STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2287	A. BUILDING: _____ B. WING _____	R-C 12/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALMILLA SENIOR LIVING	10301 GOLF COURSE RD NW ALBUQUERQUE, NM 87114

(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 Revisit survey completed on [redacted]/23 for the state requirements of NMAC 7.8.2, Regulations for Assisted Living Facilities for Adults. Census of 51 in Assisted Living Census of 24 in Memory Care Total Census: 75 DEFINITIONS/ACRONYMS/ABBREVIATIONS ABD pad: Abdominal pads - extra thick designed to manage abdominal wounds or other massively draining wounds. AL: Assisted Living Allograft: Tissue that is transplanted from one person to another. Cellulitis: Bacterial infection of the skin and connected soft tissues Coban: Compression elastic bandage wrap that sticks only to itself. DCS: Direct Care Staff Derivative care: Modified or alternate care DON: Director of Nursing ED: Executive Director EMT: Emergency Medical Technician ER: Emergency Room Grafting (skin): A surgical procedure that involves removing skin from one area of the body and moving it to a different area of the body ISP: Individual Service Plan LA: Licensing Authority MA: Medication Assistant (med tech) NP: Nurse Practitioner POA: Power of Attorney R: Resident RN: Registered Nurse Skin Tear: Traumatic wound caused by mechanical forces, such as shearing, friction or	{A 000}		

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{A 000}	Continued From page 1 injury. Traumatic Ulcer: Lesions caused by external factors like acute (severe or intense) or chronic injury. Ulcer: Break in skin with loss of surface tissue SB335: Senate Bill 335 (Refund upon death policy) PRESSURE SORE DEFINITIONS Pressure Sore: a/k/a Bed sores/pressure ulcers are injuries to a person's skin and its underlying tissues caused by the skin being under pressure. It is localized acute, ischemic (diminished blood supply) damage to the tissue. Stage I Pressure Sore: Intact skin with localized, non-blanchable erythema (skin condition that does not fade or turn white when pressed) over a bony prominence (areas of the body where the underlying bone is particularly close to the surface of the skin, creating a raised area). Stage II Pressure Sore: Partial thickness wound presenting as a shallow, open ulcer with a red/pink wound bed Stage III Pressure Sore: Full thickness wound. Subcutaneous (beneath the skin) tissue may be visible, but one, tendon and muscle are not exposed.	{A 000}		
{A 016}	7 NMAC 8.2.16 Staff Qualifications STAFF QUALIFICATIONS: A facility shall employ staff with the following qualifications. A. Administrator, director, operator: an assisted living facility shall be supervised by a full-time administrator. Multiple facilities that are located within a forty (40) mile radius may have one	{A 016}		

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{A 016}	Continued From page 2 full-time administrator. The administrator shall: (1) be at least twenty-one (21) years of age; (2) have a high school diploma or its equivalent; (3) comply with the requirements of the New Mexico Caregivers Criminal History Screening Act, 7.1.9 NMAC; (4) complete a state approved certification program for assisted living administrators; (5) be able to communicate with the residents in the language spoken by the majority of the residents; (6) not work while under the influence of alcohol or illegal drugs; (7) have evidence of education and experience to prove the ability to administer, direct and operate an assisted living facility; the evidence of education and experience shall be directly related to the services that are provided at the facility; (8) provide three (3) notarized letters of reference from persons unrelated to the applicant; and (9) comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC. B. Direct care staff: (1) shall be at least eighteen (18) years of age; (2) shall have adequate education, relevant training, or experience to provide for the needs of the residents; (3) shall comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC; and (4) shall comply with the current requirements of reporting and investigating incidents pursuant to Incident Reporting, Intake Processing and Training Requirements, 7.1.13 NMAC; (5) if a facility provides transportation for residents, the employees of the facility who drive vehicles and transport residents shall have copies of the following documents on file at the	{A 016}		

