STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7028	A. BUILDING: _____ B. WING _____	06/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMARAN SENIOR LIVING	9100 HOLLY AVE NE ALBUQUERQUE, NM 87122

(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 000	Initial Comments The following deficiencies were cited during an Initial survey completed on 06/03/21 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living Facilities	A 000		
A 008	7 NMAC 8.2.8 General Licensing Requirements 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 department 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, 7.1.8 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 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 department. The following information shall be submitted to the licensing authority for approval:	A 008		

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A 008	Continued From page 1 (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 (6) months; the evidence shall include a credit report from one of the three recognized credit bureaus with a minimum credit score of six-hundred fifty (650) or above; (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 (5%) ownership interest in the facility, whether direct or indirect	A 008		

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A 008	Continued From page 2 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 department within thirty (30) days; (7) building plans as required at 7.8.2.41 NMAC of this rule; (8) fire authority approval as required at 7.8.2.60 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 administrator or change of the administrator ' s name shall be submitted to the licensing authority within ten (10) business days of the change. (2) An application for increase in capacity shall be accompanied by a building plan pursuant to	A 008		

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A 008	Continued From page 3 7.8.2.41 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 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 thirty (30) calendar days prior to the closure.	A 008		

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A 008	Continued From page 5 civil monetary penalties by the licensing authority. Failure to comply with the licensure requirements of this rule within ten (10) days of notice by the licensing authority may result in the following penalties pursuant to Health Facility Sanctions and Civil Monetary Penalties, 7.1.8 NMAC. (1) A civil monetary penalty not to exceed five-thousand dollars ($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. [7.8.2.8 NMAC - Rp, 7.8.2.8 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.8 H Based on observation and interview the facility failed to ensure that the Assisted Living License was posted in a conspicuous public place where residents, staff, and visitors can see it. If the facility's license is not displayed in a conspicuous public place then the 5 (R #s 1-5) residents listed on the census, provided by the Administrator on 06/02/21, visitors, and staff will not know if the facility has and is maintaining a current license as an Assisted Living Facility. The findings are: A. On 06/02/21 at 11:00 am, during observation of facility the Assisted Living License was observed to be posted next to the mailboxes, that	A 008	POSTING OF LICENSE The Temporary Assisted Living License was moved to the entrance vestibule during the inspection on 6/2/2021. Once received the Permanent Assisted Living License will replace the Temporary Assisted Living License and will remain in the entrance vestibule. 	6/2/2022

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A 008	Continued From page 4 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 (3) residents. (3) After the facility has admitted up to three (3) 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 one hundred twenty (120) calendar days. (7) No more than two (2) 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 two hundred forty (240) day time frame, the applicant shall repeat the application process. G. Annual license. An annual license is issued for one (1) 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. I. Unlicensed facilities. Any person or entity that opens or maintains an assisted living facility without a license is subject to the imposition of	A 008		

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A 008	Continued From page 6 was not a conspicuous public place where all residents, visitors, and staff could see it. B. On 06/02/21 at 11:01 am, during an interview with the Administrator, he confirmed that the facility's Assisted Living License was not posted in a conspicuous public place where residents, staff, visitors could see it.	A 008		
A 020	7 NMAC 8.2.20 Admissions and Discharge ADMISSIONS AND DISCHARGE: The facility shall complete an admission agreement for each resident. The administrator of the facility or a designee responsible for admission decisions shall meet with the resident or the resident ' s surrogate decision maker prior to admission. No resident shall be admitted who is below the age of eighteen (18) or for whom the facility is unable to provide appropriate care. A. Admission agreement. The admission agreement shall include the following information: (1) the parties to the agreement; (2) the program narrative; (3) the facility's rules; (4) the cost of services and the method of payment; (5) the refund provision in case of death, transfer, voluntary or involuntary discharge; (6) information to formulate advance directives; (7) a written description of the legal rights of the residents translated into another language, if necessary; (8) the facility's staffing ratio; (9) written authorization for staff to assist with medications; (10) notification of rights and responsibilities pursuant to the Incident Reporting Intake, Processing and Training Requirements, 7.1.13	A 020		

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A 020	Continued From page 7 NMAC; (11) the facility ' s bed hold policy; and (12) the admission agreement may be terminated if an appropriate placement is found for the resident, under the following circumstances: (a) there shall be a fifteen (15) day written notice of termination given to the resident or his or her surrogate decision maker, unless the resident requests the termination; (b) the resident has failed to pay for a stay at the facility as defined in the admission agreement; (c) the facility ceases to operate or is no longer able to provide services to the resident; (d) the resident ' s health has improved sufficiently and therefore no longer requires the services of the facility; (e) termination without prior notice is permitted in emergency situations for the following reasons: (i) the transfer or discharge is necessary for the resident's safety and welfare; (ii) the resident's needs cannot safely be met in the facility; or (iii) the safety and health of other residents and staff in the facility are endangered; (13) the facility shall provide a thirty (30) day written notice to residents regarding any changes in the cost or the material services provided; a new or amended admission agreement must be executed whenever services, costs or other material terms are changed; and (14) facilities representing their services as " specialized " must disclose evidence of staff specialty training to prospective residents. B. Restrictions in admission. The facility shall not admit or retain individuals that require twenty-four (24) hour continuous nursing care, refer to Subsection U of 7.8.2.7 NMAC Definitions. This rule does not apply to hospice residents who have elected to receive the hospice benefit.	A 020		

