Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7092	A. BUILDING: _____ B. WING _____	C 08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN BLESSINGS ASSISTED LIVING	400 SUNSET BLVD LOGAN, NM 88426

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
8 000	Initial Comments The following deficiencies were cited during a Complaint survey completed on 08/28/25 for the State requirements of NMAC 8.370.14, Regulations for Assisted Living Facilities for Adults. Resident Census: 21 Complaint Intake NM [redacted] and [redacted] were investigated with deficiencies cited.	8 000		
8 008	8 NMAC 370.14.8 General Licensing Requirements A. Licensure is required. No person or entity shall establish, maintain or operate an assisted living facility without first obtaining a license. B. Application for licensure. An initial or renewal application shall be made on the forms prescribed by and available from the licensing authority. The issuance of an application form is not a guarantee that the completed application will be accepted, or that the authority will issue a license. Information provided by the facility and used by the licensing authority for the licensing process shall be accurate and truthful. The licensing authority will not issue a new license if the applicant has had a health facility license revoked or renewal denied or has surrendered a license under threat of revocation or denial of renewal. The licensing authority may not issue a new license if the applicant has been cited repeatedly for violations of applicable rules found to be class A or class B deficiencies as defined in health facility sanctions and civil monetary penalties, 8.370.4 NMAC or has been non-compliant with plans of correction. The licensing authority will not issue a license until the applicant has supplied all of the information that	8 008	8008 Application for renewal of Operator's License has been submitted and is being processed. Administrator to ensure that renewal is completed prior to expiration of license.	9/12/25

Division of Health Improvement
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 9/12/25

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8 008	Continued From page 1 is required by this rule. Any facility that fails to participate in good faith by falsifying information presented in the licensing process shall be denied licensure by the authority. The following information shall be submitted to the licensing authority for approval: (1) a letter of intent that includes the proposed physical address, the primary population of the facility and a summary of the proposed services; after the letter of intent has been received, an application packet including; the application form, fee schedule and the licensing rule will be issued to the applicant by the licensing authority; (2) the completed and notarized application and the appropriate non-refundable fee(s); (3) a program narrative identifying and detailing the geographic service area, the primary population including any special needs requirements, along with a full description of the services that the applicant proposes to provide including: (a) a description of the characteristics of the proposed population of the facility; (b) a description of the services and care that will be provided to the residents; (c) a description of the anticipated professional services to be offered to the residents; and (d) a description of the facility's relationship to other services and related programs in the service area and how the applicant will collaborate with them to achieve a system of care for the residents. (4) policies and procedures annotated to this rule; (5) evidence to establish that the applicant has sufficient financial assets to permit operation of the facility for a period of six months; the evidence shall include a credit report from one of the three recognized credit bureaus with a minimum credit score of 650 or above;	8 008		

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8 008	Continued From page 2 (6) copies of organizational documents to include the following list of items: (a) the names of all persons or business entities that have at least five percent ownership interest in the facility, whether direct or indirect and whether in profits, land or building; this includes the owners of any business entity which owns all or part of the land or building; (b) the identities of all creditors that hold a security interest in the premises, whether land or building; (c) any changes in ownership or management shall be reported to the authority within thirty (30) days; (7) building plans as required at 8.370.14.41 NMAC of this rule; (8) fire authority approval as required at 8.370.14.60 NMAC of this rule; (9) a letter of approval or exemption from the local health authority having jurisdiction for the food service and the kitchen facility; (10) a copy of liquid waste disposal and treatment system permit from local health authority having jurisdiction; (11) approval from local zoning authority; (12) building approval (certificate of occupancy); and (13) any other information that the applicant wishes to provide or that the licensing authority may request. C. Application for amended license. A licensee shall submit an application for an amended license and the required non-refundable fee to the licensing authority prior to a change with the facility. An amended license is required for a change of: location, administrator, facility name, capacity or any modification or addition to the building. (1) An application for a change of the facility	8 008		