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{A 016}	Continued From page 3 facility: (a) a valid New Mexico driver ' s license with the appropriate classification for the vehicle that is used to transport residents; (b) documentation of training in transportation safety for the elderly and disabled, including safe vehicle operation; (c) proof of insurance; and (d) documentation of a clean driving record; (6) any person who provides direct care who is not employed by an agency that is covered by the requirements of the Caregivers Criminal History Screening Requirements, 7.1.9 NMAC, shall provide current (within the last 6 months) proof of the caregivers criminal history screening to the facility; the facility shall maintain and have proof of such screening readily available; and (7) employers shall comply with the requirements of the Caregivers Criminal History Screening Requirements, 7.1.9 NMAC. [7.8.2.16 NMAC - Rp, 7.8.2.16 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: This is an uncorrected deficiency from survey dated [redacted]23. 7.8.2.16 B (2) Based on record review and interview, the facility failed to ensure that the Direct Care Staff (DCS) had adequate, relevant training, or experience for the needs of the residents receiving wound care. This deficient practice could negatively affect the safety and welfare of the [redacted] residents identified on the Resident Census provided by the Executive Director on [redacted]23. If residents who	{A 016}	Immediate Action : All Direct Care Staff educated on monitoring and recognizing signs of infection and reporting changes in skin integrity. Wellness Nurse (RN) educated on wound care reporting and documentation.	[redacted]24

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{A 016}	Continued From page 4 have or develop wounds are being treated by DCS who do not having the adequate, relevant training, or experience to provide wound care, and the wounds become infected or worsen. The findings are: A. Record review of DCS #5's training records revealed that DCS #5 is not a physician, nurse, or physician extender and had no relevant and adequate training or experience to provide wound care. B. Record review of R #3's facility progress notes, revealed that on [redacted]/23, DCS #5 provided wound care to R #3. C. On [redacted]23 at 3:40 pm, during an interview the Executive Director (ED), confirmed that the Medication Assistants (MA's) who are not Licensed Nurses, Physicians, or Physician Extenders have provided wound care to residents. D. On [redacted]/23 at 4:30 pm, during an interview DCS #5 confirmed the following: 1. She is not a Licensed Nurse, Physician, or Physician Extender. 2. On [redacted]/23, R #3 bumped [redacted] already infected/weeping) leg calf on the side of [redacted] walker. 3. DCS #5 was in the area when R #3 bumped [redacted] leg on [redacted] walker, and DCS #5 dressed R #3's calf wound: a) With gauze soaked in wound cleanser b) She used an ABD pad (abdominal pad designed to manage massively draining wounds) and a coban (flexible compression elastic wrap that sticks only to itself) layer over the gauze to keep R #3's leg from leaking.	{A 016}	Who is responsible for Long-Term Quality measures Outcomes: Director of Nursing, Manager of Assisted Living, and Manager of Memory Care State of review in QAPI monthly meeting: The results of the audit will be reviewed during the monthly QAPI meeting	

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{A 016}	Continued From page 5 4. She treats residents based on instructions from healthcare providers. E. On [redacted]23 at 4:30 pm, during an interview with the RN, she confirmed: 1. R #3 has recurrent cellulitis, and [redacted] has a wound located on [redacted] left leg, upper-calf area. 2. R #3 has two pressure sores, on each side of [redacted] left ankle. 3. R #3's pressure sores had changed from stage I to stage II or III, but RN could not remember when it happened. 4. R #3's progress notes had not been updated to show when the significant health change (pressure sore stage from I to II and/or III) occurred. 4. The MAs or the RN fix the dressings on residents' wounds, unless they have home health or hospice agency assistance. 5. R #3's Individual Service Plan (ISP) had not been updated to include the significant health changes that have occurred.	{A 016}		
{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.	{A 026}		

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{A 026}	Continued From page 6 (3) The ISP shall be reviewed and or revised at a minimum of every six (6) months or when there is a significant change in the resident ' s health status. B. The ISP shall include the following: (1) a description of identified needs as noted in the resident evaluation; (2) a written description of all services to be provided; (3) who will provide the services; (4) when or how often the services will be provided; (5) how the services will be provided; (6) where the services will be provided; (7) expected goals and outcomes of the services; (8) documentation of the facility ' s determination that it is able to meet the needs of the resident; (9) the level of assistance that the resident will require with activities of daily living and with medications; (10) a crisis prevention/intervention plan when indicated by diagnosis or behavior; and (11) current orders for all medications, including 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: This is an uncorrected deficiency from survey dated [redacted]/23. 7.8.2.26 A (3) B (3) Based on record review, observation, and interview the facility failed to ensure for [redacted] residents whose Individual	{A 026}		