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A 020	Continued From page 8 Conditions or circumstances that usually require continuous nursing care may include but are not limited to the following: (1) ventilator dependency; (2) pressure sores and decubitus ulcers (stage III or IV); (3) intravenous therapy or injections; (4) any condition requiring either physical or chemical restraints; (5) nasogastric tubes; (6) tracheostomy care; (7) residents that present an imminent physical threat or danger to self or others; (8) residents whose psychological or physical condition has declined and placement in the current facility is no longer appropriate as determined by the PCP; (9) residents with a diagnosis that requires isolation techniques; (10) residents that require the use of a Hoyer lift; and (11) ostomy (unless resident is able to provide self care). C. Exceptions to admission, readmission and retention. If a resident requires a greater degree of care than the facility would normally provide or is permitted to provide and the resident wishes to be re-admitted or remain in the facility and the facility wishes to re-admit or retain the resident. The facility shall comply with the following requirements. (1) Convene a team, comprised of: (a) the facility administrator and a facility health care professional if desired; (b) the resident or resident ' s surrogate decision maker; and (c) the hospice or home health clinician. (2) The team shall jointly determine if the resident should be admitted, readmitted or allowed to	A 020		

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A 020	Continued From page 9 remain in the facility. Team approval shall be in writing, signed and dated by all team members and the approval shall be maintained in the resident's record and shall: (a) be based upon an individual service plan (ISP) which identifies the resident's specific needs and addresses the manner that such needs will be met; (b) ensure that if the facility is licensed for more than eight (8) residents and does not have complete fire sprinkler coverage, the facility shall maintain an evacuation rating score of prompt as determined by the fire safety equivalency system (FSES); (c) evaluate and outline how meeting the specific needs of the resident will impact the staff and the other residents; and (d) include an independent advocate such as a certified ombudsman if requested by the resident, the family or the facility. (3) The team recommendation shall be maintained on site in the resident ' s file. (4) When a resident is discharged, the facility shall record where the resident was discharged to and what medications were released with the resident. D. Coordination of care. (1) Assisted living facilities shall have evidence of care coordination on an ISP for all services that are provided in the facility by an outside health care provider, such as hospice or home health providers. (2) Residents shall be given a list of providers, including hospice and home health if applicable, and have the right to choose their provider. If applicable, the referring party shall disclose any ownership interest in a recommended or listed provider. [7.8.2.20 NMAC - Rp, 7.8.2.19 NMAC & 7.8.2.20	A 020		

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A 020	Continued From page 10 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.20 A (5, 8, 11-12) Senate Bill (SB) 0335 - 2013 AN ACT RELATING TO HEALTH CARE; REQUIRING CONTRACTS FOR ASSISTED LIVING FACILITIES TO CONTAIN A REFUND POLICY UPON TERMINATION OF A CONTRACT DUE TO THE DEATH OF THE RESIDENT; PROVIDING FOR STORAGE OF A RESIDENT'S BELONGINGS; DECLARING AN EMERGENCY. BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO: SECTION 1. A new section of the Public Health Act is enacted to read: "ASSISTED LIVING FACILITIES CONTRACTS--LIMIT ON CHARGES AFTER RESIDENT DEATH.-- A. The contract for each resident of an assisted living facility shall include a refund policy to be implemented at the time of a resident's death. The refund policy shall provide that the resident's estate or responsible party is entitled to a prorated refund based on the calculated daily rate for any unused portion of payment beyond the termination date after all charges have been paid to the licensee. For the purpose of this section, the termination date shall be the date the unit is vacated by the resident due to the resident's death and cleared of all personal belongings. B. If a resident's belongings are not removed within one week of the resident's death	A 020		

