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A 000	Initial Comments The following deficiencies were cited during a Complaint survey completed on 02/27/24 for the state requirements of NMAC 7.8.2, Regulations for Assisted Living Facilities for Adults. Census: 6 Complaint Intake ID [redacted] was investigated with deficiencies cited. Complaint Intake ID [redacted] was investigated with deficiencies cited.	A 000	7.8.2.12 B 6 The licensing authority may accept, reject, or direct the plan of correction.	
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 education and experience shall be directly related to the services that are provided at the facility; (8) provide three (3) notarized letters of reference	A 016	A016: The facility will ensure that all current Direct Care Staff have an Employee Abuse Registry (EAR) clearance completed prior to hire and that an application and fingerprints are submitted to CCHSP within 20 days. For all future staff, the Administrator will complete an EAR clearance prior to hire and the application and fingerprints are submitted to CCHSP within 20 days of hire. The Administrator will keep all documentation of clearances in the employee's personnel file onsite at the facility.	07/31/24

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	7179	A. BUILDING: _____ B. WING _____	C 02/27/2024

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A 000	Initial Comments The following deficiencies were cited during a Complaint survey completed on 02/27/24 for the state requirements of NMAC 7.8.2, Regulations for Assisted Living Facilities for Adults. Census: 6 Complaint Intake ID [redacted] was investigated with deficiencies cited. Complaint Intake ID # [redacted] was investigated with deficiencies cited.	A 000	7.8.2.12 B 6 The licensing authority may accept, reject, or direct the plan of correction.	
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 education and experience shall be directly related to the services that are provided at the facility; (8) provide three (3) notarized letters of reference	A 016	A016: The facility will ensure that all current Direct Care Staff have an Employee Abuse Registry (EAR) clearance completed prior to hire and that an application and fingerprints are submitted to CCHSP within 20 days. For all future staff, the Administrator will complete an EAR clearance prior to hire and the application and fingerprints are submitted to CCHSP within 20 days of hire. The Administrator will keep all documentation of clearances in the employee's personnel file onsite at the facility.	07/31/24

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A 016	Continued From page 1	A 016		

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 of such screening readily available; and
(7) employers shall comply with the requirements of the Caregivers Criminal History Screening

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A 016	Continued From page 2 Requirements, 7.1.9 NMAC. [7.8.2.16 NMAC - Rp, 7.8.2.16 NMAC, 01/15/2010] 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 employ or contract with an individual to be an employee if the individual is listed on the registry as having a substantiated registry-referred	A 016		

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A 016	Continued From page 3	A 016		

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 appropriate and timely inquiry of the registry, or fails to maintain evidence of such inquiry, in connection with the hiring or contracting of an

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A 016	Continued From page 4	A 016		

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 screening, seven ($7) dollars shall be applied for the statewide criminal history screening. The remaining application fee shall be applied to

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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 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

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A 016	Continued From page 6 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](R #s [redacted] residents identified on the census provided by the Administrator/Owner on 02/19/24 to be at risk of harm if residents are being provided care by staff who may have a previous history of abusing, neglecting, and/or exploiting residents and may be a convicted felon.	A 016		

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A 016	Continued From page 7 The findings are: A. Record review of DCS #1's employee file (date of hire 05/30/23) revealed: 1. EAR clearance was not completed. 2. Application and fingerprints had not been completed or submitted to CCHSP. B. Record review of DCS #2's employee file (date of hire 04/01/22) revealed: 1. EAR clearance was not completed. 2. Application and fingerprints had not been completed or submitted to CCHSP. C. Record review of DCS #3's employee file (date of hire 02/02/24) revealed: 1. EAR clearance was not completed. 2. Application and fingerprints had not been completed or submitted to CCHSP. D. Record review of DCS #4's employee file (date of hire 09/29/23) revealed: 1. EAR clearance was not completed. 2. Application and fingerprints had not been completed or submitted to CCHSP. E. Record review of DCS #5's employee file (date of hire 05/15/22) revealed: 1. EAR clearance was not completed. 2. Application and fingerprints had not been completed or submitted to CCHSP. F. Record review of DCS #6's employee file (date of hire 08/30/23) revealed: 1. EAR clearance was not completed. 2. Application and fingerprints had not been completed or submitted to CCHSP. G. On 02/19/24, at 1:38 pm, during an interview	A 016		