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{A 026}	Continued From page 7 Service Plans (ISPs) were reviewed for compliance, that the plans: 1. Were reviewed and revised when there is a significant change in the resident's health status. 2. Included coordination of care/who would provide wound care, and how often services would be provided. These deficient practices could likely result in the residents not receiving appropriate care/services if the Direct Care Staff (DCS) are not aware of changes in health condition and who will provide wound care according to the services change. The findings are: Findings for R #1 A. Record Review of R #1's ISP dated on [redacted]23 (admitted [redacted] revealed that resident: 1. Is independent and does not require assistance with coordination of care 2. Does not require any additional nursing services or can manage services on own 3. Does not have skin conditions or chronic wound (s). B. Record review of R #1's Nurse Practitioner (NP) progress notes revealed: 1. On [redacted]/23, NP provided wound care, per wound care orders for R #1's [redacted] caused by external factors like acute [redacted] 2. On [redacted]/23, [redacted]/23, and [redacted]/23, NP provided wound care to R #1 per wound care order (once weekly), and a [redacted] was placed	{A 026}	Immediate Action: ISP will be done prior to admission, 2 weeks post admission, 30 days after admission, and every six months or with change in condition. DON,MAL/MMC and ED will have scheduled care plan meetings with documentation of meeting with POA. Any resident requiring PT/OT or wound care will have a care plan meeting with documentation of meeting with POA. Any resident requiring PT/OT or wound care will have care plan updated with a home health company of their choice The DON or designee will ensure that the ISP is inclusive of individualized plan of care including therapy and/or any other outside providers.	[redacted]/24

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{A 026}	Continued From page 8 (date unknown). 3. On [redacted]/23, wound care plan was to await approval for further[redacted] placed today. Findings for R #3 C. Record review of R #3's only ISP, dated [redacted]/23 (admitted [redacted]), stated that R #3 did not require assistance (coordination of care or additional nursing services) and the ISP had not been updated to reflect significant changes to [redacted] health status. D. Record review of R #3's facility progress notes for [redacted]/23 to [redacted]/23 revealed that on [redacted]/23 at 10:56 pm, the RN changed the dressing and cleaned R #3's left hand skin tears, [redacted] ISP was not updated to show the significant health change. E. Record review of R #3's facility progress notes for [redacted]/23 to [redacted]/23 revealed that there were wound and skin issues (noted as follows) with R #3's skin[redacted] ISP was not updated to reflect significant changes to[redacted] health status: 1. On [redacted]23 at 6:54 am, RN provided wound care to R #3 for a fall/skin tear that had excessive bleeding on left forearm. 2. On[redacted]/23 at 3:22 pm, RN #2 provided wound care for skin tears after R #3 returned from ER. 3. On[redacted]/23 10:39 pm, DCS #5 provided wound care to R #3 after[redacted] had bumped[redacted] infected (cellulitis) left leg on[redacted] walker. 5. On[redacted]/23 at 8:04 pm, DCS #5 noted that R #3's POA/daughter stated they were sent to the ER due to[redacted]) on R #3's left leg.	{A 026}	Long-Term Quality Measure: DON or designee will run a report at the beginning of each month from system to show care plans due for that month. ED/DON will be informed of any changes of condition and/or any new therapy services or other outside providers. MD or responsible party will then be notified and care plan will be adjusted accordingly. Who is Responsible for Long-Term Quality Measures Outcome: DON or designee State of Review in QAPI Monthly Meeting	

