STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2285	A. BUILDING: _____ B. WING _____	07/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD LIFE SENIOR LIVING AND MEMORY CARE	601 W CHERRY LANE CARLSBAD, NM 88220

(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 a Full-Onsite survey completed on 07/01/22 for the state requirements of 7.8.2 NMAC, Regulations for Assisted Living Facilities for Adults.	A 000		
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 NMAC; (11) the facility ' s bed hold policy; and (12) the admission agreement may be terminated if an appropriate placement is found for the	A 020		

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A 020	Continued From page 1	A 020		

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. Conditions or circumstances that usually require continuous nursing care may include but are not limited to the following:
(1) ventilator dependency;

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A 020	Continued From page 2 (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 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 020		

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A 020	Continued From page 3 (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 NMAC, 01/15/2010]	A 020		

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A 020	Continued From page 4 This REQUIREMENT is not met as evidenced by: SECTION 2. EMERGENCY.--It is necessary for the public peace, health and safety that this act take effect immediately. 7.8.2.20 A (5) Refer to 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	A 020		

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A 020	Continued From page 5	A 020		

removed within one week of the resident's death 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 4 (R #s 1-4) of 4 (R #s 1-4) residents whose Admission/Discharge Agreements were reviewed for compliance, included a refund provision in case of death that is in compliance with 7.8.2.20 Regulations for Assisted Living Facilities for Adults and Senate Bill (SB) 0335 - 2013.

This deficient practice could likely result in the residents/resident's estate to be at risk of not receiving monies owed or aware of additional charges that may be incurred upon the death of a resident. The findings are:

A. Record review of R #1's Admission/Discharge agreement [redacted]/15), revealed the agreement did not contain the refund upon death policy.

B. Record review of R #2's Admission/Discharge

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A 020	Continued From page 6 agreement [redacted]/18), revealed the agreement did not contain the refund upon death policy. C. Record review of R #3's Admission/ Discharge agreement [redacted]/16), revealed the agreement did not contain the refund upon death policy. D. Record review of R #4's Admission/ Discharge agreement [redacted]/22), revealed the agreement did not contain the refund upon death policy. E. On 07/01/22 at 3:28 pm, during an interview with the Administrator, she confirmed that R #'s 1-4's Admission/Discharge agreements did not contain a refund provision in case of death that is in compliance with 7.8.2.20 Regulations for Assisted Living Facilities for Adults and Senate Bill (SB) 0335 - 2013.	A 020		
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	A 036		

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A 036	Continued From page 7 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; (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.	A 036		

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A 036	Continued From page 8 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 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	A 036		

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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.
(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

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A 036	Continued From page 10 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. (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	A 036		

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A 036	Continued From page 11 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 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 (2) D (3) Based on record review, observation, and interview, the facility failed to ensure, that: 1. Food stored in refrigerators and freezers were covered, dated, and labeled and any unused leftover foods were discarded after three	A 036		

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(3) calendar days.
2. Expired food stored in refrigerators was discarded.
3. Staff had received in-service training.

These deficient practices could likely result in the 15 (R #s 1-15) residents listed on the census provided by the Administrator on 06/28/22, to be at risk of contracting foodborne illnesses if:
1. The food, was not stored properly (dated, labeled), and leftovers were kept longer than (3) three days after being served the first time.
2. Expired food could be contaminated with bacteria and germs and could cause harm or death to residents.
3. Food not being stored at the correct temperatures, could become contaminated with bacteria and germs if they are not being monitored and recorded daily.

The findings are:

Findings related to the refrigerators in the kitchen and food

A. On 06/30/22 at 1:37 pm, during an observation of the interior kitchen refrigerator, the following was observed:
1. (1) Jar of pudding, dated 06/13/22
2. (1) Pack of 16 oz Turkey breast, dated 06/10/22
3. (1) Container of cottage cheese dated 05/28/22, with an expiration date of 06/24/22
4. (1) Ziploc bag of red grapes, dated 06/22/22