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A 020	Continued From page 11 and the amount of belongings does not preclude renting the unit, the facility may clear the unit and charge the resident's estate for moving and storing the items at a rate equal to the actual cost to the facility, not to exceed ten percent of the regular rate for the unit; provided that the responsible party for the resident is given notice at least one week before the resident's belongings are removed. If the resident's belongings are not claimed within forty-five days after notification, the facility may dispose of them. C. For the purposes of this section, "assisted living facility" means a facility required to be licensed as an assisted living facility for adults by the department of health." SECTION 2. EMERGENCY.--It is necessary for the public peace, health and safety that this act take effect immediately. Based on record review and interview, the facility failed to ensure for 3 (R #s 1-3) of 3 (R #s 1-3) that the Admission/Discharge Agreements included the following information, the; 1. Agreement could be terminated "if" an appropriated placement had been found for the resident. 2. Refund upon death policy was in compliance with Senate Bill (SB) 0335 - 2013 and 7 NMAC 8.2.20. 3. Facility's staffing ratio. 4. Facility's bed hold policy. These deficient practice could likely result in the residents being at risk of: 1. Having their Admission/Discharge Agreement terminated and being discharged to an improper/unsafe environment. 2. The resident's estate or responsible party suffering financial hardship by not receiving the	A 020	RESIDENCY AGREEMENT The Residency Agreement was updated on 6/8/2021. As of today all current residents have signed updated Residency Agreements. The following sections were added/updated: 1. Residency Agreement VII. 4. A 15-day or 30-day written Move-Out Notice, in compliance with the assisted living regulations, may be issued by the Community to You, if an appropriate placement is found for You, under the following circumstances: 2. Residency Agreement V11. 6. In the event of death, all charges will cease on the day of death assuming belongings have been removed and a prorated refund (based on the calculated daily rate) will be issued to a legally authorized representative for any unused portion of payment beyond Your day of death after all other charges due to the Community have been paid. Your estate or family will only be billed for basic rent and no services for days any belongings remain in the apartment. If Your belongings are not removed within one week of the Your death and the amount of belongings does not preclude renting the apartment, the Community may, at its sole discretion, clear the apartment and charge Your estate for moving and storing the items at a rate equal to the actual cost to the Community, not to exceed ten percent of the regular rate for the Community; provided that the legally authorized responsible party for You is given notice at least one week before Your belongs are removed. If Your belongings are not claimed within forty-five (45) days after notification, the Community may dispose of them. All Your medications will be properly disposed of pursuant to the Federal Drug Administration as directed by our contracted pharmacy.	6/12/2021

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A 020	Continued From page 12 refund that is due upon the resident's death or incurring unknown charges for storage of their belongings. 4. Not knowing how many staff are to be on duty and available to provide care and services to the residents at all times. 5. Losing their room/bed at the facility, if they are hospitalized or out of the facility for an extended period of time. The findings are: Findings related to Admission/Discharge Agreements A. Record Review of R #s 1-3 Admission/Discharge Agreements revealed that they did not include the following information: 1. That the agreement can be terminated "if" appropriate placement has been found for the resident. 2. A refund upon death policy in compliance with with Senate Bill (SB) 0335 - 2013 and 7 NMAC 8.2.20. 3. The facility staffing ratio. 4. The facility bed hold policy. B. On 06/03/21 at 12:25 pm, during an interview with the Administrator, he confirmed the above required information was missing from R #s 1-3 Admission/Discharge Agreements.	A 020	3.Residency Agreement Addendum G Section 1: About Us (d) Our Team It is the policy of this Community to follow New Mexico assisted living regulations and to ensure that the staffing at the Community is sufficient to provide the services residents need including basic care, resident assistance and required supervision based on the assessment of the residents needs. The Community has minimum staffing as follows: •Less than 15 residents: At least one medication aide, with care partner responsibilities, on duty and awake at all times including sleeping hours. •16-30 residents: At least one care partner and one medication aide on duty and awake at all times including sleeping hours. •From 31-60 residents: As above and 1 additional staff person available on the premises. •Over 61 residents: At least two caregivers and one medication aide on duty and wake at all times including sleeping hours and one (1) additional staff person immediately available on the premises. An additional staff person shall be added for each additional thirty (30) residents. •Staffing schedules should be available to the State of New Mexico Department of Health upon their request for the past thirty (30) days. The schedule should reflect the above compliance with the staffing schedule and represent 24 hours per day. 4. Residency Agreement VI. Apartment Holds (Bed Holds)The Community will retain Your apartment during the time that You are temporarily absent from the Community as long as Your basic monthly charges continue to be paid. Advance notice is requested but not required for emergency situations such as hospitalization. Basic monthly charges shall be paid for any time that the apartment still has Your belongings in the apartment. Service level fees shall not apply during Your Apartment Hold period. In the event you need to change	

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	7028	A. BUILDING _____ B. WING _____	06/03/2021

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A 020	Continued From page 13 /	A 020	your temporary absence to a Move-Out notice, please refer to the Move-Out section below referring to required Move-Out notices.	
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	A 026	*Please see the updated Residency Agreement & Resident Guidebook which are attached, as well as signature page for those residing in the community at the time of survey.*	

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A 026	Continued From page 14 indicated by diagnosis or behavior; and (11) current orders for all medications, including those authorized for PRN usage. [7.8.2.26 NMAC - Rp, 7.8.2.26 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.26 (B) (7) Based on record review and interview, the facility failed to ensure for 3 (R #s 1-3) of 3 (R #s 1-3) residents whose Individual Service Plans (ISP's) were reviewed for compliance included specific goals and outcomes. This deficient practice could likely negatively effect the safety and welfare of the residents, if they do not receive the care and services needed and the Direct Care Staff (DCS) do not know what the expected goals and outcomes are. The findings are: A. Record review of R #s 1-3 ISPs revealed that the information in the "goal" column stated what care and services were needed and not actually the resident's individual goals. There was not documentation about expected outcomes. B. On 06/03/21 at 11:42 am, during an interview with the Administrator, he confirmed that the goals documented on the ISPs did not include resident's goals and there was no documentation of expected outcomes. .	A 026	INDIVIDUAL SERVICE PLANS Individual Service Plans have been updated on or by 6/16/2021 and now include a clear Goal/Expected Outcome and and Actual Outcome for each need identified by the resident's assessment. As of today Care Plans for all residents have been reviewed and signed by residents. To ensure ongoing compliance the Administrator, Health Services Director and/or Memory Care Coordinator will ensure that for each "need" identified by the resident's assessment, includes a Goal/Expected Outcome and the Service/Assistance needed to ensure the Goal/Expected outcome is met. Outcomes will be evaluated and documented every six months or upon a significant change. *Please ISPs for R #s 1-3 which are attached.*	6/17/21
A 033	7 NMAC 8.2.33 Resident Rights RESIDENT RIGHTS: All licensed facilities shall	A 033		

