry soap. 2. One (1) 32 ounce (oz.) spray bottle of general purpose cleaner. 3. One (1) 79.3 oz. container of laundry detergent pods (film-coated packets of concentrated liquid detergent). 4. One (1) 2.5 gal disinfectant cleaner. 5. One (1) 2 gal multi-surface and disinfectant. B. On 02/25/25 at 10:08 am, during an interview, the Life Enrichment Assistant confirmed the laundry room was unlocked and the chemicals inside were accessible to residents.	8 037		
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 be stored in residential areas, food preparation areas or food storage areas. If hazardous chemicals are stored on the property, material	8 038	Room 24 was cleaned by facility housekeeping staff on 02/25/2025. No residents were identified as being affected. All residents who reside in the facility have the potential to be affected by this deficient practice. The housekeeping schedule has been reviewed and modifications have been made to meet the needs of the community. Randomize audits will be conducted by the Maintenance Director/Designee to ensure rooms are being cleaned per their schedule for 60 days. Results of audits will be discussed in CQI.	04/21/2025

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8 038	Continued From page 6 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 (A) Based on observation and interview, the facility failed to ensure room number 24 was clean and free from offensive odors. This deficient practice could likely cause harm to residents if they are exposed to germs, unsanitary conditions, and bacteria which could lead to illness. The findings are: A. On 02/25/25 at 10:12 am, during observation of room number [redacted] revealed the following: 1. Dried urine stain on the bedroom floor near the bedside commode. 2. Strong smell of urine in the air. B. On 02/25/25 at 10:12 am, during an interview, Direct Care Staff (DCS) #1 confirmed the stain on the floor in [redacted] was urine and resident rooms are supposed to be cleaned twice daily.	8 038		