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8 008	Continued From page 3 administrator or change of the administrator's name shall be submitted to the licensing authority within 10 business days of the change. (2) An application for increase in capacity shall be accompanied by a building plan pursuant to 8.370.14.41 NMAC of this rule. A facility shall not increase census until the licensing authority has reviewed and approved the increase and has issued a new license that reflects the approved increase in capacity. D. Application for license renewal. Each facility shall apply for a renewal of the annual license within thirty (30) business days prior to the license expiration date by submitting the following items: (1) an application and the required fee; (2) an updated program narrative, if the facility has changed the program or the focus of services; (3) the annual fire inspection report; and (4) the licensing authority may not issue a new license if the applicant has been cited repeatedly for violations of this rule or has been noncompliant with plans of correction or payment of civil monetary penalties. E. License. Any person or entity that establishes, maintains or operates an assisted living facility shall obtain a license as required in this rule before accepting residents for care or providing services. (1) Each facility that provides care or treatment shall obtain a separate license. The license is non-transferable and is only valid for the facility to which it is originally issued and for the owner or operator to whom it is issued. It shall not be sold, reassigned or transferred. (2) The maximum capacity specified on the license shall not be exceeded. (3) If the facility is closed and the residents are removed from the facility, the license shall be	8 008		

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8 008	Continued From page 4 returned to the licensing authority. Written notification shall be issued to all residents or the residents' surrogate decision maker and the licensing authority at least 30 calendar days prior to the closure. F. Temporary license. (1) A temporary license may be issued to a new facility before residents are admitted provided that the facility has met all of the life safety code requirements as stated in this rule and policies and procedures for the facility have been reviewed and approved. (2) Upon receipt of a temporary license, the facility may begin to admit up to three residents. (3) After the facility has admitted up to three residents, the facility operator or owner shall request an initial health survey from the licensing authority. (4) Following a determination of compliance with this rule by the licensing authority, an annual license will be issued. The renewal date of the annual license is based on the initial date of the first temporary license. (5) The licensing authority has the right to determine compliance or noncompliance. (6) A temporary license shall cover a period of time, not to exceed 120 calendar days. (7) No more than two consecutive temporary licenses shall be issued. If a second temporary license is issued, an additional non-refundable fee is required. If all requirements are not met within the 240 day time frame, the applicant shall repeat the application process. G. Annual license. An annual license is issued for one year for a facility that has met all the requirements of this rule. H. Display of license. The facility shall display the license in a conspicuous public place that is visible to residents, staff and visitors.	8 008		

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8 008	Continued From page 5 I. Unlicensed facilities. Any person or entity that opens or maintains an assisted living facility without a license is subject to the imposition of civil monetary penalties by the licensing authority. Failure to comply with the licensure requirements of this rule within 10 days of notice by the licensing authority may result in the following penalties pursuant to health facility sanctions and civil monetary penalties, 8.370.4 NMAC. (1) A civil monetary penalty not to exceed $5,000 per day. (2) A base civil monetary penalty, plus a per-day civil monetary penalty, plus the doubling of penalties as applicable, that continues until the facility is in compliance with the licensing requirements in this rule. (3) A cease and desist order to discontinue operation of a facility that is operating without a license. (4) Additional criminal penalties may apply and shall be imposed as necessary. [8.370.14.8 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: NMAC 8.370.14.8 (G) (I) Based on record review and interview, facility failed to ensure the operator's license was maintained and current. This deficient practice resulted in the facility not being compliant with the New Mexico Administrative Code (NMAC) Regulations, for the 21 residents residing in an unlicensed facility. The findings are: A. On 08/26 /25 at 2:07 pm, record review of facility's Operator's License revealed facility	8 008		