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A 016	Continued From page 8 with the Administrator confirmed the following: 1. The EAR clearances for DCS #s 1-6 were not completed prior to hire. 2. The application and fingerprints were not submitted to the Caregiver Criminal History Screening Program (CCHSP).	A 016		
A 025	7 NMAC 8.2.25 Resident Evaluation RESIDENT EVALUATION: A. A resident evaluation shall be completed by an appropriate staff member within fifteen (15) days prior to admission to determine the level of assistance that is needed and if the level of services required by the resident can be met by the facility. B. The initial resident evaluation shall establish a baseline in the resident ' s functional status and thereafter assist with identifying resident changes. The resident evaluation shall be reviewed and updated at a minimum of every six (6) months or when there is a significant change in the resident ' s health status. C. The resident ' s evaluation shall be documented on a resident evaluation form and at a minimum include the following abilities, behaviors or status: (1) activities of daily living; (2) cognitive abilities; reasoning and perception; the ability to articulate thoughts, memory function or impairment, etc; (3) communication and hearing; ability to communicate needs and understand instructions, etc; (4) vision; (5) physical functioning and skeletal problems; (6) incontinence of bowel/bladder; (7) psychosocial well-being; (8) mood and behavior;	A 025	A025: The facility will ensure that resident evaluations are reviewed and updated at a minimum of every 6 months or a change in the resident's health status. The facility will ensure the review or revision of the evaluations are reviewed and if needed revised by a nurse (LPN, RN or physician extender. The evaluation will document if the resident has any special medical treatment needs such as hospice. The evaluation will also document if there are any safety need/high-risk behaviors such as history of falls and agitation. The Administrator will have a nurse review and update the evaluations for R #3 and R #5. The Administrator will monitor all resident evaluations for updates monthly for a period of 90 days and maintain documentation for a period of three (3) years.	07/31/21

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A 025	Continued From page 9 (9) activity interests; (10) diagnoses; (11) health conditions; (12) nutritional status; (13) oral or dental status; (14) skin conditions; (15) medication use and level of assistance needed with medications; (16) special treatments and procedures or special medical needs such as hospice; and (17) safety needs/high risk behaviors; history of falls agitation, wandering, fire safety issues, etc. D. The resident evaluation shall include a history and physical examination and an evaluation report by a physician or a physician extender within six (6) months of admission. A resident shall have a medical evaluation by a physician or a physician extender at least annually. E. The resident evaluation shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or physician extender at the time the individual service plan is reviewed, at a minimum of every six (6) months or when a significant change in health status occurs. [7.8.2.25 NMAC - Rp, 7.8.2.25 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.25 B C (16, 17) Based on record review and interview, the facility failed to ensure for [redacted] (R #s[redacted]) of [redacted] (R #s [redacted] and [redacted] residents whose evaluations were reviewed for compliance that the evaluations. 1. Were reviewed and updated at a minimum	A 025		

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of every six (6) months or when there was a significant change in the resident's health status.

2. Documented the following behaviors or status:

a. Special medical treatment needs, such as hospice.

b. Safety need/high-risk behaviors; history of falls agitation.

These deficient practices could likely result in the residents to be at risk of not getting the care and services needed if the Direct Care Staff (DCS) does not know what the residents' correct needs are.

The findings are:

Findings for R #3

A. Record review of R #3's [redacted] admission date [redacted] visitation notes and [redacted] Plan of Care revealed the following:

1. Visitation notes dated [redacted]/23 revealed R #3 was [redacted] on [redacted] and documented that R #3 had a [redacted], an [redacted], and required the [redacted].

2. Visitation notes dated [redacted]/23. Revealed that R #3 was seen by a [redacted] (name unknown) for a [redacted]. The [redacted] documented that R #3 fell outside and hit [redacted] on the curb.

3. R #3's [redacted] Plan of Care, dated [redacted]/23, revealed that R #3 was a [redacted]. Measures were put into place to help R #3 feel safe from the dangers of falling by educating R #3 and DCS on ways to reduce the resident's risk of falling, identify safety issues, educate on safety precautions to prevent falls and/or injuries and to assess for weakness and/or fatigue.