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{A 026}	Continued From page 9 F. On [redacted]/23 at 4:30 pm, during an interview with the RN, she confirmed that R #3's Individual Service Plan (ISP) had not been updated to address the following for significant changes to [redacted] health status ([redacted] and wound care): 1. Coordination of care for wound and skin issues. 2. Who will provide wound care for R #3's wounds. 3. When or how often the wound care will be provided. 4, How the wound care will be provided	{A 026}	DON or designee will review 10% of random charts for 3 months. and 5% for the following 3 months	
{A 032}	7 NMAC 8.2.32 Reporting of Incidents REPORTING OF INCIDENTS: A. The facility shall insure that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 7.1.13 NMAC. (1) The facility shall also report any incident or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within twenty-four (24) hours or by the next business day, if it is a weekend or a holiday. (2) The facility shall not delay a report to the complaint hotline while an internal investigation is conducted. B. The facility is responsible for conducting and documenting the investigation of all incidents within five (5) business days and shall submit a copy of the investigation report to the licensing authority. A copy of the report and the documentation, including the date and time that it was submitted to the licensing authority, shall be maintained on file at the facility. The investigation shall include the following:	{A 032}		

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{A 032}	Continued From page 10 (1) a narrative description of the incident; (2) the result of the facility's investigation shall be recorded on the state approved incident report form for the current year, pursuant to 7.1.13 NMAC; and (3) plans for further actions in response to the incident. [7.8.2.32 NMAC - Rp, 7.8.2.32 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: This is an uncorrected deficiency from survey dated [redacted]23 7.8.2.32 A (1) B 7.1.13 INCIDENT REPORTING, INTAKE, PROCESSING AND TRAINING REQUIREMENTS Refer to 7.1.13.7 W. & 8 B. (2) W. " Reportable incident " means possible abuse, neglect, exploitation, injuries of unknown origin and other events including but not limited to falls which cause injury, unexpected death, elopement, medication error which causes or is likely to cause harm, failure to follow a doctor's order or an ISP or any other incident which may evidence abuse, neglect, or exploitation. B. (2) Division incident report form and notification by licensed health care facilities: The licensed health care facility shall report incidents utilizing the division's incident report form consistent with the requirements of the division's incident management system guide and CMS	{A 032}		

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{A 032}	Continued From page 11 regulations as applicable. The licensed health care facility shall ensure that all incident report forms alleging abuse, neglect, exploitation, injuries of unknown origin or other reportable incidents are submitted by a reporter with direct knowledge of an incident, are completed on the bureau's incident report form and received by the division within twenty-four (24) hours of an incident or allegation of an incident or the next business day if the incident occurs on a weekend or a holiday. The licensed health care facility shall ensure that the reporter with the most direct knowledge of the incident assists with the preparation of the incident report form. Based on record review and interview, the facility failed to ensure for [redacted] residents whose resident files were reviewed for compliance, that incidents of possible neglect or abuse: 1. Were reported to the Licensing Authority within 24 hours or the next business day, if a holiday or weekend. 2. That an internal investigation was conducted and an investigation/follow-up report was submitted to the Licensing Authority within five (5) business days of the date the incident occurred. These deficient practices could likely result in residents to be at risk of harm, injury, and/or death; if incidents of possible abuse, neglect, exploitation, or unusual occurrence occur and there is no oversight by the Licensing Authority. The findings are: A. Record review of R #3's facility's internal incident reports revealed: 1. On [redacted]23, R #3 had an unwitnessed fall while getting dressed for bed, [redacted] had a skin	{A 032}		

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{A 032}	Continued From page 12	{A 032}		

tear on [redacted] left hand.
2. On [redacted]/23 at 7:30 pm, R #3 had an unwitnessed fall:
a) [redacted] stated that [redacted] tripped and fell and hit [redacted] head.
b) EMTs (Emergency Medical Technicians) were called and examined [redacted]
3. On [redacted]/23 at 9:00 am, R #3 had an unwitnessed fall and had a golf ball-sized bump on [redacted] forehead; EMTs were called and [redacted] was examined.
4. On [redacted]/23, R #3 had an unwitnessed fall in the bathroom, and [redacted]
a) Was lethargic (abnormal sleepiness) and nodding off while Medical Assistants (MAs) talked to her.
b) [redacted] two (2) large bumps on the back [redacted] head.
c) 911 was called and EMTs examined [redacted]