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A 033	Continued From page 15 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; (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	A 033		

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A 033	Continued From page 16 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 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	A 033		

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A 033	Continued From page 17 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, 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 C	A 033		

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A 033	Continued From page 18 Based on observation and interview the facility failed to ensure that the Ombudsman Resident's Right's posters were posted in a conspicuous public place where everyone (residents, staff, visitors) can see it. This deficient practice could likely result in the 5 (R #s 1-5) residents listed on the resident census list, provided by the Administrator on 06/02/21, to be at risk of not having their rights protected, or their complaints and concerns investigated. The findings are: A. On 06/02/21 at 11:00 am, during observation of the facility the Ombudsman Resident's Right's poster was observed to be posted next to the mailboxes, that was not a conspicuous public place where all residents, visitors, and staff could see it. B. On 06/02/21 at 11:01 am, during an interview with the Administrator, he confirmed the observation that the Ombudsman Resident's Right's poster was not was not posted in a conspicuous public place where all residents, visitors, and staff could see it.	A 033	OMBUDSMAN POSTERS The Ombudsman posters were moved to the entrance vestibule in Assisted Living during the inspection on 6/2/2021 and will remain in the entry vestibule. 	6/2/2021
A 034	7 NMAC 8.2.34 Custodial Drug Permits CUSTODIAL DRUG PERMITS: A facility with two (2) or more residents that is licensed pursuant to this rule and that assists with self-administration or safeguards medications for residents shall have a current custodial drug permit issued by the state board of pharmacy. A. Procurement, labeling and storage. The facility shall provide assistance to the resident in obtaining the necessary medications, treatment and medical supplies as identified in the ISP. The facility shall procure, label and store medications for residents who require assistance with	A 034		

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A 034	Continued From page 19 self-administration of medication in compliance with state and federal laws. (1) All medications, including non-prescription drugs, shall be stored in a locked compartment or in a locked room, as approved by the board of pharmacy and the key shall be in the care of the administrator or designee. (2) Internal medication shall be kept separate from external medications. Drugs to be taken by mouth shall be separated from all other delivery forms. (3) A separate, locked refrigerator shall be provided by the facility for medications. The refrigerator temperature shall be kept in compliance with the state board of pharmacy requirements for medications. (4) All medications, including non-prescription medications, shall be stored in separate compartments for each resident and all medications shall be labeled with the resident's name. (5) A resident may be permitted to keep his or her own medication in a locked compartment in his or her room for self-administration, if the physician's order deems it appropriate. (6) The facility shall not require the residents to purchase medications from any particular pharmacy. (7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes shall comply with the national fire protection association (NFPA) 99. (8) A proof of use record shall be maintained separately for each schedule II through IV drug (controlled substances). The proof of use sheet shall document: (a) the type and strength of the schedule II through IV drugs; (b) the date and time staff assisted with	A 034		

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A 034	Continued From page 20	A 034		

self-administration;
(c) the resident ' s name;
(d) the prescriber ' s name;
(e) the dose;
(f) the signature of the person assisting with delivery of the medication; and
(g) the balance of medication remaining.
(9) Any remaining medication discontinued by a physician ' s order, or upon discharge or death of the resident shall be inventoried and moved to a separate locked storage container. Such discontinued medications shall be destroyed upon the next quarterly visit by the consulting pharmacist in accordance with 16.19.11.10 NMAC.
(10) The record of medication destruction shall be signed by the administrator or designee and the pharmacist and shall be kept on file at the facility.
B. Consulting pharmacist. The facility shall maintain records demonstrating that the consulting pharmacist provides the following oversight and guidance.
(1) Reviews the medication regimen as needed, but at least quarterly/every three (3) months, to determine that all medications and records are accurate and current. All irregularities shall be reported to the administrator of the facility and these irregularities shall be resolved by the administrator within seventy-two (72) hours.
(2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation.
(3) Consultation shall be provided on all aspects of pharmacy services in the facility, including reference information regarding side effects and, when needed, physician consultation in cases involving the use of psychotropic medications.
(4) The consulting pharmacist will be responsible