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A 025	Continued From page 11 B. Record Review of R #3's Resident Evaluations revealed the following: 1. R #3's Resident Evaluation, dated [redacted]/23, revealed no indication that R #3 has a history of falls, an unsteady gait, and required a [redacted], as documented in R #3's previous [redacted] records dated [redacted]/23. 2. R #3's Resident Evaluation, dated [redacted]/23, revealed no indication of R #3 having a history of falls, an unsteady gait, and requiring a [redacted] as documented in R #3's previous plan of care order from [redacted] dated [redacted]23. C. On 02/20/24, at 3:17 pm, during an interview, the Administrator/Owner confirmed R #3's Resident Evaluations dated [redacted]23 and [redacted]/23 did not include[redacted] history of falls, specify[redacted] a fall risk, and required fall risk interventions as documented in R #3's previous [redacted] records dated [redacted]/23 and [redacted]/23. Findings for R #5: D. Record review of R #5's Resident Evaluation dated [redacted]/23 revealed that the evaluation was not complete (possible missing pages) and did not addressed R #5's needs of [redacted] services including [redacted] and [redacted] E. Record review of R #5's [redacted] records revealed that on [redacted]23, R #5 was admitted to [redacted], a coordination of care meeting was held, and it was documented that R #5 required [redacted] and [redacted] its from [redacted]. F. Record request of R #5's complete Resident Evaluation dated [redacted]/23 and documentation of	A 025		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 025	Continued From page 12 a Resident Evaluation detailing R #5's [redacted] in health status and requiring special medical needs such as [redacted] revealed there was no documentation available for review. G. On 02/19/24, at 2:53 pm, during an interview, the Administrator/Owner confirmed R #5: 1. Was admitted into the facility on [redacted] with [redacted] 2. R #5 declined about [redacted] admitted to the facility and was placed on [redacted] A [redacted] came into the facility twice a week, and the [redacted] came in twice a week. 3. Approximately two (2) weeks (exact date unknown) after admission to the facility on [redacted], R #5 became [redacted] and required assistance with all of [redacted] Activities of Daily Living (ADLs), and required special assistance in bed, including receiving: a. Bed baths by both [redacted] and DCS. b. Meals in bed with the assistance [redacted] c. Assistance with [redacted] H. On 02/20/24, at 3:17 pm, during an interview, the Administrator/Owner confirmed for R #5: 1. Resident Evaluation dated [redacted] was incomplete, and she could not locate the rest of R #5's evaluation. 2. There was not an updated Resident Evaluation completed for R #5 when [redacted] was admitted into [redacted] and required a higher level of care.	A 025		

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	7179	A. BUILDING: _____ B. WING _____	C 02/27/2024

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A 026	Continued From page 13	A 026		
A 026	7 NMAC 8.2.26 Individual Service Plan INDIVIDUAL SERVICE PLAN (ISP): An ISP shall be developed and implemented within ten (10) calendar days of admission for each resident residing in the facility. A. The ISP shall address those areas of need as identified in the resident evaluation and through staff observation. (1) The ISP shall detail the services that are provided by the facility as well as the services to be provided by other agencies. (2) The resident evaluation and the ISP shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or a physician extender. (3) The ISP shall be reviewed and or revised at a minimum of every six (6) months or when there is a significant change in the resident ' s health status. B. The ISP shall include the following: (1) a description of identified needs as noted in the resident evaluation; (2) a written description of all services to be provided; (3) who will provide the services; (4) when or how often the services will be provided; (5) how the services will be provided; (6) where the services will be provided; (7) expected goals and outcomes of the services; (8) documentation of the facility ' s determination that it is able to meet the needs of the resident; (9) the level of assistance that the resident will require with activities of daily living and with medications; (10) a crisis prevention/intervention plan when indicated by diagnosis or behavior; and (11) current orders for all medications, including	A 026	A026: The facility will ensure that resident ISP's include detailed services provided by the facility and the services to be provided by other agencies. The facility will ensure the review or revision of the ISP's are completed by a nurse (LPN, RN or physician extender). Any residents receiving hospice services will have their ISP updated to include services by the contracted hospice agency. The ISP for R #3 will be updated to include services provided by hospice and will be reviewed and if needed revised by a nurse. The Administrator will monitor all resident ISP's for updates monthly for a period of 90 days and maintain documentation for a period of three (3) years.	07/31/24

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A 026	Continued From page 14 those authorized for PRN usage. [7.8.2.26 NMAC - Rp, 7.8.2.26 NMAC, 01/15/2010]	A 026		

This REQUIREMENT is not met as evidenced by:
7.8.2.26 A (1-3)

Based on record review and interview, the facility failed to ensure for [redacted] (R #s [redacted] of [redacted] (R #s [redacted] residents whose Individual Service Plans (ISPs) and [redacted] were reviewed for compliance that the ISPs:

1. Detailed the services provided by the facility and the services to be provided by other agencies.
2. Were reviewed and/or revised by a Licensed Practical Nurse (LPN), Registered Nurse (RN), or a Physician Extender (PE), when there was a significant change in the resident's health status and was admitted to hospice services.
3. Did not include coordination of care with the hospice/home health agency.

