Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4083	A. BUILDING: _____ B. WING _____	C 08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIORCARE LLC - KRISS HOUSE	1813 KRISS PL NE ALBUQUERQUE, NM 87112

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
8 000	Initial Comments The following deficiencies were cited during a Complaint survey completed on 08/28/25 for the state requirements of NMAC 8.370.14, Regulations for Assisted Living Facilities for Adults. Resident Census: [redacted] Complaint Intake NM [redacted] was investigated with deficiencies cited. Complaint Intake NM [redacted] was investigated with deficiencies 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	8 034	[redacted]	completed 8/27/25

[redacted] of Health Improvement

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Kimberly Merl | Administrator | 10/08/25

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8 034	Continued From page 1	8 034		

refrigerator temperature shall be kept in compliance with the state board of pharmacy requirements for medications.
(4) All medications, including non-prescription medications, shall be stored in separate compartments for each resident and all medications shall be labeled with the resident's name.
(5) A resident may be permitted to keep his or her own medication in a locked compartment in his or her room for self-administration, if the physician's order deems it appropriate.
(6) The facility shall not require the residents to purchase medications from any pharmacy.
(7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes shall comply with the national fire protection association (NFPA) 99.
(8) A proof of use record shall be maintained separately for each schedule II through IV drug (controlled substances). The proof of use sheet shall document:
(a) the type and strength of the schedule II through IV drugs;
(b) the date and time staff assisted with self-administration;
(c) the resident's name;
(d) the prescriber's name;
(e) the dose;
(f) the signature of the person assisting with delivery of the medication; and
(g) the balance of medication remaining.
(9) Any remaining medication discontinued by a physician's order, or upon discharge or death of the resident shall be inventoried and moved to a separate locked storage container. Such discontinued medications shall be destroyed upon the next quarterly visit by the consulting pharmacist in accordance with 16.19.11.10

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8 034	Continued From page 2 NMAC. (10) The record of medication destruction shall be signed by the administrator or designee and the pharmacist and shall be kept on file at the facility. B. Consulting pharmacist: The facility shall maintain records demonstrating that the consulting pharmacist provides the following oversight and guidance. (1) Reviews the medication regimen as needed, but at least quarterly/every three months, to determine that all medications and records are accurate and current. All irregularities shall be reported to the administrator of the facility and these irregularities shall be resolved by the administrator within 72 hours. (2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation. (3) Consultation shall be provided on all aspects of pharmacy services in the facility, including reference information regarding side effects and, when needed, physician consultation in cases involving the use of psychotropic medications. (4) The consulting pharmacist will be responsible for assuring that the facility meets all requirements for storage, labeling, destruction and documentation of medications as required by the state board of pharmacy, 16.19.11.10 NMAC and 8.370.14 NMAC. [8.370.14.34 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.34 A (7) Refer to: NFPA (National Fire Prevention Association) 99. 2012 Edition. 11.3 Cylinder and Container Storage Requirements.	8 034		

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8 034	Continued From page 3 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. 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.	8 034		

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8 034	Continued From page 4 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 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	8 034		

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8 034	Continued From page 5 properly chained or supported in a proper cylinder stand or cart. Based on observation and interview, the facility failed to ensure that proper signage was displayed in areas of the facility where oxygen was in use. This deficient practice could potentially affect the health, safety, and welfare of emergency rescue personnel if there was no warning signs informing emergency rescue personnel that there is oxygen in use in the facility if a fire were to occur. The findings are: A. On 08/26/25 at 3:20 pm, during an observation of resident room #6, there was no signage to indicate oxygen was in use. B. On 08/26/25 at 3:28 pm, during an interview, the Administrator #1 confirmed appropriate signage was not in place to indicate oxygen was in use in resident room #6.	8 034		
8 036	8 NMAC 370.14.36 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	8 036	8036 DCS #1 did not have on a hair net and or cap during meal preparation. Administrator corrected on 8/25/25 by letting DCS#1 that when handling and/or meal preparation a hair net and or cap must be worn at all times. Hair nets are kept in kitchen drawer to reassure easy access for DCS. Administrator will assure and had house meeting on 9/9/25 with DCS to go over food preparation and safety guidelines when handling food.	completed 8/25/25

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8 036	Continued From page 6 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 meals or their equivalent each day at regular times with no more than 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 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 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;	8 036		

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8 036	Continued From page 7 (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; (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 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:	8 036		

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8 036	Continued From page 8 (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 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. (1) The facility shall ensure that a minimum of a	8 036		

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8 036	Continued From page 9 three calendar day supply of perishables and a five 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 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 35 - 41 degrees fahrenheit. (b) Freezer temperatures shall be maintained at zero 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 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 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. (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 inches off the floor in a ventilated room that is not subject to sewage, waste water back-flow or contamination by condensation,	8 036		