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A 034	Continued From page 21 for assuring that the facility meets all requirements for storage, labeling, destruction and documentation of medications as required by the state board of pharmacy, 16.19.11.10 NMAC and 7.8.2 NMAC. [7.8.2.34 NMAC - Rp, 7.8.2.35 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.34 A (3, 7) Reference NFPA 99 (Healthcare Facilities Code) 2012 Edition NFPA 99. 11.3 Cylinder and Container Storage Requirements. 11.3.1* Storage for nonflammable gases equal to or greater than 85 m3 (3000 ft3) at STP shall comply with 5.1.3.3.2 and 5.1.3.3.3. 11.3.2* Storage for nonflammable gases greater than 8.5 m3 (300 ft3), but less than 85 m3 (3000 ft3), at STP shall comply with the requirements in 11.3.2.1 through 11.3.2.3. 11.3.2.1 Storage locations shall be outdoors in an enclosure or within an enclosed interior space of noncombustible or limited combustible construction, with doors (or gates outdoors) that can be secured against unauthorized entry. 11.3.2.2 Oxidizing gases, such as oxygen and nitrous oxide, shall not be stored with any flammable gas, liquid, or vapor. 11.3.2.3 Oxidizing gases such as oxygen and nitrous oxide	A 034		

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A 034	Continued From page 22 shall be separated from combustibles or materials by one of the following: (1) Minimum distance of 6.1 m (20 ft) (2) Minimum distance of 1.5 m (5 ft) if the entire storage location is protected by an automatic sprinkler system designed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems (3) Enclosed cabinet of noncombustible construction having a minimum fire protection rating of 1?2 hour 11.3.2.4 Gas cylinder and cryogenic liquid container storage shall comply with 5.1.3.5.12. 11.3.2.5 Cylinder and container storage locations shall comply with 5.1.3.3.1.7 with respect to temperature limitations. 11.3.2.6 Cylinder or container restraints shall comply with 11.6.2.3. 11.3.2.7 Smoking, open flames, electric heating elements, and other sources of ignition shall be prohibited within storage locations and within 6.1 m (20 ft) of outside storage locations. 11.3.2.8 Cylinder valve protection caps shall comply with 11.6.2.3. 11.3.2.9 Gas cylinder and liquefied gas container storage shall comply with 5.1.3.5.12. 11.3.3 Storage for nonflammable gases with a total volume equal to or less than 8.5 m3 (300 ft3) shall comply with the requirements	A 034		

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A 034	Continued From page 23 in 11.3.3.1 and 11.3.3.2. 11.3.3.1 Individual cylinder storage associated with patient care areas, not to exceed 2100 m2 (22,500 ft2) of floor area, shall not be required to be stored in enclosures. 11.3.3.2 Precautions in handling cylinders specified in 11.3.3.1 shall be in accordance with 11.6.2. 11.3.3.3 When small-size (A, B, D, or E) cylinders are in use, they shall be attached to a cylinder stand or to medical equipment designed to receive and hold compressed gas cylinders. 11.3.3.4 Individual small-size (A, B, D, or E) cylinders available for immediate use in patient care areas shall not be considered to be in storage. 11.3.3.5 Cylinders shall not be chained to portable or movable apparatus such as beds and oxygen tents. 11.3.4 Signs. 11.3.4.1 A precautionary sign, readable from a distance of 1.5 m (5 ft), shall be displayed on each door or gate of the storage room or enclosure. 11.3.4.2 The sign shall include the following wording as a minimum: CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING 2012 Edition Based on observation and interview, the facility failed to ensure that: 1. The medication refrigerators had a locks	A 034		

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A 034	Continued From page 24 on them. 2. Oxygen cylinder tanks were stored securely, protected from accidental damage or dislocation. These deficient practices could likely result in the 5 (R #s 1-5) residents identified on the resident census list provided by the Administrator on 06/02/21, to be at risk of harm, injury, or death if: 1. If residents (some with memory loss), staff, and/or others have access to the medications, steal, or take them inappropriately, or if the resident's medication is not available or useable when needed. 2. The oxygen cylinder tanks were to fall over damaging the valve, causing them to depressurize during a fire, the oxygen feeds the fire, causing it to spread faster and/or the cylinder tanks act like missiles and hit a resident/staff/rescuer during a fire. The findings are: Findings related to medication refrigerator locks A. On 06/02/21 at 11:23 am, during observation of the Memory Care Unit (MCU) the medication refrigerator was observed to not have a lock on it. B. On 06/02/21 at 11:26 am, during observation of the 2nd floor medication room, the medication refrigerator was observed to not have a lock on it. C. On 06/02/21 at 11:30 am, during an interview with the Administrator, he confirmed that the medication refrigerators in the MCU and on the 2nd floor medication room did not have locks on them. Findings related to oxygen storage	A 034	MEDICATION REFRIGERATORS Locks were installed on medication refrigerators (located in secured medication rooms) during the inspection on 6/2/2021. Going forward the refrigerators will remain locked with access limited to the Medication Assistant on duty and the Health Services Director.  Assisted Living Medication Fridge Memory Care Medication Fridge	6/3/2021