These deficient practices could likely result in the residents not receiving appropriate care/services if the:

1. Direct Care Staff (DCS) are unaware of what care and services the resident needs.
2. ISPs were not current and did not include who would provide (facility or hospice staff) the care and services and how/where the care and services would be provided.

The findings are:

Findings for R[redacted]:

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A 026	Continued From page 15 A. Record Review of R [redacted]: [redacted] facility ISPs dated [redacted] and [redacted] revealed no documentation of R [redacted] being a fall risk or: 1. Having a history of falls, an unsteady gait, or requiring a walker. 2. It was reviewed and revised by an LPN, RN, or PE on [redacted] when R [redacted] fell outside and hit [redacted]. R [redacted] sustained a [redacted] to [redacted] seen by the [redacted] on-call Provider. 3. Being a high fall risk and that measures were put into place to help R [redacted] feel safe from the dangers of falling by educating R [redacted] and DCS on ways to reduce fall risk, identify safety issues, educate on safety precautions to prevent falls and/or injuries, and assess for weakness and or fatigue. B. Record review of R [redacted] Visitation Notes dated [redacted] 23 revealed R [redacted] was admitted to [redacted] on [redacted] It was noted that R [redacted] had a history of falls and an unsteady gait, and required a [redacted] C. Record review of R [redacted] Plan of Care dated [redacted] /23 revealed that R [redacted] was a high fall risk. Measures were put into place to help R [redacted] feel safe from the dangers of falling by educating R [redacted] and DCS on ways to reduce fall risk, identify safety issues, educate on safety precautions to prevent falls and/or injuries and assess for weakness and or fatigue. D. On 02/20/24, at 3:17 pm, during an interview, the Administrator/Owner confirmed R [redacted] ISPs dated [redacted] 23 [redacted] /23 were not updated to reflect [redacted] of falls, or to specify [redacted] a fall risk, and required fall risk interventions, as	A 026		

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A 026	Continued From page 16 documented in R [redacted] previous [redacted] records dated [redacted] 23 and [redacted] 23. Findings for R #5: E. Record review of R [redacted] (admission date [redacted]) ISP dated [redacted]/23 revealed that it did not include documentation of R [redacted] need for [redacted] and supervisory visits) or coordination of care with the outside agency. F. Record review of R [redacted] records revealed a coordination of care meeting was held on [redacted] when R [redacted]. It was noted that R [redacted] skilled nursing care [redacted]), [redacted] and supervisory visits. G. On 02/19/24 at 2:53 pm, during an interview, the Administrator/Owner confirmed R [redacted] 1. ISP dated [redacted] 23 did not include documentation that R [redacted] needed [redacted] care services [redacted] 2. There was no documentation of Coordination of Care with an outside agency. H. On 02/20/24, at 3:17 pm, during an interview, the Administrator/Owner confirmed for R [redacted] that the facility did not revise R [redacted] ISP when [redacted] health status declined [redacted] required a higher level of care [redacted]	A 026		
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,	A 032		

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A 032	Continued From page 17 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 within twenty-four (24) hours or by the next business day, if it is a weekend or a holiday. (2) The facility shall not delay a report to the complaint hotline while an internal investigation is conducted. B. The facility is responsible for conducting and documenting the investigation of all incidents within five (5) business days and shall submit a copy of the investigation report to the licensing authority. A copy of the report and the documentation, including the date and time that it was submitted to the licensing authority, shall be maintained on file at the facility. The investigation shall include the following: (1) a narrative description of the incident; (2) the result of the facility's investigation shall be recorded on the state approved incident report form for the current year, pursuant to 7.1.13 NMAC; and (3) plans for further actions in response to the incident. [7.8.2.32 NMAC - Rp, 7.8.2.32 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.32 A (1) 7.1.13 INCIDENT REPORTING, INTAKE, PROCESSING AND TRAINING REQUIREMENTS	A 032	A032: The facility (Administrator or person with the most direct knowledge of the incident) will report any "Reportable incident" (meaning an incident of 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). Reportable incident may also be an incident resulting in the need for off-site medical treatment or evaluation due to an unwitnessed fall or injury of unknown origin, and/or an unusual occurrence. The facility will document the reportable incident and report it to the licensing authority within 24 hours or the next business day if it is a holiday or weekend. The facility will complete a thorough investigation and submit a follow up investigation report within 5 business days. The Administrator and staff will attend incident report training provided by NMDOH. The Administrator will create a log for internal and reportable incidents and update each time an incident occurs. The log will be reviewed by the Administrator monthly for 90 days and maintained for 3 years.	07/31/24

