Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4047	A. BUILDING: _____ B. WING _____	C 10/08/2025

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

(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 10/08/2025 for the state requirements of NMAC 8.730.14, Regulations for Assisted Living for Adults. Census: 79 Assisted Living, 29 Memory Care Complaint intake NM[redacted] was investigated and deficiencies were cited. Complaint intake NM[redacted] was investigated and deficiencies were not cited. Complaint intake NM[redacted] was investigated and deficiencies were not cited. Complaint intake NM[redacted] was investigated and deficiencies were not cited	8 000		
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	8 027	All scheduled activities shall run per activity calendar. If Memory Care Activities Staff are out, then Life Enrichment Director will take over. In addition, MCD, MC Staff and Sales Assistant will all be able to run activities should situation present. Executive Director will monitor attendance and step in as needed to be complaint with NMAC 8.370.14.27.	On or prior to 11/14/25

Based on observation and interview, the facility failed to ensure for 29 (R#'s 1-29) of 29 (R#'s 1-29) Memory Care (MC) unit residents, that the activities calendar for October 2025, be followed as presented.

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8 027	Continued From page 1 This deficient practice could likely cause residents to miss out on participating in activities, which can enrich their social and emotional well-being. A. On 10/06/25 at 9:57 am, during an interview, R #13's Husband confirmed that up until one week ago, activities were not being offered in the MC unit. B. On 10/06/25 at 10:07 am, during an interview, Resident Care Coordinator #2 confirmed that scheduled activities have not been happening as scheduled and the MC unit has gone without activities for 2-3 weeks. C. On 10/06/25 at 10:30 am, during an observation of MC unit, the scheduled 10:15 am (Holy Communion) and 10:30 am (Rosary Prayer) activity did not occur. D. On 10/07/25 at 9:40 am, during an interview, Life Enrichment Director confirmed no activities were offered at 10:15am and 10:30am on 10/6/25 in MC because both her staff were absent. E. On 10/07/25 at 1:07 pm, during an interview, DCS #6 confirmed that prior to the hiring of Activities Assistant #1, she had not seen activities occur on MC since 9/27/25 which contributed to resident attempted elopements. F. On 10/07/25 at 1:35 pm, during an interview, Executive Director confirmed at least two days in September when there were no activities offered in MC.	8 027		
8 033	8 NMAC 370.14.33 Resident Rights	8 033		

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8 033	Continued From page 2 All licensed facilities shall understand, protect and respect the rights of all residents. A. Prior to admission to a facility, a resident and legal representative shall be given a written description of the legal rights of the resident, translated into another language, if necessary, to meet the resident's understanding. B. If the resident has no legal representative and is incapable of understanding his or her legal rights, a written copy of the resident's legal rights shall be provided to the most significant responsible party in the following order: (1) the resident's spouse; (2) significant other; (3) any of the resident's adult children; (4) the resident's parents; (5) any relative the resident has lived with for six or more months before admission; (6) a person who has been caring for, or paying benefits on behalf of the resident; (7) a placing agency; (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	8 033	Resident rights and Ombudsman posters have been hung on the walls in MC and AL to be in compliance with NMAC 370.14.33. We will secure them with locking screws to prevent them from being easily removed.	On or prior to 11/14/25

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8 033	Continued From page 3	8 033		

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 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

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8 033	Continued From page 4 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 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. [8.370.14.33 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.33 C Based on observation and interview the facility failed to ensure that the Resident Rights poster was posted in the facility's common area.	8 033		

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8 033	Continued From page 5 This deficient practice could likely result residents to be at risk of not knowing what their rights are or who to contact for assistance, if proper contact information is not readily available. The findings are: A. On 10/06/25 at 10:10am, during observation of the facility's common area, the Resident Rights poster was not posted. B. On 10/06/25 at 10:20 am, during an interview with the Executive Director, she confirmed that the facility did not have a Resident Rights poster posted.	8 033		
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. 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	8 034	Resident [redacted] has been provided multiple locking cabinets in close proximity to [redacted] chair for [redacted] to safely self-administer [redacted] medications to be in compliance with NMAC 370.14.34. Resident [redacted] had [redacted] immediately removed and stored safely and appropriately in the oxygen room. DHS will hold an in-service for clinical staff to cover proper requirements for self-medication residents to store their own medication and address oxygen	On or prior to 11/14/25

			storage and securing of the tanks.	

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8 034	Continued From page 6 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 (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	8 034		

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8 034	Continued From page 7 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 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) (7) Reference NFPA 99, 1999 Edition	8 034		

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8 034	Continued From page 8 Section 4-3.1.1.2 Storage Requirements (Location, Construction, Arrangement). (a)* Nonflammable Gases (Any Quantity; In-Storage, Connected, or Both) 1. Sources of heat in storage locations shall be protected or located so that cylinders or compressed gases shall not be heated to the activation point of integral safety devices. In no case shall the temperature of the cylinders exceed 130°F (54°C). Care shall be exercised when handling cylinders that have been exposed to freezing temperatures or containers that contain cryogenic liquids to prevent injury to the skin. 2. * Enclosures shall be provided for supply systems, cylinder storage or manifold locations for oxidizing agents such as oxygen and nitrous oxide. Such enclosures shall be constructed of an assembly of building materials with a fire-resistive rating of at least 1 hour and shall not communicate directly with anesthetizing locations. Other nonflammable (inert) medical gases may be stored in the enclosure. Flammable gases shall not be stored with oxidizing agents. Storage of full or empty cylinders is permitted. Such enclosures shall serve no other purpose. 3. Provisions shall be made for racks or fastenings to protect cylinders from accidental damage or dislocation. 4. The electric installation in storage locations or manifold enclosures for nonflammable medical gases shall comply with the standards of NFPA 70, National Electrical Code, for ordinary locations. Electric wall fixtures, switches, and receptacles shall be installed in fixed locations not less than 152 cm (5 ft) above the floor as a precaution against their physical damage. 5. Storage locations for oxygen and nitrous oxide shall be kept free of flammable materials [see	8 034		