B. Record review of R #3's facility's progress notes revealed:
1. On [redacted]/23, RN cleaned and changed dressing to left hand skin tears
2. On [redacted]/23, R #3 fell, hit [redacted] head, EMT's were called, and R #3 was taken to the hospital to have the large bump on the back of [redacted] head evaluated.
3. On [redacted]/23, wound care was performed by RN #2 on R #3 after [redacted] returned from the ER for injuries [redacted] sustained from a recent fall that occurred on [redacted]/23.
4. On [redacted]/23, R #3 hit [redacted] leg on [redacted] walker, creating a softball size skin tear on [redacted] left leg (leg was weeping) and:
a) DCS #5 dressed the wound and placed an ABD pad (abdominal pad used to manage abdominal wounds or other massively draining wounds) onto the wound, then wrapped [redacted] leg with a coban (compression elastic wrap that only

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{A 032}	Continued From page 13 sticks to itself) because [redacted]eg was weeping. b) DCS #5 notified AL Manager and POA of the incident. 5. On [redacted]/23, R #3 was taken to the ER for cellulitis (Bacterial infection of the skin and connected soft tissues). C. Record review of R #3's resident file, revealed no documentation that an incident report was filed with the Licensing Authority within 24 hours or the next business day (if weekend or holiday) for the following incidents: 1. Left hand skin tears referred to in [redacted]23 facility progress notes and internal incident report dated [redacted]23. 2. Injury sustained from a fall on [redacted]/23 and ER visit for evaluation [redacted] head injury. 3. ER visit for a fall referred to in [redacted]/23 facility progress notes. 4. [redacted]23 softball-sized leg injury R #3 sustained [redacted]it her leg on [redacted] walker. 5. [redacted]23 ER visit for cellulitis. D. Record review of R #3's resident file revealed no documentation that the facility submitted a follow-up investigation report to the Licensing Authority within five (5) business days from the date the following incidents occurred: 1. Left hand skin tears (unknown date) referred to in [redacted]23 facility progress notes. 2. Injury sustained from a fall on [redacted]/23 and ER visit for evaluation [redacted]head injury. 3. ER visit for a fall referred to in [redacted]/23 facility progress notes. 4. [redacted]23 softball-sized leg injury R #3 sustained when [redacted]it her leg on [redacted] walker. 5. [redacted]/23 ER visit for cellulitis. E. On [redacted]23 at 2:00 pm, during an interview	{A 032}		

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{A 032}	Continued From page 14 with the AL (Assisted Living) Manager, she stated that as AL Manager, she is not responsible for incident reporting, and that: 1. The facility's internal incident reports are completed by the MAs, then they are forwarded to the ED. 2. The ED then reviews the reports and decides which incidents should be reported to the LA, and she makes the submissions herself. F. On [redacted]/23 at 4:30 pm, during an interview with DCS #5, the following was confirmed: 1. She was in the room on [redacted]/23 when R #3 bumped [redacted] leg and sustained a softball-sized leg injury. 2. DCS #5 provided wound care to R #3 at the time of the [redacted]/23 incident. 3. DCS #5 asked the AL Manager if she should complete an incident report, and the AL Manager told her not to complete a report. F. On [redacted]/23 at 4:30 pm, during an interview with the facility RN, she stated that for the reporting process, she: 1. Enters her progress notes and outside agency progress notes into the resident files. 2. They haven't had a Director of Nursing for months, so she brings concerning issues to the AL Manager's attention. 3. She didn't know that unusual incidents had to be reported to the Licensing Authority and didn't know the policy. G. On [redacted]/23 at 11:00 am, during an exit conference interview with the ED, she confirmed that the above-referenced incidents were not reported to the LA within 24 hours (or the next business day if a weekend or holiday) and no follow up investigative reports were submitted to the LA within five (5) days.	{A 032}	Immediate Action: ED to attend DOH reporting training via Microsoft Teams [redacted]2024 ED or DON will report to licensing authority within 24 hours using the Health Facility Incident Report (SFY 2017) for any state reportable incident. Long Term Quality Measure DON or ED will keep reported incidents in a file with the residents name, report, care plan/medication list at the time of the incident along with the Complaint Narrative Investigation Report (5 day) Who is Responsible for the Long-Term Quality Measure Outcomes: ED and DON State Review in QAPI meeting: DON or designee will review 10% of random charts for 3 months.	