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A 032	Continued From page 18 Refer to 7.1.13.7 W. and 8 B. (2) 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. B. (2) Division incident report form and notification by licensed health care facilities: The licensed health care facility shall report incidents utilizing the division's incident report form consistent with the requirements of the division's incident management system guide and CMS regulations as applicable. The licensed health care facility shall ensure that all incident report forms alleging abuse, neglect, exploitation, injuries of unknown origin or other reportable incidents are submitted by a reporter with direct knowledge of an incident, are completed on the bureau's incident report form and received by the division within twenty-four (24) hours of an incident or allegation of an incident or the next business day if the incident occurs on a weekend or a holiday. The licensed health care facility shall ensure that the reporter with the most direct knowledge of the incident assists with the preparation of the incident report form. Based on record review and interview, the facility failed to ensure for [redacted] (R[redacted] of [redacted] (R #'s [redacted] and [redacted] residents whose internal (facility-created) Incident Reports were reviewed for compliance that the facility-reported incidents of unusual occurrence which had or could threaten the health, safety, or welfare of the residents and staff to the Licensing Authority within twenty-four	A 032		

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A 032	Continued From page 19	A 032		

(24) hours or by the next business day if it is a weekend or a holiday.

This deficient practice could likely result in the residents to be at risk of harm, injury, and/or death if incidents occur and there is no oversight by the Licensing Authority.

The findings are:

A. Record review of R [redacted] (admission date [redacted] hospital records dated [redacted]/23 revealed that the resident was seen on [redacted]23 for [redacted] following a fall.

B. Record review of R [redacted] notes dated [redacted]23 revealed R [redacted] was [redacted] and [redacted], had a fall over the weekend, and had [redacted]

C. Record review of R [redacted] notes dated [redacted]/23 revealed R [redacted] had an unwitnessed fall and had a [redacted]

D. Record request of the facility's the internal incident reports for R [redacted] revealed that no incident reports available for review for the incidents that occurred on [redacted]/23 and [redacted]/23, as noted on R [redacted] hospital and [redacted] records.

E. On 02/23/24, at 2:38 pm, during an interview, the Administrator/Owner confirmed R [redacted] has a history of getting [redacted] but does not remember R [redacted] falling on [redacted]/23 and on [redacted]/23. R [redacted] had a history of having unwitnessed falls because [redacted] I alert staff when [redacted] fallen in the past. The

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A 032	Continued From page 20 Administrator/Owner confirmed that she does not remember reporting any of the incidents regarding R [redacted] to the Licensing Authority, including the unwitnessed falls on [redacted]/23 and on [redacted]/23. F. On 02/23/24 at 2:50 pm, during an interview, DCS #2 confirmed that R [redacted] fall on [redacted]23 was not witnessed, and R [redacted] was sent to the hospital on the same day. She (DCS#2) does not know if the incident report was submitted to the Licensing Authority, and reports that the Administrator/Owner is responsible for reporting all incidents to the state.	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: (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;	A 033	A033: The facility will draft, implement and train on a policy for exploitation and misappropriation of property to include: Gratuities, gifts, loans, and misuse of resident's property or money. The facility will ensure that all current and future staff complete a training on misappropriation/exploitation and retain documentation. The Administrator will retain documentation of the training by all staff to be completed annually. The Administrator will also retain documentation that the policy has been provided to current and future residents/Power of Attorney (POA). The Administrator will ensure that the policy training is completed during orientation training for all new staff.	07/31/24

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A 033	Continued From page 21 (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 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	A 033		

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A 033	Continued From page 22 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 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,	A 033		

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A 033	Continued From page 23	A 033		

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) b

Based on record review and interview, the facility failed to ensure for [redacted] (R [redacted] of [redacted] (R #s [redacted]) residents was free from financial abuse and misappropriation by facility staff. This deficient practice resulted in the resident experiencing both financial and psychosocial harm resulting from a substantial loss of income. The findings are:

A. Record review of Complaint Intake [redacted] assigned on [redacted]/23, revealed that R [redacted] son/POA (Power of Attorney) reviewed R [redacted] bank statements and identified four checks written to Direct Care Staff (DCS) #1, totaling approximately $15,000.

