Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2217	A. BUILDING: _____ B. WING _____	C 12/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HACIENDAS AT GRACE VILLAGE, LLC - UNIT A	2802 CORTE DIOS LAS CRUCES, NM 88011

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8 000	Initial Comments The following deficiencies were cited during a Complaint survey completed on 12/11/24 for the state requirements of NMAC 8.370.14, Regulations for Assisted Living for Adults. Resident Census: [redacted] Complaint intake NM [redacted] was investigated and deficiencies were not cited.	8 000		
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 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.	8 034		

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8 034	Continued From page 1 (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 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	8 034		

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8 034	Continued From page 2 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 (7) Refer to: NFPA (National Fire Prevention Association) 99. 2012 Edition. 11.3 Cylinder and Container Storage Requirements. 11.3.1* Storage for nonflammable gases equal to or greater than 85 m3 (3000 ft3) at STP shall comply with 5.1.3.3.2 and 5.1.3.3.3.	8 034		

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8 034	Continued From page 3 11.3.2* Storage for nonflammable gases greater than 8.5 m3 (300 ft3), but less than 85 m3 (3000 ft3), at STP shall comply with the requirements in 11.3.2.1 through 11.3.2.3. 11.3.2.1 Storage locations shall be outdoors in an enclosure or within an enclosed interior space of noncombustible or limited combustible construction, with doors (or gates outdoors) that can be secured against unauthorized entry. 11.3.2.2 Oxidizing gases, such as oxygen and nitrous oxide, shall not be stored with any flammable gas, liquid, or vapor. 11.3.2.3 Oxidizing gases such as oxygen and nitrous oxide shall be separated from combustibles or materials by one of the following: (1) Minimum distance of 6.1 m (20 ft) (2) Minimum distance of 1.5 m (5 ft) if the entire storage location is protected by an automatic sprinkler system designed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems (3) Enclosed cabinet of noncombustible construction having a minimum fire protection rating of 1/2 hour 11.3.2.4 Gas cylinder and cryogenic liquid container storage shall comply with 5.1.3.5.12. 11.3.2.5 Cylinder and container storage locations shall comply with 5.1.3.3.1.7 with respect to temperature limitations. 11.3.2.6 Cylinder or container restraints shall comply with 11.6.2.3. 11.3.2.7 Smoking, open flames, electric heating elements, and other sources of ignition shall be prohibited within storage locations and within 6.1 m (20 ft) of outside storage locations. 11.3.2.8 Cylinder valve protection caps shall comply with 11.6.2.3. 11.3.2.9 Gas cylinder and liquefied gas container storage shall comply with 5.1.3.5.12. 11.3.3 Storage for nonflammable gases with a	8 034		

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8 034	Continued From page 4 total volume equal to or less than 8.5 m3 (300 ft3) shall comply with the requirements in 11.3.3.1 and 11.3.3.2. 11.3.3.1 Individual cylinder storage associated with patient care areas, not to exceed 2100 m2 (22,500 ft2) of floor area, shall not be required to be stored in enclosures. 11.3.3.2 Precautions in handling cylinders specified in 11.3.3.1 shall be in accordance with 11.6.2. 11.3.3.3 When small-size (A, B, D, or E) cylinders are in use, they shall be attached to a cylinder stand or to medical equipment designed to receive and hold compressed gas cylinders. 11.3.3.4 Individual small-size (A, B, D, or E) cylinders available for immediate use in patient care areas shall not be considered to be in storage. 11.3.3.5 Cylinders shall not be chained to portable or movable apparatus such as beds and oxygen tents. 11.3.4 Signs. 11.3.4.1 A precautionary sign, readable from a distance of 1.5 m (5 ft), shall be displayed on each door or gate of the storage room or enclosure. 11.3.4.2 The sign shall include the following wording as a minimum: CAUTION: OXIDIZING GAS(ES) STORED WITHIN (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) 99.11.6.2.3 Cylinders shall be protected from damage by means of the following specific procedures: (11) Freestanding cylinders shall be properly chained or supported in a proper cylinder stand or cart.	8 034		