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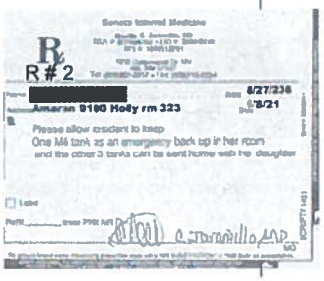
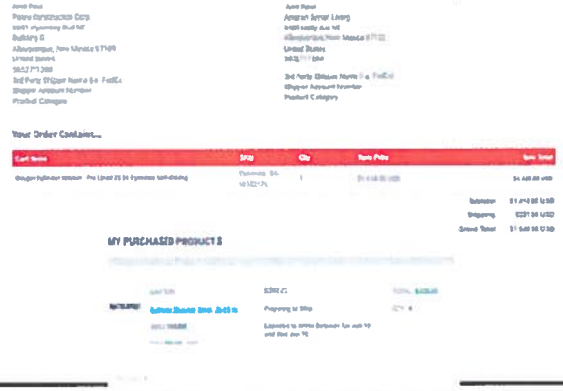
	7028	A. BUILDING: _____ B. WING _____	06/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMARAN SENIOR LIVING	9100 HOLLY AVE NE ALBUQUERQUE, NM 87122

(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 034	Continued From page 25 D. On 06/03/21 at 11:07 am, during observation of R #2's apartment, 4 small oxygen cylinder tanks (unsecured) were observed laying on their sides in a cardboard box under the bathroom sink with combustibles (throw rugs). E. On 06/03/21 at 11:11 am, during an interview with the Administrator and Health Services Director (HSD), they confirmed the observation of the 4 oxygen cylinder tanks (unsecured), being stored on their sides with combustibles.	A 034	OXYGEN STORAGE Oxygen found in R #2's apartment was immediately removed from under sink and stored in approved rack upon discovery (6/3/2021). 3 of the 4 cylinders were removed from community on 6/9/2021 and the new physician order is for one cylinder currently stored in an approved rack supplied by the DME, in the residents apartment. At this time there is no other oxygen being stored at the community. An oxygen cylinder storage cabinet/container has been ordered and will be placed in the housekeeping closet on the 2nd floor. It will store 24 cylinders. Additionally we have ordered storage racks that will be installed in this same room, to store empty cylinders.	6/9/2021
A 036	7 NMAC 8.2.36 Nutrition NUTRITION: The facility shall provide planned and nutritionally balanced meals from the basic food groups in accordance with the " recommended daily dietary allowance " of the American dietetic association, the food and nutrition board of the national research council, or the national academy of sciences. Meals shall meet the nutritional needs of the residents in accordance with the " 2005 USDA dietary guidelines for Americans. " Vending machines shall not be considered a source of snacks. A. Dietary services policies and procedures. The facility will develop and implement written policies and procedures that are maintained on the premises and that govern the following requirements. (1) Meal service. The facility shall: (a) serve at least three (3) meals or their equivalent each day at regular times with no more than sixteen (16) hours between the evening meal and morning meal with snacks freely available; (b) provide snacks of nourishing quality and post on the daily menu;	A 036	   	

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A 036	Continued From page 26 (c) develop menus enjoyed by the residents and served at normal intervals appropriate to the residents ' preferences; (d) post the weekly menu, including snacks where residents and families are able to view it; posted menus shall be followed and any substitution shall be of equivalent nutritional value and recorded on the posted menu; identical menus shall not be used within a one (1) week cycle; (e) have special menus or meal items following guidelines from the resident ' s physician for residents who have medically prescribed special diets; (f) serve all residents in a dining room except for residents with a temporary illness, or with documented specific personal preference to have meals in their room; (g) allow sufficient time for meals to enable residents to eat at a leisurely pace and to socialize; and (h) contact the resident ' s PCP within forty-eight (48) hours if a resident consistently refuses to eat. (2) Staff in-service training. The facility shall provide an in-service training program for staff that are involved in food preparation at orientation and at least annually and that includes: (a) instruction in proper food storage; (b) preparation and serving food; (c) safety in food handling; (d) appropriate personal hygiene; and (e) infectious and communicable disease control. B. Dietary records. The facility shall maintain the following documentation onsite: (1) a systematic record of all menus and revisions, including snacks, for a minimum of thirty (30) calendar days; (2) a systematic record of therapeutic diets as	A 036		

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A 036	Continued From page 27 prescribed by a PCP; (3) a copy of the most recent licensing inspection and for facilities with 10 or more residents, a copy of the New Mexico environment department inspection with notations made by the facility of action taken to comply with recommendations or citations; and (4) a daily log of the recorded temperatures for all facility refrigerators, freezers and steam tables maintained and available for inspection for thirty (30) calendar days. C. Clean and sanitary conditions. All practices shall be in accordance with the standards of the state environment department, pursuant to 7.6.2 NMAC. (1) Kitchen sanitation. (a) Equipment and work areas shall be clean and in good repair. Surfaces with which food or beverages come into contact shall be of smooth, impervious material free of open seams, not readily corrodible and easily accessible for cleaning. (b) Utensils shall be stored in a clean, dry place protected from contamination. (c) The walls, ceiling and floors of all rooms that food or drink is stored, prepared or served shall be kept clean and in good repair. (2) Washing and sanitizing kitchenware. (a) All reusable tableware and kitchenware shall be cleaned in accordance with procedures that include separate steps for prewashing, washing, rinsing and sanitizing. (b) Proper dishwashing procedures and techniques shall be utilized and understood by the dishwashing staff. (c) Periodic monitoring of the operation of the detergent dispenser, washing, rinsing and sanitizing temperatures shall be performed and documented.	A 036		