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8 034	Continued From page 9 also 4-3.1.1.2(a)7]. 6. Cylinders containing compressed gases and containers for volatile liquids shall be kept away from radiators, steam piping, and like sources of heat. 7. Combustible materials, such as paper, cardboard, plastics, and fabrics, shall not be stored or kept near supply system cylinders or manifolds containing oxygen or nitrous oxide. Racks for cylinder storage shall be permitted to be of wooden construction. Wrappers shall be removed prior to storage. Exception: Shipping crates or storage cartons for cylinders. 8. When cylinder valve protection caps are supplied, they shall be secured tightly in place unless the cylinder is connected for use. 9. Containers shall not be stored in a tightly closed space such as a closet [see 8-2.1.2.3(c)]. Based on observation and interview, the facility failed to ensure for 1(R#[redacted] of 1 (R#[redacted] resident who self administer medications, were stored in a locked compartment/drawer or closet in the resident's apartment and oxygen cylinder tanks were stored securely, protected from accidental damage or dislocation. These deficient practices could likely result in other residents or staff being able to access or ingest (take food, drink, or another substance by swallowing or absorbing it) medications they are not prescribed, or medications being lost or stolen if they are not stored securely and be at risk of harm if the oxygen cylinder tanks were to fall over causing it to depressurize. The findings are: A. On 10/07/25 at 9:11 am, during an	8 034		

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8 034	Continued From page 10 observation of R[redacted] apartment, the following was observed: 1. Inside an unsecured, uncovered plastic bin there was: a. [redacted]	8 034		

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8 034	Continued From page 11 [redacted] B. On 10/07/25 at 10:38 am, during an interview with the facility Executive Director, she confirmed there were unsecured medications in R[redacted] apartment. C. On 10/06/25 at 10:35 am, during an observation of R[redacted] room there were two unsecured oxygen tanks in the living area. D. On 10/07/25 at 12:40 pm during an interview, the Executive Director confirmed there was unsecured oxygen tanks in R[redacted]s room.	8 034		
8 038	8 NMAC 370.14.38 Housekeeping Services The facility shall maintainthe 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	8 038	All doors where supplies are stored shall remain locked, including the mechanical room, laundry room, housekeeping closet and activities room under the sink. The doors will have keycode locks installed so they will remain automatically locked at all times. The activities room cabinet under the sink has had a padlock installed and keys will be issued to the appropriate staff for safe keeping. The Maintenance Director will hold an in-service training for all housekeeping and maintenance staff to cover appropriate security and storage of housekeeping carts to ensure compliance with NMAC	On or prior to 11/14/25

			370.14.38.	

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8 038	Continued From page 12 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. [8.370.14.38 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.38 C Based on observation and interview, the facility failed to ensure poisonous or flammable chemicals were stored in a secured area and not in residential areas. This deficient practice could likely result in residents becoming ill if they were to ingest (take food, drink, or another substance in the body by swallowing or absorbing it) the chemicals. The findings are: A. On 10/06/25 at 10:20 AM, during observation of the facility revealed the following in the main laundry room (east wing hallway, 1st floor-across from the kitchen side entrance) were unsecured chemicals: a. One (1) 97.7 fluid ounce of laundry detergent. b. One (1) 32 ounce spray bottle of odor eliminator. c. One (1) gallon jug of liquid degreaser. d. One (1) quart spray bottle of stain	8 038		

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8 038	Continued From page 13 remover. e. Three (3) 4 pound containers of chlorine sanitizer. B. On 10/06/25 at 10:28 AM, during observation of the 2nd floor, an unattended housekeeping cart (next to Room #207) contained unsecured chemicals: a. One (1) quart spray bottle of disinfectant cleaner. b. One (1) one pound container of germicidal wipes. c. One (1) 6 fluid ounce spray bottle of odor eliminator. d. One (1) one fluid ounce of alkaline cream cleanser. e. One (1) 32 ounce (generic) spray bottle of bleach. C. On 10/06/25 at 11:21 AM, during observation of the 2nd floor east hallway, an unlocked storage closet had unsecured chemicals: a. One (1) 32 fluid ounce spray bottle of stain remover. b. One (1) 6 fluid once spray bottle of odor eliminator. c. Four (4) 64 fluid ounce jugs of carpet cleaner. D. On 10/06/25 at 11:41 AM, during observation of the 2nd floor activities room/kitchen area were unsecured chemicals: a. One (1) 32 ounce spray bottle of bleach germicidal cleaner. b. One (1) 0 ounce spray can of all purpose spray paint. c. One (1) quart refiller bottle of disinfectant cleaner. d. One (1) 32 fluid ounce of degreaser. E. On 10/06/25 at 11:45 AM, during observation of the 2nd floor, east hallway, an unlocked Mechanical room were three (3) (unknown	8 038		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4047	A. BUILDING: _____ B. WING _____	C 10/08/2025

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

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8 038	Continued From page 14 amount) plastic drums of sewer cleaner. F. On 10/06/25 at 12:54 pm, during an interview, the facility executive director confirmed the unsecured chemicals in the identified areas of the building.	8 038		