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8 008	Continued From page 6 license expired on 06/30/25. B. On 08/26/25 at 2:07 pm, during an interview the Administrator revealed and confirmed the previous facility Administrator had failed to renew the operators license prior to the expiration date required by the Licensing Authority (LA).	8 008		
8 016	8 NMAC 370.14.16 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 40-mile radius may have one full-time administrator. The administrator shall: (1) be at least 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, 8.370.5 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 notarized letters of reference from persons unrelated to the applicant; and (9) comply with the pre-employment requirements pursuant to the employee abuse registry, 8.370.8 NMAC.	8 016	8016 All staff will have NMCCHSP fingerprinting and CAR in place before the end of the month. Administator to ensure that CAR clearance is in place prior to or by the date of hire. Administator to ensure that NMCCHSP fingerprinting is done within 20 days of hire.	9/30/25

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8 016	Continued From page 7 B. Direct care staff: (1) shall be at least 16 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, 8.370.8 NMAC; and (4) shall comply with the current requirements of reporting and investigating incidents pursuant to incident reporting, intake processing and training requirements, 8.370.9 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, 8.370.5 NMAC, shall provide current (within the last 6 months) proof of the caregiver's 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 requirements, 8.370.5 NMAC. [8.370.14.16 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by:	8 016		

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8 016	Continued From page 8 8.370.14.16 B (3) Based on record review and interview, the facility failed to ensure for 1 (DCS #2) of 1 (DCS # 2) Direct Care Staff whose training files were reviewed, that they comply with the pre-employment requirements pursuant to 8.370.8 NMAC of potential employees being Fingerprinted within 20 days of hire and that an employee is cleared through Employee Abuse Registry (EAR) prior to or up to the day of hire. This deficient practice has the potential for all residents listed on the facility census provided by the Administrator to be at risk of harm or injury if staff have not been screened properly prior to providing care and services. The findings are: A. Record review of DCS #2's (date of hire 09/01/23) file revealed, the record did not contain documentation for: 01. Fingerprints within 20 days of hire, 02. Employee Abuse Registry clearance prior to or up to the day of hire. B. On 08/27/25 at 3:15 pm, during an interview, the Administrator confirmed there are incomplete records in DCS #2 file.	8 016		
8 017	8 NMAC 370.14.17 Staff Training A. Training and orientation for each new employee and volunteer that provides direct care shall include a minimum of 16 hours of supervised training prior to providing unsupervised care for residents. B. Documentation of orientation and subsequent	8 017		

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8 017	Continued From page 9 trainings shall be kept in the personnel file at the facility. C. Training shall be provided at orientation and at least 12 hours annually, the orientation, training and proof of competency shall include: (1) fire safety and evacuation training; (2) first aid; (3) safe food handling practices (for persons involved in food preparation), to include: (a) instructions in proper storage; (b) preparation and serving of food; (c) safety in food handling; (d) appropriate personal hygiene; and (e) infectious and communicable disease control; (4) confidentiality of records and resident information; (5) infection control; (6) resident rights; (7) reporting requirements for abuse, neglect or exploitation in accordance with 8.370.9 NMAC; (8) smoking policy for staff, residents and visitors; (9) methods to provide quality resident care; (10) emergency procedures; (11) medication assistance, including the certificate of training for staff that assist with medication delivery; and (12) the proper way to implement a resident ISP for staff that assist with ISPs. D. If a facility provides transportation to residents, employees of the facility who drive vehicles and transport residents shall have training in transportation safety for the elderly and disabled, including safe vehicle operation. [8.370.14.17 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.17 A B C (1) (2) (3) (4) (5) (6) (7) (8) (9)	8 017	8017 All staff will have their 12 hours of annual training before the end of September. New online training program has been implemented and will be managed by the Resident Care Coordinator to ensure annual training is done yearly. Administrator to ensure all new hires receive a minimum of 16 hours of supervised training. Administrator to ensure supervised orientation training is properly documented.	9/30/25