Findings related to the freezer

B. On 06/30/22 at 1:45 pm, during an observation of the freezer, the following was

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A 036	Continued From page 13 observed: 1. (1) 130 count bag of pizza rolls, not dated or labeled 2. (1) 2 pound bag ground beef, not dated or labeled 3. (1) bag of ground beef, dated 06/25/22 4. (1) one bag of ground beef with freezer burn, that was undated C. On 06/30/22 at 3:30 am, during an interview, Administrator she confirmed that the: 1. Food items in the refrigerator were expired; not labeled, or dated 2. Food items in the freezer were not labeled, or dated	A 036		
A 037	7 NMAC 8.2.37 Laundry Services LAUNDRY SERVICES: A. General requirements. The facility shall provide laundry services for the residents, either on the premises or through a commercial laundry and linen service. (1) On-site laundry facilities shall be located in areas separate from the resident units and shall be provided with necessary washing and drying equipment. (2) Soiled laundry shall be kept separate from clean laundry, unless the laundry facility is provided for resident use only. (3) Staff shall handle, store, process and transport linens with care to prevent the spread of infectious and communicable disease. (4) Soiled laundry shall not be stored in the kitchen or dining areas. The building design and layout shall ensure the separation of laundry room from kitchen and dining areas. An exterior route to the laundry room is not an acceptable alternative, unless it is completely enclosed.	A 037		

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A 037	Continued From page 14 (5) In new construction or newly licensed facilities with more than fifteen (15) residents, washers shall be in separate rooms from dryers. The rooms with washers shall have negative air pressure from the other facility rooms. (6) All linens shall be changed as needed and at least weekly or when a new resident is to occupy the bed. (7) The mattress pad, blankets and bedspread shall be laundered as needed and at least once per month or when a new resident is to occupy the bed. (8) Bath linens consisting of hand towel, bath towel and washcloth shall be changed as needed and at least weekly. (9) There shall be a clean, dry, well ventilated storage area provided for clean linen. (10) Facility laundry supplies and cleaning supplies shall not be kept in the same storage areas used for the storage of foods and clean storage and shall be kept in a secured room or cabinet. B. Residents may do their own laundry, if it is their preference and they are capable of doing so, or if it is part of their skill-building for independent living and is documented as part of their ISP. [7.8.2.37 NMAC - Rp, 7.8.2.39 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.37 A (10) Based on observation and interview, the facility failed to ensure that poisonous or flammable substances were stored in the a secured cabinet or room. This deficient practice could likely result in the	A 037		

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A 037	Continued From page 15 potential for 15 (R #s 1 - 15) residents identified on the resident census provided by the Administrator on 06/28/22, to be at risk of harm, illness, injury, or death if residents were to spill or ingest/swallow poisonous chemicals. The findings are: A. On 06/28/22 at 10:55 am, during an observation of the unlocked laundry room, the following chemicals were observed to be unsecured and accessible to residents: 1. (1) 1.85 lb (pound) bag of laundry pods 2. (1) 32 fl. oz (fluid ounce) bottle of oil soap cleaner 3. (1) 8 oz. can of odor spray 4. (1) 14 fl. oz. spray bottle of stainless steel cleaner/polish 5. (1) 32 fl oz. spray bottle cleaner with bleach 6. (1) plastic container of stainless steel wipes 7. (1) 56 fl. oz bottle of multipurpose cleaner with bleach B. On 06/30/22 at 3:45 pm, during an interview with the Administrator, she confirmed that the above listed chemicals were stored in the unsecured laundry room and accessible to residents.	A 037		
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 038		

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A 038	Continued From page 16 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 (A) (C) Based on observation and interview, the facility failed to ensure that resident rooms were maintained in a clean orderly and attractive manner. The facility failed to ensure cleaning supplies/hazardous chemicals were stored in secure areas and were not accessible to the residents. These deficient practices could likely result in the 15 (R #s 1-15) residents listed on the census list provided by the Administrator on 06/28/22, to be at risk of harm, illness, or injury if the residents were to spill or ingest the hazardous chemicals. The findings related to the facility closet:	A 038		