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{A 033}	7 NMAC 8.2.33 Resident Rights RESIDENT RIGHTS: All licensed facilities shall understand, protect and respect the rights of all residents. A. Prior to admission to a facility, a resident and legal representative shall be given a written description of the legal rights of the resident, translated into another language, if necessary, to meet the resident ' s understanding. B. If the resident has no legal representative and is incapable of understanding his or her legal rights, a written copy of the resident's legal rights shall be provided to the most significant responsible party in the following order: (1) the resident's spouse; (2) significant other; (3) any of the resident's adult children; (4) the resident's parents; (5) any relative the resident has lived with for six or more months before admission; (6) a person who has been caring for, or paying benefits on behalf of the resident; (7) a placing agency; (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	{A 033}		

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{A 033}	Continued From page 16 and give advance written notice of any changes; (4) provide residents with a safe and sanitary living environment; (5) provide humane care for all residents; (6) provide the right to privacy, including privacy during medical examinations, consultations and treatment; (7) protect the confidentiality of the resident ' s medical record; (8) protect the right to personal privacy, including privacy in personal hygiene; privacy during visits with a spouse, family member or other visitor; and privacy in the resident's own room; (9) protect the right to communicate privately and freely with any person, including private telephone conversations and private correspondence; and the right to receive visits from family, friends, lawyers, ombudsmen and community organizations; (10) prohibit the use of any and all physical and chemical restraints; (11) ensure that residents: (a) are free from physical and emotional abuse 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	{A 033}		

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{A 033}	Continued From page 17 by the facility; (h) have the right to voice grievances to the facility staff, public officials, the ombudsmen, any state agency, or any other person, without fear of reprisal or retaliation; (i) have the right to have their complaints addressed within fourteen (14) calendar days or sooner; (j) have the right to participate in the development of their care plan/ISP; (k) have the right to choose a doctor, pharmacist and other health care provider(s); (l) have the right to participate in medical treatment decisions and formulate advance directives such as living wills and powers of attorney; (m) have the right to keep and use personal possessions without loss or damage; (n) have the right to manage and control their personal finances; (o) have the right to freely organize and participate in a resident association that may recommend changes in the facility's policies, 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:	{A 033}		

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{A 033}	Continued From page 18 This is an uncorrected deficiency from survey dated [redacted]23. 7.8.2.33 11 (a) Based on record review, interview, and observation the facility failed to ensure for [redacted] residents identified as having pressure sores (Injury to the skin and its underlying tissue due to prolonged pressure on it)/wounds was free from neglect by failing to: 1. Document the wounds in the resident's chart when they were first discovered. 2. Ensure that only a Nurse or Physician assessed the wounds and/or provided wound care. This deficient practice could likely result in the resident developing sepsis (an infection in the blood), needing antibiotics, and being hospitalized because the facility failed to: 1. Document the discovery of the wound promptly. 2. Ensure that only a Licensed Nurse or Physician assessed and/or provided wound care. The findings are: A. On [redacted]/23 at 3:40 pm, during an interview with the Executive Director (ED), she confirmed that medication assistants (MA's) who are not licensed nurses or physicians have provided wound care to the residents. B. Record review of DCS #5's training records revealed that she does not have adequate training, experience a nursing or physician license to provide wound care. C. Record review of R #3's facility progress notes	{A 033}		