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8 017	Continued From page 10 (10) (11) (12) Based on record review and interview, the facility failed to ensure for 2 (DCS #'s 1-2) of 2 (DCS #'s 1-2) Direct Care Staff whose training files were reviewed for compliance, to receive the required annual training's. This deficient practice has the potential for all residents listed on the facility census provided by the Administrator to be at risk of harm or injury if staff have not received the required orientation and /or annual training on proper methods of providing care and services. The findings are: A. Record review of DCS #1's (date of hire 11/07/21) staff record of training revealed, the record did not contain documentation of completing the sixteen (16) hours of supervised training prior to providing unsupervised care for residents as well as the 12-hour annual training's for: 01. Fire Safety and Evacuation Training, 02. First Aid, 03. Safe Food handling practices, 04. Confidentiality of records and resident information, 05. Infection control, 06. Resident rights, 07. Reporting requirements, 08. Smoking policy for Staff, Residents, and Visitors, 09. Methods to providing quality Resident care, 10. Emergency procedures, 11. Medication assistance, including the certificate of training for staff that assist with medication delivery, 12. The proper way to implement a resident	8 017		

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8 017	Continued From page 11 Individual Service Plan (ISP) for staff that assist with ISP's B. Record review of DCS #2's (date of hire 09/01/23) staff file revealed, the record did not contain documentation of current annual training's for: 01. Fire Safety and Evacuation Training, 02. First Aid, 03. Safe Food handling practices, 04. Confidentiality of records and resident information, 05. Infection control, 06. Resident rights, 07. Reporting requirements, 08. Smoking policy for Staff, Residents, and Visitors, 09. Methods to providing quality Resident care, 10. Emergency procedures, 11. Medication assistance, including the certificate of training for staff that assist with medication delivery, 12. The proper way to implement a resident Individual Service Plan (ISP) for staff that assist with ISP's D. On 08/27/25 at 3:15 pm, during an interview, the Administrator confirmed there are incomplete records for annual training in DCS 1 and 2 files.	8 017		
8 021	8 NMAC 370.14.21 Resident Records A. Record contents: A record for each resident shall be maintained in accordance with the specific requirements of this section. Entries in each resident's record shall be legible, dated and authenticated by the signature of the person making the entry. Resident records shall be readily available on site and organized utilizing a	8 021		

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8 021	Continued From page 12 table of contents. Each resident record shall include: (1) the admission agreement records, as set forth in 8.370.14.20 NMAC; (2) the resident evaluation form, that is to be completed within 15 days prior to admission and updated at a minimum of every six months; (3) the current ISP, that is to be completed within 10 calendar days of admission and updated at a minimum of every six months; (4) the physical examination report; the physical examination report shall have been completed within the past six months, by a primary care physician, a nurse practitioner or a physician's assistant and shall be on file in the resident's record within 10 days of admission; (5) personal and demographic information for the resident, to include: (a) current names, addresses, relationship and phone numbers of family members, or surrogate decision makers updated as necessary; (b) resident's name; (c) age; (d) recent photograph; (e) marital status; (f) date of birth; (g) sex; (h) address prior to admission; (i) religion (optional); (j) personal physician; (k) dentist; (l) social history; (m)surrogate decision maker or other emergency contact person; (n) language spoken and understood; (o) legal documentation relevant to commitment or guardianship status; (p) current medications list; and (q) required diet;	8 021	8021 All resident records are being audited to ensure that all required information is included in the personal and demographic sections. Assistant Administrator to monitor and maintain resident records to contain all required information. Updated ISPs and physical exams are in process for all residents and will be completed before the end of the month. Assistant Administrator to track to ensure ISPs and physical exam are updated as needed.	9/30/25