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8 034	Continued From page 5 Based on observation and interview, the facility failed to ensure: 1. The oxygen cylinder tanks were stored in a secure location protected from accidental damage or dislocation. 2. Proper signage was displayed in areas of the facility where oxygen tanks were being stored and used. These deficient practices could potentially affect the health, safety, and welfare of the [redacted]R #s [redacted] residents listed on the resident census provided by the Administrator on 12/09/24, if: 1. The oxygen cylinder tanks were to fall over, damaging the valve, and causing it to depressurize during a fire. The oxygen feeds the fire and causes it to spread faster. 2. There are not any warning signs informing emergency rescue personnel that there is oxygen being used and stored in the facility if a fire were to occur. The findings are: A. On 12/09/24 at 2:49 pm, during an observation of resident room [redacted] there was not any signage to indicate oxygen was in use. B. On 12/09/24 at 2:50 pm, during an observation of the common bathroom located off the common room, two bottles of oxygen were unsecured. C. On 12/09/24 at 4:54 pm, during an interview, the Administrator confirmed there was not appropriate signage to indicate oxygen was used in resident room [redacted] and there were two oxygen tanks in the common area bathroom that were not secured.	8 034	This was addressed immediately on 12/9/24. All residents requiring oxygen have signage posted in their rooms indicating that oxygen is in use. The facility will ensure all oxygen tanks have been placed in a secure and designated area in the proper rack at all times. All staff will continue to monitor daily, and management will also continuously do random inspections to ensure that signage is posted, and all oxygen tanks are secure and their proper placement. The administrator or designee will monitor. An audit will be conducted weekly.	12/9/24

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8 037	Continued From page 6	8 037		
8 037	8 NMAC 370.14.37 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. (5) In new construction or newly licensed facilities with more than 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.	8 037		

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8 037	Continued From page 7 (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. [8.370.14.37 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.37 A (10) Based on observation and interview, the facility failed to ensure the cleaning supplies and hazardous chemicals (any chemical which can cause a physical or a health hazard) were stored in secured areas and were not accessible to the residents. This deficient practice could likely result in the [redacted] residents listed on the resident census list provided by the Administrator on 12/09/24 to be at risk of harm, illness, or injury if the residents were to spill chemicals on themselves or ingest (take food, drink, or another substance in the body by swallowing or absorbing it) the cleaning supplies or hazardous chemicals. The findings are: A. On 12/09/24 at 2:43 pm during an observation of the facility's janitorial closet located near the kitchen, the door was unlocked and the following chemicals were unsecured and accessible to residents: 1. One 2.37 gallon bottle of degreaser. 2. One 32 ounce (oz.) spray bottle with a general purpose cleaner label.	8 037	This was addressed immediately. Training was provided with all staff, 8 1/2" x11" signage was placed on laundry door "Door must remain locked at all times". Laundry door will be checked during daily rounding by staff, and housekeeping. Management will do continuous random inspections and monitor daily.	12/10/24

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8 037	Continued From page 8 3. One 32 oz. spray bottle of glass cleaner. 4. One 12.5 oz. can of furniture polish spray. 5. One 24 fluid ounce (fl. oz.) container of toilet bowl gel cleaner. 6. One 32 oz. spray bottle of sanitizer multi-surface cleaner. 7. One 32 fl. oz. cleaning gel. 8. One 32 oz. spray bottle of glass cleaner. B. On 12/09/24 at 2:55 pm, during an observation of the laundry room near the kitchen, the laundry door was unlocked and the following chemicals were unsecured and accessible to residents: 1. One 1.46 gallon jug of fabric softener. 2. One 1.53 gallon jug of laundry detergent. 3. One 1.3 gallon jug of laundry detergent. C. On 12/09/24 at 2:55 pm, during an interview, Direct Care Staff (DCS) #1 confirmed the laundry room and janitorial closet were unlocked and the chemicals inside were unsecured.	8 037		