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{A 033}	Continued From page 19 revealed that on [redacted]23, DCS #5 provided wound care to R #3. D. On [redacted]/23 at 10:05 am, during an observation, R #3 showed me [redacted] left leg and it revealed: 1. Redness and swelling 2. A black wound [redacted] upper-left calf area 3. Two (2) pressures sores: one wound on each side [redacted] left ankle. E. On [redacted]23 at 10:05 am, during an interview with R #3, [redacted] 1. [redacted] left leg feels like it's on fire, it hurts all the time, and [redacted] can't stand the pain. 2[redacted] keeps asking for help, but the staff at the facility don't help. F. On [redacted]23 at 2:00 pm, during an interview with the Assisted Living (AL) Manager, she confirmed: 1. R #3 receives wound care from facility MAs, 2. MAs are not physicians, nurses, or physician extenders, and their training is limited to pass medications for the residents to self-administer and caregiving pursuant to state regulations. 3. Creator name on facility progress notes is the person that performed the task noted. 4. The only two nurses currently working at the facility are the RN (evening shift) and the ED (day shift). G. On [redacted]/23 at 4:30 pm, during an interview with the RN, she stated: 1. R #3 has recurrent cellulitis, and two (2) pressure sores on each side [redacted] left ankle. 2. R #3's ankle pressure sores have changed from a Stage I to a II or III, [redacted] cannot	{A 033}	Immediate Action Skin assessments will be done monthly on independent residents, weekly with residents receiving assistance with showers and/or during any time of concern. MD will be notified of any wounds, Home Health orders will be obtained, explaining we need them to manage the wound until healed. Long-Term Quality Measure Home Health will communicate with DON or ED regarding wound progress, including wound measurements. Nurse visit notes left for each visit for the resident's chart. Monthly skin assessments will be completed. The wound care management will be added to the ISP. Who is responsible for Long-Term Quality Measure Outcomes: DON or designee State of Review in QAPI Monthly Meeting, DON or designee will review 10% of random charts for 3 months, and 5% for the following 3 months.	[redacted]24

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{A 033}	Continued From page 20 remember when pressure sore status changed. 3. She has not updated R #3's Individual Service Plan (ISP) to reflect the significant health change. 4. She is unsure if the facility has a wound care policy. 5. R #3's insurance company rejected insurance to provide outside agency wound care assistance. 6. MAs or the RN provide dressings on wounds.	{A 033}		
{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; (c) develop menus enjoyed by the residents and	{A 036}		

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{A 036}	Continued From page 21 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 prescribed by a PCP;	{A 036}		

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{A 036}	Continued From page 22 (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. (d) When a dishwashing machine is utilized, the	{A 036}		

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{A 036}	Continued From page 23 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. (b) Freezer temperatures shall be maintained at	{A 036}		

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{A 036}	Continued From page 24 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 from environmental contamination and	{A 036}		

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{A 036}	Continued From page 25 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: This is an uncorrected deficiency from survey dated [redacted]23. 7.8.2.36 C (4) Based on observation and interview, the facility failed to ensure that all garbage and kitchen trash not disposed of through a garbage disposal unit was kept in watertight containers with close-fitting covers. This deficient practice has the potential for all [redacted] residents listed on the census provided by the Executive Director (ED) on	{A 036}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2287	A. BUILDING: _____ B. WING _____	R-C 12/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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{A 036}	Continued From page 26 [redacted]/23 to be at risk for foodborne illness if the residents consume food which could be contaminated by bacteria from unsanitary kitchen conditions. The findings are: A. On [redacted]/23 at 3:10 pm, during an observation of the facility kitchen, two (2) trash cans containing kitchen trash did not have close-fitting covers. B. On [redacted]/23 at 3:10 pm, during an interview with the Kitchen Manager, he confirmed that two (2) trash cans containing kitchen refuse did not have close-fitting covers.	{A 036}	Immediate Action Airtight lids purchased and installed for each trash bin in the kitchen. Long-Term Quality Measure Director of Food and Beverage , kitchen supervisor, Dining room manager and Executive Director will monitor the correct use of the trash can lids during each walk through of the kitchen. Walk t through done daily. Who is Responsible for Long-Term Quality Measure Outcomes: ED and Director of Food and Beverage State of Review in QAPI Monthly Meeting: Director of Food and Beverage will randomly inspect the kitchen for waste compliance each day.	[redacted]/24