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8 021	Continued From page 13 (6) unless included in the admission agreement, a separate written agreement between the facility and the resident relating to the resident's funds, in accordance with the facility's policy and procedures; (7) entries by direct care staff, appropriate health care professionals and others authorized to care for the resident; entries shall be dated and signed by the person making the entry and shall include significant information related to the ISP; (8) entries that provide a written account of all accidents, injuries, illnesses, medical and dental appointments, any problems or improvements observed in the resident, any condition that would indicate a need for alternative placement or medical attention and entries reflecting appropriate follow-up; the maintenance of such written documentation in the resident record may be by copy of an incident or accident report, if the original incident or accident report is maintained elsewhere by the facility; (9) the medication assistance record (MAR); the MAR is the document that details the resident's medication; the MAR shall include all of the information pursuant to Subsection G of 8.370.14.35 NMAC of this rule; (10) progress notes completed by any contract agency (e.g., hospice, home health); the progress notes shall include the date, time and type of health services provided; (11) copies of all completed and signed transfer forms from the accepting facility when a resident is transferred to a hospital or another health care facility and when the resident is transferred back to the facility; and (12) upon the death or transfer of a resident, documentation of the disposition of the resident's personal effects and money or valuables that are deposited with the assisted living facility.	8 021		

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8 021	Continued From page 14 B. Resident records maintenance: (1) Current resident records shall be maintained on-site and stored in an organized, accessible and permanent manner. (2) The facility shall establish a policy to maintain and ensure the confidentiality of resident records, including the authorized release of information from the resident records. (3) Non-current resident records shall be maintained by the facility against loss, destruction and unauthorized use for a period of not less than five years from the date of discharge and readily available within 24 hours of request. (4) There shall be a policy and procedure in place for record retention in the event of facility closure. (5) Failure to follow facility policies is grounds for sanctions. [8.370.14.21 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.21 A (2) (3) (4) (5) e, k, n, q Based on record review and interview, the facility failed to ensure for 3 (R #1, R #2 and R #3) of 21 (R's #1-21) resident files to contain an updated evaluation, an updated initial Individual Service Plan (ISP), an updated physical examination report and pertinent demographic information. This deficient practice has the potential for the facility to overlook the needs of all residents listed on the census and risk not providing each resident with their individualized care. The findings are: A) Record review of R #1 physical file revealed the following: 01. R #1's date of admission into "Autumn	8 021		

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8 021	Continued From page 15 Blessings Assisted Living" was on [redacted] 02. R #1's marital status, dentist name, spoken language, and required diet was missing from the personal and demographic information section. B) Record review of R #2's physical file revealed the following: 01. R #2's date of admission into "Autumn Blessings Assisted Living" was on [redacted] 02. A physical examination report was last completed on [redacted]. 03. A physical examination has not been completed in the past six (6) months. 04. A Care plan also known as Individual Service Plan (ISP) was last completed [redacted] 05. A Care Plan has not been completed in the past six (6) months. 06. R #2 dentist name was missing from the personal and demographic information section. C) Record review of R #3's physical file revealed the following: 01. R #3's date of admission into "Autumn Blessings Assisted Living" was on [redacted] 02. A resident evaluation was last completed on 1[redacted] 03. A resident evaluation has not been completed in the past six (6) months. 04. A Care plan also known as Individual Service Plan (ISP) was last completed[redacted] 05. A Care Plan has not been completed in the past six (6) months. 06. R #3 dentist name was missing from the personal and demographic information section. D) On 08/27/25 at 11:39 am, during an interview, the Administrator confirmed that R #1's Physical Exam was expired and the personal and demographic section was missing the marital	8 021		

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8 021	Continued From page 16 status, name of dentist, and spoken language from the file. E) On 08/27/25 at 11:13 am, during an interview, the Administrator confirmed that R #2's Physical Exam and Individual Service Plan was expired, and the personal and demographic section was missing the name of dentist from the file. F) On 08/27/25 at 11:50 am, during an interview, the Administrator confirmed that R #3's Physical Exam and Individual Service Plan was expired, and the personal and demographic section was missing required diet from the file.	8 021		
8 027	8 NMAC 370.14.27 Resident Activities Each facility shall provide or make available recreational and social activities appropriate to the residents' abilities that meet their psychosocial needs and are relevant to their social history; including a balance of cognitive, reminiscence, physical and social activities. The facility shall post the activities and encourage residents to participate. [8.370.14.27 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.27 Based on record review, observation and interview, the facility failed to ensure that recreational and social activities were available to 21 (R#'s 1-21) of 21 (R #'s 1-21) residents. This deficient practice could likely result in the residents listed on the census provided by	8 027	8027 Activities signage will be updated to include a time that activities will be offered. Staff will be reminded of the importance of offering activities every day as scheduled. Administrator to monitor and ensure that activities are offered as scheduled.	9/15/25

