

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7315	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/26/2025
NAME OF PROVIDER OR SUPPLIER SERENITY HOME ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 705 MONTE ALTO DR NE ALBUQUERQUE, NM 87123		
(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 an Initial Survey completed on 03/26/25 for the state requirements of NMAC 8.370.14, Regulations for Assisted Living facilities for Adults. Resident Census: █	8 000		
8 017	8 NMAC 370.14.17 Staff Training A. Training and orientation for each new employee and volunteer that provides direct care shall include a minimum of 16 hours of supervised training prior to providing unsupervised care for residents. B. Documentation of orientation and subsequent trainings shall be kept in the personnel file at the facility. C. Training shall be provided at orientation and at least 12 hours annually, the orientation, training and proof of competency shall include: (1) fire safety and evacuation training; (2) first aid; (3) safe food handling practices (for persons involved in food preparation), to include: (a) instructions in proper storage; (b) preparation and serving of food; (c) safety in food handling; (d) appropriate personal hygiene; and (e) infectious and communicable disease control; (4) confidentiality of records and resident information; (5) infection control; (6) resident rights; (7) reporting requirements for abuse, neglect or exploitation in accordance with 8.370.9 NMAC; (8) smoking policy for staff, residents and visitors; (9) methods to provide quality resident care; (10) emergency procedures; (11) medication assistance, including the	8 017		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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8 017	Continued From page 1 certificate of training for staff that assist with medication delivery; and (12) the proper way to implement a resident ISP for staff that assist with ISPs. D. If a facility provides transportation to residents, employees of the facility who drive vehicles and transport residents shall have training in transportation safety for the elderly and disabled, including safe vehicle operation. [8.370.14.17 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.17 B Based on record review and interview, the facility failed to ensure there was documentation of Direct Care Staff (DCS) completing 16 hours of supervised training prior to working independently with residents. This deficient practice could likely result in residents to be at risk of harm or injury if appropriate training was not received by DCS on the proper methods of providing care and services. The findings are: A. Record review of DCS #1's (hire date 12/04/24) employee file, revealed no documentation of completing 16 hours of supervised training prior to working independently with residents. B. Record review of DCS #2's (hire date 02/19/25) employee file, revealed no documentation of completing 16 hours of	8 017		

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8 017	Continued From page 2 supervised training prior to working independently with residents. C. Record review of DCS #3's (hire date 02/24/25) employee file, revealed no documentation of completing 16 hours of supervised training prior to working independently with residents. D. Record review of DCS #4's (hire date 08/13/24) employee file, revealed no documentation of completing 16 hours of supervised training prior to working independently with residents. E. On 03/24/25 at 1:20 pm, during an interview, the Administrator confirmed that DCS #s 1-4 had completed 16 hours of supervised training prior to working independently with residents but that there was no documentation of the training.	8 017		
8 063	8 NMAC 370.14.63 Fire Extinguishers Fire extinguisher(s) must be located in the facility, as approved by the state fire marshal or the fire prevention authority with jurisdiction. A. Facilities must as a minimum have two 2A10BC fire extinguishers: (1) one extinguisher located in the kitchen or food preparation area; (2) one extinguisher centrally located in the facility; (3) all fire extinguishers shall be inspected yearly and recharged as needed; all fire extinguishers must be tagged noting the date of the inspection; (4) the maximum distance between fire extinguishers shall be 50 feet. B. Fire extinguishers, alarm systems, automatic detection equipment and other firefighting	8 063		

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8 063	Continued From page 3 equipment shall be properly maintained and inspected as recommended by the manufacturer, state fire marshal, or the local fire authority. [8.370.14.63 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.63 B Reference NAPA 10, Standard for Portable Fire Extinguishers, 1998 Edition: 4-3 Inspection. 4-3.1* Frequency. Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals. Fire extinguishers shall be inspected at more frequent intervals when circumstances require. Based on observation and interview, the facility failed to ensure the fire extinguishers were being inspected monthly as recommended by the manufacturer. This deficient practice could likely result in residents, staff members, and other building occupants to be at risk of harm, injury, or death if a fire were to occur and the fire extinguishers did not work. The findings are: A. On 03/24/25 at 10:20 am, during observation, two (2) of the facility's fire extinguishers one located in the den and the other in the kitchen of the facility had not been inspected monthly as recommended by the manufacturer. Fire extinguisher's tag was last punched on November 2024.	8 063		

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8 063	Continued From page 4 B. On 03/24/25 at 10:20 am, during an interview, the Administrator confirmed the respective fire extinguishers in the facility had not been inspected monthly since November 2024.	8 063			