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A 036	Continued From page 28 (d) When a dishwashing machine is utilized, the cleanliness of the machine, its jets and its thermostatic controls shall be monitored and documented by the facility. A monthly log of the recorded temperature of the dishwasher shall be maintained in the facility and available for inspection. (3) Sinks for hand washing shall include hot and cold running water, hand-washing soap and disposable towels. (4) All garbage and kitchen refuse that is not disposed of through a garbage disposal unit shall be kept in watertight containers with close-fitting covers and disposed of daily in a safe and sanitary manner. (5) Cooks and food handlers shall wear clean outer garments and hair nets or caps and shall keep their hands clean at all times when engaged in handling food, drink, utensils or equipment in accordance with the local health authority. Disposable gloves shall be used in accordance with the local health authority. D. Food management. The facility shall store, prepare, distribute and serve food under sanitary conditions and in accordance with the regulations governing food establishments of local health authority having jurisdiction, 7.6.2 NMAC. (1) The facility shall ensure that a minimum of a three (3) calendar day supply of perishables and a five (5) calendar day supply of non-perishables or canned foods is available for the residents. (2) The facility refrigerator and freezer shall have an accurate thermometer which reads within or not more than plus or minus three (3) degrees fahrenheit of the required temperature, located in the warmest section of the refrigerator and freezer and shall be accessible and easily read. (a) The temperature of the refrigerator shall be thirty-five (35) - forty-one (41) degrees fahrenheit.	A 036		

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A 036	Continued From page 29 (b) Freezer temperatures shall be maintained at zero (0) degrees fahrenheit or below. (3) Refrigerators and freezers shall be kept clean and sanitary at all times. Food stored in refrigerators and freezers shall be covered, dated and labeled. Unused leftover food shall be discarded after three (3) calendar days. (4) Steam tables, hot food tables, slow cookers, crock pots and other hot food holding devices shall not be used in heating or reheating food. Hot food temperatures shall be checked periodically to insure that a minimum of one hundred forty (140) degrees fahrenheit is maintained. (5) Medication, biological specimens, poisons, detergents and cleaning supplies shall not be kept in the same storage areas used for storage of foods. Medications shall not be stored in the refrigerator with food; an alternate refrigerator for medication shall be used pursuant to Subsection B of 7.6.2.8 NMAC. (6) Canned or preserved foods shall be procured from sources that process the food under regulated quality and sanitation controls. This does not preclude the use of local fresh produce. The facility shall not use home-canned foods. (7) Dry or staple food items shall be stored at least six (6) inches off the floor in a ventilated room that is not subject to sewage, waste water back-flow or contamination by condensation, leakage, rodents or vermin. (8) The facility shall ensure the following: (a) all perishable food is refrigerated and the temperature is maintained no higher than forty-one (41) degrees fahrenheit; (b) the temperature for all hot foods is maintained at one hundred forty (140) degrees fahrenheit; and (c) all displayed or transported food is protected	A 036		

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A 036	Continued From page 30 from environmental contamination and maintained at proper temperatures in clean containers, cabinets or serving carts. E. Milk. (1) Raw milk shall not be used. (2) Condensed, evaporated, or dried milk products that are nationally recognized may be employed as " additives " in cooked food preparation but shall not be substituted or served to residents in place of milk. F. Collateral requirements. Compliance with this rule does not relieve a facility from the responsibility of meeting more stringent municipal regulations, ordinances or other requirements of state or federal laws governing food service establishments. Local health authority having jurisdiction means municipal, county, state or federal agency(s) that have laws and regulations governing food establishments, liquid waste disposal, treatment facilities and private wells. [7.8.2.36 NMAC - Rp, 7.8.2.37 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.36 A (1) (d) C (4) D (3) Based on observation and interview of the facility failed to ensure that: 1. All the garbage cans in the kitchen area were covered with tight-fitting lids when not in use. 2. Daily snacks were posted on the menu. 3. Used/opened in the walk-in freezer was not sealed and dated when opened. This deficient practice could likely result in the 5	A 036	NUTRITION All trash cans without lids were removed from the kitchen on 6/2/2021. Any new trash cans that will be used in the kitchen will have tight fitting lids.  	06/02/2021