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8 027	Continued From page 17 Administrator on 08/26/25, to negatively affect residents' socialization and self-worth because activities were not being conducted. The findings are: A. Record review of the resident activities calendar for the week, posted in the facility dining area, revealed that Exercise was scheduled in the morning every day, with no specific time offered. B. On 08/27/25 at 10:00 am during an observation of the facility dining room, there was no exercise activity conducted by staff with residents. C. On 08/27/25 at 10:00 am during an interview, the Administrator stated that staff should exercise Monday through Saturday at 10:00am with residents in the dining room. D. On 08/27/25 at 10:15 am during observation, day staff were observed in the conference room talking with one another and not leading activities. E. On 08/27/25 at 10:30 am, during an interview, the Administrator confirmed there was no activity taking place at the time of observation. By his own admission, the Administrator confirmed there was no activity offered the day prior because of an unknown reason.	8 027		
8 034	8 NMAC 370.14.34 Custodial Drug Permits A facility with two or more residents that is licensed pursuant to this rule and that assists with self-administration or safeguards medications for residents shall have a current custodial drug permit issued by the state board of pharmacy.	8 034		

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8 034	Continued From page 18 A. Procurement, labeling and storage: The facility shall provide assistance to the resident in obtaining the necessary medications, treatment and medical supplies as identified in the ISP. The facility shall procure, label and store medications for residents who require assistance with self-administration of medication in compliance with state and federal laws. (1) All medications, including non-prescription drugs, shall be stored in a locked compartment or in a locked room, as approved by the board of pharmacy and the key shall be in the care of the administrator or designee. (2) Internal medication shall be kept separate from external medications. Drugs to be taken by mouth shall be separated from all other delivery forms. (3) A separate, locked refrigerator shall be provided by the facility for medications. The refrigerator temperature shall be kept in compliance with the state board of pharmacy requirements for medications. (4) All medications, including non-prescription medications, shall be stored in separate compartments for each resident and all medications shall be labeled with the resident's name. (5) A resident may be permitted to keep his or her own medication in a locked compartment in his or her room for self-administration, if the physician's order deems it appropriate. (6) The facility shall not require the residents to purchase medications from any pharmacy. (7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes shall comply with the national fire protection association (NFPA) 99. (8) A proof of use record shall be maintained separately for each schedule II through IV drug	8 034	8034 Staff meeting will be held to go over the requirement and importance of keeping the medication room and the medication carts locked whenever not in immediate attendance of qualified staff. Administration team to perform random spot checks to ensure compliance.	9/15/25

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8 034	Continued From page 19 (controlled substances). The proof of use sheet shall document: (a) the type and strength of the schedule II through IV drugs; (b) the date and time staff assisted with self-administration; (c) the resident's name; (d) the prescriber's name; (e) the dose; (f) the signature of the person assisting with delivery of the medication; and (g) the balance of medication remaining. (9) Any remaining medication discontinued by a physician's order, or upon discharge or death of the resident shall be inventoried and moved to a separate locked storage container. Such discontinued medications shall be destroyed upon the next quarterly visit by the consulting pharmacist in accordance with 16.19.11.10 NMAC. (10) The record of medication destruction shall be signed by the administrator or designee and the pharmacist and shall be kept on file at the facility. B. Consulting pharmacist: The facility shall maintain records demonstrating that the consulting pharmacist provides the following oversight and guidance. (1) Reviews the medication regimen as needed, but at least quarterly/every three months, to determine that all medications and records are accurate and current. All irregularities shall be reported to the administrator of the facility and these irregularities shall be resolved by the administrator within 72 hours. (2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation. (3) Consultation shall be provided on all aspects	8 034		