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A 038	Continued From page 17 A. On 06/28/22 at 10:49 am, during observation of a facility closet the following chemicals were observed stored in an unsecured closet. 1. One (1) 124 fl oz (fluid ounce) can of primer paint 2. One (1) 29.5 fl oz can of interior acrylic latex 3. One (1) lb (pound) bottle of insecticide dust 4. One (1) gallon bucket of multi-purpose adhesive 5. One (1) can of interior paint and primer 6. One (1) 7.25 fl oz. bottle of paint color 7. One (1) 17.5 oz. can of wasp and hornet cleaner 8. One (1) 3.48 Liter can of semi gloss paint 9. One (1) 124 fl oz can of paint and primer 10. One (1) 16 fl oz. bottle of hummingbird nectar 11. One (1) 3 oz. bottle of antifungal powder 12. One (1) bag of sheetrock putty The findings related to resident bathroom shower: B. 0n 06/28/22 at 11:02 am, during observation of R #1's bathroom, dirty resident laundry was observed being stored in the residents shower. C. On 06/30/22 at 11:02 am, during observation of R #3's bathroom, the following was observed stored in the residents bathroom shower: 1. One (1) Wheelchair 2. One Laundry Basket filled with residents dirty laundry, stacked on top was wheelchair legs rests. D. On 07/01/22 at 2:45 pm, during an interview with the Administrator, she confirmed the following: 1. The facility closet contained paint and hazardous chemicals were stored in an	A 038		

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A 038	Continued From page 18 unsecured closet and accessible to residents. 2. Dirty Laundry was found piled in the R #1's bathroom shower. 3. R #3's wheelchair was being stored in the room #2 shower, piled with dirty dirty laundry.	A 038		
A 047	7 NMAC 8.2.47 Lighting and Lighting Fixtures LIGHTING AND LIGHTING FIXTURES: A. All areas of the facility, including storerooms, stairways, hallways, and interior and exterior entrances shall be lighted to make the area clearly visible. B. Exits, exit-access ways and other areas used at night by residents and staff shall be illuminated by night lights or other continuous lighting. C. Lighting fixtures shall be selected and located to accommodate the needs and activities of the residents, with the comfort and convenience of the residents in mind. D. Lamps and lighting fixtures shall be shaded to prevent glare to the eyes of residents and staff, and protected from accidental breakage or shattering. E. Facilities with four (4) or more residents shall have emergency lighting to light exit passageways and the exterior area near the exits that activates automatically upon disruption of electrical service. F. Facilities with three (3) or fewer residents shall have a flashlight that is immediately available for use in lieu of electrically interconnected emergency lighting. [7.8.2.47 NMAC - Rp, 7.8.2.48 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by:	A 047		

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A 047	Continued From page 19 7.8.2.47 E Based on observation and interview the facility failed to ensure that all emergency lights in the facility were in working order. This deficient practice could likely result in the 15 (R #s 1-15) residents identified on the census provided by the Administrator on 06/28/22, to be at risk of harm, injury, or death, if there is a power outage or other emergency requiring evacuation occurs and the residents cannot see to safely exit the building. The findings are: A. On 06/28/22 at 10:42 am, during observation and testing of the facilities emergency lights, the emergency exit light in the Northwest Hall of the facility failed to light up when tested, and did not have a exit faceplate on it. B. On 06/30/22 at 3:28 pm, during an interview with the Administrator, she confirmed that the facilities emergency light located in the Northwest Hall of the facility was not in working order and did not have an exit faceplate on it.	A 047		
A 059	7 NMAC 8.2.59 Windows WINDOWS: A. Each sleeping room shall be provided with an exterior window. (1) The window shall be operable, screened and have a clear operable area of 5.7 square feet minimum; measured twenty (20) inches wide minimum and measured twenty-four (24) inches high minimum. (2) The top of the window sill shall not be more	A 059		

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A 059	Continued From page 20 than forty-four (44) inches above the finished floor. B. Screens shall be provided on all operable windows. C. The proposed use of bars, grilles, grates or similar devices shall be reviewed and approved by the licensing authority prior to installation. D. Sleeping rooms, living rooms, activity room areas and dining room areas shall have a window area of at least one tenth (1/10) of the floor area with a minimum of ten (10) square feet. [7.8.2.59 NMAC - Rp, 7.8.2.52 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.59 B Based on observation and interview the facility failed to ensure that all the facility's windows had screens. This deficient practice has the potential for all 15 (R #s 1-15) residents identified on the census provided by the Administrator on 06/28/22, to be at risk of injury or illness due to bug bites or allergens because there were no screens on the windows. The findings are: A. On 06/29/22 at 3:30 pm, during observation, it was observed that the window screens for the facilities kitchen window, activity room window, and windows in rooms #s 1 and 2, did not have a screen on the windows, leaving space that could allow bugs and allergens into the facility. B. On 06/30/22 at 3:28 pm, during an interview with the Administrator, she confirmed that the window screens for the kitchen, activity room, and	A 059		

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A 059	Continued From page 21 both rooms # 1 and 2 needed screens to be put on the windows.	A 059		