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A 036	Continued From page 31 of (R #s 1-5) residents living in the facility being placed at risk for harm or illness, if they: 1. Become ill from food contaminated with germs and bacteria. 2. Do not know what their daily snack options are. 3. Contract foodborne illnesses if the food is not stored properly or dated after being opened. The findings are: A. On 06/03/21 at 9:30 am, during an observation of the facility kitchen, it was observed that the following opened containers of food were: 1. Three half-gallons of ice cream had been used, not dated when opened. 2. One bag of frozen peaches, used, were not dated when opened 3. One box of frozen biscuits used, were not dated when opened or sealed. 4. One package of frozen Cod fillets used, not dated when opened. B. On 06/03/21 at 9:36 am, during an observation of the facility kitchen area, it was observed that three garbage cans did not have tight-fitting lids to cover them when not in use. C. On 06/03/21 at 9:55 am, during an observation of the facility kitchen and dining area, it was observed that there were no snacks posted on the menu. D. On 06/03/21 at 11:59 am, during an interview with the Administrator, he confirmed that three of the garbage cans in the kitchen area did not have tight-fitting lids, that the menu did not list daily snack options, and that there was food in the walk-freezer that were used, not sealed and/or not dated when opened.	A 036	NUTRITION Cont. 2. On 6/3/2021 the Dining Services Director updated the Snack Offering Sign to include specific snacks available to residents upon request. The Snack Offering Sign will be updated regularly to reflect the specific snacks available to residents upon request. Once the COVID-19 pandemic restrictions are lifted snacks will be put out on the snack bar for residents to help themselves.  3. On 6/3/2021 all opened containers of food stored in the community, including left overs and/or food stored in non-original containers have been labeled with the date the product was open. Additionally leftovers have been dated with the expiration date. An inspection was completed by the Administrator on 6/17/2021 and all food items as described above were labeled. The Dining Services Director has received training on food labeling. The Administrator will monitor the kitchen periodically to ensure all food items are being labeled appropriately. *Please see the Policy Review/Training Record which is attached.*	6/3/2021

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A 038	Continued From page 32	A 038		
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: 7.8.2.38 (C) Based on observation and interview, the facility failed to ensure that cleaning supplies and hazardous chemicals were stored in secure areas and were not accessible to the residents. This deficient practice could likely result the 5 (R #s 1-5) residents listed on the census list provided	A 038	HOUSEKEEPING On 6/2/2021 a lock was installed on the cafe cabinet to secure the dish machine chemicals stored there. This cabinet will remain locked except while switching out the chemical containers.   	06/02/2021

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A 038	Continued From page 33 by the Administrator on 06/02/21, being placed at risk of harm, illness, or injury if the residents were to spill or ingest the hazardous chemicals. The findings are: A. On 06/03/21 at 10:33 am, during an observation of the resident coffee bar, it was revealed that the following cleaning chemicals were in an unlocked cabinet: 1. One bottle of dishwashing detergent. 2. One bottle of ultra dry dishwashing liquid. B. On 06/03/21 at 11:06 am, during an interview with the Administrator, he confirmed that the chemicals were being kept in the unlocked cabinet in the coffee bar and were accessible to residents.	A 038		
A 049	7 NMAC 8.2.49 Doors DOORS: A. No door in any means of egress shall be locked against egress when the building is occupied. (1) Exit doors may be provided with a night latch, dead bolt, or security chain, provided these devices are operable from the inside, by any occupant, without the use of a key, tool, or any special knowledge and are mounted at a height not to exceed forty-eight (48) inches above the finished floor. (2) If locks are not readily operable by all occupants within the building, the locks must: 1) unlock upon activation of the fire detection or sprinkler system and 2) unlock upon loss of power in the facility. Prior to installing such locking devices, the facility shall have written approval from the building, fire and licensing	A 049		

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A 049	Continued From page 34 authorities having jurisdiction. B. All exit doors shall have a minimum width of thirty-six (36) inches. (1) Facilities with a capacity of ten (10) or more residents shall have exit doors leading to the outside of the facility that open outward. (2) Facilities with a capacity of fifty (50) or more residents must provide panic hardware at the exit doors. (3) No door or path of travel to a means of egress shall be less than twenty-eight (28) inches wide. C. All resident sleeping room doors must be at least one and three-quarters (1 3/4) inch solid core construction. D. Bathroom doors may be twenty-four (24) inches wide. Facilities with four (4) or more residents shall have at least one bathroom for every eight (8) residents with a door clearance of thirty-six (36) inches for access by persons with disabilities. E. Locks on doors to toilet rooms and bathrooms shall be capable of release from the outside. F. All doors shall readily open from the inside. G. Doors shall be provided for all resident sleeping rooms, all restrooms and all bathrooms. [7.8.2.49 NMAC - Rp, 7.8.2.50 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.49 F Based on observation and interview, the facility failed to ensure that the bathroom pocket doors (doors that slide into the wall) could be readily opened from the inside when locked. The deficient practice could likely result in the current 5 (R #s 1-5) and future residents whose	A 049		

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A 049	Continued From page 35 apartments have pocket doors in their bathrooms, to be at risk of injury or harm if their bathroom door is locked and residents cannot readily open it with 1 motion, in the event of a fire, loss of power, or an emergency that requires evacuation. The findings are: A. On 06/03/21 at 10:25 am, during observation of room 318 (vacant), the pocket door for the bathroom was observed to have a lock on it that would require 2 motions to exit the bathroom. B. On 06/03/21 at 10:25 am, during an interview with the Administrator and the Health Services Director, they confirmed the observation that the bathroom pocket door would not readily unlock with 1 motion.	A 049	DOORS The locks on pocket doors located in apartments were disabled on 06/08/2021 by removing the "catch" from the door frame side of the mechanism. The pocket door can no longer be locked and residents can open the door with a single motion. 	06/08/2021