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8 034	Continued From page 20 of pharmacy services in the facility, including reference information regarding side effects and, when needed, physician consultation in cases involving the use of psychotropic medications. (4) The consulting pharmacist will be responsible for assuring that the facility meets all requirements for storage, labeling, destruction and documentation of medications as required by the state board of pharmacy, 16.19.11.10 NMAC and 8.370.14 NMAC. [8.370.14.34 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.34 A (1) Based on observation and interview, the facility failed to ensure for 5 (R's #1-5) of 21 (R's #1-21) residents that medications were stored in a locked compartment or locked room. This deficient practice could likely result in residents being able to access or ingest (take [food, drink, or another substance] into the body by swallowing or absorbing it) medications they are not prescribed, or medications being lost or stolen if they are not stored securely. The findings are: A. On 08/26/25 at 1:30 pm, during an observation of the facility, the medication room door was found unattended and unlocked as well as the medication cart that was inside the medication room. 1. The following medications were left unattended in an unsecured medication room and unsecured medication cart:	8 034		

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8 034	Continued From page 21 R # 1 [redacted] R#2 [redacted] R #3	8 034		

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8 034	Continued From page 22 [redacted] R #4 [redacted] R #5 [redacted]	8 034		

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8 034	Continued From page 23 [redacted] B. On 08/26/25 at 01:30 pm, during an interview, the Administrator confirmed the medication room and medication cart were left unlocked and unattended when they were supposed to be locked and secure.	8 034		
8 035	8 NMAC 370.14.35 Medication 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	8 035	8035 During staff meeting the importance of accuracy in reporting and following medication instructions will be stressed. Proper MAR documentation procedures will be reviewed. Assistant Administrator will audit MARs to ensure proper procedures are followed. Any mistakes found will be logged, investigated and offending party counseled. Repeat mistakes by the same individual will result in retraining followed by disciplinary action.	9/30/25

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8 035	Continued From page 24 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 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	8 035		

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8 035	Continued From page 25 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; (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	8 035		

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8 035	Continued From page 26 (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 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. [8.370.14.35 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by:	8 035		

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8 035	Continued From page 27 NMAC 8.370.14.35 G (9) (14) (20) Based on record review and interview, the facility failed to properly follow prescription directions and the Medication Administration Record (MAR) for 1 (R [redacted] of 21 (R #1- R #21) residents by failing to check blood pressure and pulse level before administering medication. This deficient practice could likely result in harm to a resident if medical directions are not properly followed prior to administering medications. The findings are: A. Record review of R [redacted] May 2025, MAR revealed the following: [redacted] B. Record review of R [redacted] June 2025, MAR revealed the following: [redacted] 11/12/24 with an end date of 06/17/25, was administered: a. On 6/08/25 at 7:15 pm when blood pressure was 104 and pulse 84. b. On 6/09/25 at 6:59 pm when blood pressure was 103 and pulse 86.	8 035		

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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
8 035	Continued From page 28 c. On 6/14/25 at 7:18 pm when blood pressure was 106 and pulse 82/70. [redacted] a. On 6/21/25 at 7:06 pm when blood pressure was 112 and pulse 94/69. b. On 6/23/25 at 7:11 pm when blood pressure was 106 and pulse 77/57. D. On 08/28/25 at 8:00 am, during an interview, the administrator confirmed medication errors in R[redacted]s May and June's 2025, MAR and described that based on the registered blood pressure the resident should not have been given the medication.	8 035		
8 042	8 NMAC 370.14.42 Maintenance of Building and Grounds The building(s) shall be maintained in good repair at all times. Such maintenance shall include, but is not limited to, the following areas: A. Storage areas/grounds: Storage areas and grounds shall be maintained in a safe, sanitary and presentable condition at all times. Storage areas and grounds shall be kept free from accumulation of refuse, weeds, discarded furniture, old newspapers or other items that create a fire hazard. B. Floors: Floors shall be maintained stable, firm and free of tripping hazards. [8.370.14.42 NMAC - N, 7/1/2024]	8 042	8042 Repairs to the leak will be complete by 9/17 with drywall repair to follow. Full repair complete by 9/22. Dining room tiles were replaced 9/4/25. Maintenance log and repair requests forms to be created to ensure timely repairs are made. Administrator to track and prioritize timely repairs.	9/22/25 Ongoing 9/4/25 9/25/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7092	A. BUILDING: _____ B. WING _____	C 08/28/2025