B. On 02/19/24, at 3:00 pm, during an interview, the Administrator/Owner reported that R [redacted] son/POA called her to report there were checks written to DCS #1 totaling around $15,000. The Administrator reported R [redacted] informed her that [redacted] did write one check for $5,000 as a loan to

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A 033	Continued From page 24 DCS #1, but R[redacted] did not write any additional checks. The Administrator reported DCS #1 was placed on immediate probation and subsequently terminated. The Administrator also reported she learned DCS #1 borrowed money from another resident's family member and has not repaid the loan. C. Record review of local law enforcement report dated 11/07/23 revealed that a review of R[redacted] bank account identified multiple unauthorized checks were made to DCS #1 from R[redacted] bank account. The amount totaled $15,500, and the checks were cashed between 10/16/23 and 10/31/23. The report stated the case would be forwarded to the organized crime unit for investigation. The report contained no additional updates on the status of the investigation. D. On 02/20/24, at 1:10 pm, during an interview, R[redacted] reported that DCS #1 requested R[redacted] to write her a check for $5,000 as a loan and DCS #1 would pay R[redacted] back in increments of $500 per month. R[redacted] reported [redacted] son informed [redacted] that there were additional checks that were cashed and made out to DCS #1. R[redacted] stated [redacted] did not provide or authorize any additional checks for DCS #1. R[redacted] wrote a check to DCS #1 for $5,000 on 10/16/23 as a loan, and DCS #1 did not make any attempt to repay. R[redacted] stated [redacted] was upset that DCS #1 would take money from [redacted] and it caused him stress. E. Record review of R[redacted] reconciled checks revealed the following checks made to DCS #1 for the following amounts: 1. On 10/16/23, check #8991 for $5,000 2. On 10/20/23, check #8993 for $3,500 3. On 10/23/23, check #8994 for $2,000 4. On 10/31/23, check #8996 for $5,000	A 033		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7179	A. BUILDING: _____ B. WING _____	C 02/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 033	Continued From page 25 The checks were endorsed by [Name of DCS #1] and contained DCS #1's signature. F. On 02/21/24, at 12:35 pm, during an interview, [name of family member] stated R[redacted] bank account was substantially affected due to the fraudulent checks cashed by DCS #1.	A 033		
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. C. Poisonous or flammable substances shall not be stored in residential areas, food preparation areas or food storage areas. If hazardous chemicals are stored on the property, material safety data sheets shall be maintained and stored in the same area as the chemicals, pursuant to state environment department requirements, 11.5.2.9 NMAC. [7.8.2.38 NMAC - Rp, 7.8.2.39 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by:	A 038	A038: The facility will ensure that all chemicals, poisonous and flammable substances are removed from the bathrooms, kitchen and any other areas that are accessible to residents. The hazardous items will be stored in a locked cabinet in the garage to maintain a safe environment. The Administrator or designee will conduct a daily walkthrough of the facility to ensure there are no hazardous chemicals accessible to residents.	07/31/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 038	Continued From page 26 7.8.2.38 C Based on observation and interview, the facility failed to ensure that cleaning supplies and hazardous chemicals were stored in secured areas and were not accessible to the residents. This deficient practice could likely result in the [redacted] (R #s [redacted] residents listed on the resident census list provided by the Administrator on 02/19/24 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 02/19/24 at 10:16 am, during observation of the facility's laundry room, the door was unsecured, and the following chemicals were accessible to residents: 1. (1) 1-gallon jug of laundry detergent 2. (1) 105 oz.(ounce) bottle of fabric softener 3. (1) 60 oz. bottle of laundry stain remover 4. (1) 24 oz. spray bottle of pesticide 5. (1) 17 oz. spray can of stainless steel cleaner 6. (1) 1-gallon jug of multi-purpose cleaner B. On 02/19/24 at 10:18 am, during observation of the guest/staff restroom, one (1) 25 oz. can of bathroom cleaner was unsecured in the cabinet located under the bathroom sink and was accessible to residents. C. On 02/19/24, at 10:20 am, during observation of the resident's restroom, two (2) 19 oz. cans of disinfectant spray were unsecured in the cabinet located under the bathroom sink and were accessible to residents.	A 038		

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A 038	Continued From page 27 D. On 02/19/24, at 10:25 am, during an interview, the Administrator confirmed that the above-listed cleaning supplies/chemicals were unsecured and accessible to residents.	A 038		