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8 042	Continued From page 29 This REQUIREMENT is not met as evidenced by: 8.370.14.42 Based on observation and interview, the facility failed to ensure the dining room ceiling was in good repair and the bathroom's plumbing, ceiling and wall was maintained and in good repair. This deficient practice has the potential for residents to be at risk of shortage of water, falling debris, or being harmed or sustaining serious injury. The findings are: A. On 08/26/25 at 10:25 am, an observation of the bathroom in the West hallway revealed the following: 1. Sheet rock removed from the rear center ceiling, halfway down the wall. 2. An active leak from a water pipe located in the ceiling area with water collecting in a dish pan. B. On 08/27/25 at 2:04 pm, an observation was made of six (6) water damaged ceiling tiles in dining room appearing water stained and sagging downward. C. On 8/26/25 at 10:50am, during an interview, the Resident Coordinator and Assistant Administrator confirmed the leak in the West hallway bathroom claiming it has been an ongoing issue for months. D. On 8/26/25 at 10:55am, during an interview, the Administrator confirmed the pipe leak and missing sheetrock in the West bathroom stating that it's been an ongoing issue for a few months.	8 042		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7092	A. BUILDING: _____ B. WING _____	C 08/28/2025

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8 042	Continued From page 30 E. On 8/26/25 at 2:04pm, during interview, the Administrator confirmed the water damage to the dining room ceiling tiles stating it was caused approximately two (2) weeks prior.	8 042		
8 063	8 NMAC 370.14.63 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 2A10BC fire extinguishers: (1) one extinguisher located in the kitchen or food preparation area; (2) one extinguisher centrally located in the facility; (3) all fire extinguishers shall be inspected yearly and recharged as needed; all fire extinguishers must be tagged noting the date of the inspection; (4) the maximum distance between fire extinguishers shall be 50 feet. B. Fire extinguishers, alarm systems, automatic detection equipment and other firefighting equipment shall be properly maintained and inspected as recommended by the manufacturer, state fire marshal, or the local fire authority. [8.370.14.63 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.63 A (3) Reference NAPA 10, Standard for Portable Fire Extinguishers, 1998 Edition: 4-3 Inspection. 4-3.1* Frequency. Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately	8 063	8063 Gained better understanding of the regulation. Administrator inspected all fire extinguishers on 9/4/25 and will ensure inspections are done on a monthly basis.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7092	A. BUILDING: _____ B. WING _____	C 08/28/2025

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8 063	Continued From page 31 30-day intervals. Fire extinguishers shall be inspected at more frequent intervals when circumstances require. Based on interview and observation, the facility failed to ensure facility's the fire extinguishers were not expired. This deficient practice could likely result in the residents, staff members, and other building occupants to be at risk of harm, injury, or death if a fire were to occur and the fire extinguishers did not work. The findings are: A. On 08/26/25 at 2:17 pm, during observation, a fire extinguisher located in the northeast hallway across from the conference room expired and last inspected February 11, 2025. B. On 08/26/25 at 2:18 pm, during observation, a fire extinguisher located in the southwest expired and last inspected February 11, 2025. C. On 08/26/25 at 2:21 pm, during observation, a fire extinguisher located in the southeast hallway expired and last inspected February 11, 2025. D. On 08/26/25 at 2:21 pm, during observation, a fire extinguisher located in the kitchen expired and last inspected February 11, 2025. E. On 08/26/25 at 2:21 pm, during an interview with the Administrator, he confirmed the fire extinguishers were expired and last inspected in February of 2025.	8 063		