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8 036	Continued From page 10 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 41 degrees fahrenheit; (b) the temperature for all hot foods is maintained at 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. [8.370.14.36 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.36 C (5) Based on observation and interview, the facility failed to ensure that cooks and food handlers wear hair nets or caps at all times when engaged in handling food, drink, utensils or equipment in accordance with the local health authority.	8 036		

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8 036	Continued From page 11 This deficient practice could likely result in residents at risk of food contamination due to food handling without a hair net or cap, resulting in illness from consuming foods or beverages contaminated with harmful pathogens (bacteria, viruses, and fungi) or their toxins. The findings are: A. On 08/25/25, at 04:00 pm, during an observation, Direct Care Staff (DCS) #1 was in the process of meal preparation without a hair net or cap. B. On 05/19/25 at 4:10 pm, during an interview, Administrator #1 confirmed that DCS #1 did not have on a hair net or cap during meal preparation.	8 036		
8 038	8 NMAC 370.14.38 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. 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	8 038	8038 was addressed that the oven in the kitchen had excessive build-up from cooking grease. The correction was made 8/25/25. Graveyard cleaned the oven that night on shift. Administrator/House Manager will assure this task is done weekly. Administrator made a graveyard duty list for each night that extra cleaning will be completed. Every Monday kitchen appliances will be wiped down and cleaned properly.	completed 8/25/25

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8 038	Continued From page 12 chemicals are stored on the property, material safety data sheets shall be maintained and stored in the same area as the chemicals, pursuant to state environment department requirements, 11.5.2.9 NMAC. [8.370.14.38 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.38 Based on observation and interview the facility failed to ensure that the interior of the facility were maintained in a safe, clean, orderly and attractive manner free from offensive odors, safety hazards, insects and rodents, and accumulations of dirt, rubbish and dust. This deficient practice can likely result in the residents at risk of food contamination, resulting in illness caused by consuming foods or beverages contaminated with harmful pathogens (bacteria, viruses, and fungi) or their toxins. The findings are: A. On 08/25/25, at 02:23 pm, during an observation of the kitchen, the oven had excessive build-up from cooking grease. B. On 08/25/25 at 03:00 pm, during an interview, Administrator #1 confirmed the oven had not been cleaned from the excessive build-up of cooking grease.	8 038		
8 042	8 NMAC 370.14.42 Maintenance of Building and Grounds The building(s) shall be maintained in good repair	8 042		

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	4083	A. BUILDING: _____ B. WING _____	C 08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIORCARE LLC - KRISS HOUSE	1813 KRISS PL NE ALBUQUERQUE, NM 87112

(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
8 042	Continued From page 13 at all times. Such maintenance shall include, but is not limited to, the following areas: A. Storage areas/grounds: Storage areas and grounds shall be maintained in a safe, sanitary and presentable condition at all times. Storage areas and grounds shall be kept free from accumulation of refuse, weeds, discarded furniture, old newspapers or other items that create a fire hazard. B. Floors: Floors shall be maintained stable, firm and free of tripping hazards. [8.370.14.42 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.42 (B) Based on observation and interview, the facility failed to ensure facility was maintained in good repair at all times in the following ways: 1. The southwest resident bathroom had tiles on the wall behind the toilet. 2. There were no holes in the shower wall, next to the shower head. 3. The roof overhang of the roof in the backyard did not have sagging. 4. The vinyl flooring tile was not properly secured with adhesive to the floor. These deficient practices have the potential for residents to be at risk of 1. Water being able to leak from wall behind the toilet which could lead to water leaking into resident rooms. 2. Water getting into the wall and causing growth of mold spores [Molds are organisms that reproduce through spores. Inhalation exposure to mold spores indoors can cause health effects by producing allergens (substances that can cause allergic reactions) and potentially toxic	8 042	8042 was addressed that the facility failed to ensure that maintenance was being kept up. Owner will hire maintenance to assure that all maintenance is fixed and maintained. The Southwest bathroom had missing tiles, floor level behind the toilet. There was a one-inch hole, in the drywall, to the right of the shower. The Northeast bathroom had vinyl flooring that was not secure to the floor properly. Outdoor, of the roof, had a sagging overhang which was pushing down on the fire suppression pipeline. Owner and Administrator will do monthly checks to assure and monitor that maintenance is getting done and in a timely manner.	completed 10/8/25

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8 042	Continued From page 14 substances or chemicals)]. 3. The roof being at risk of falling and dropping debris. 4. The vinyl flooring tile not properly adhered and maintained, presenting a tripping hazard when residents use the NE bathroom. The findings are: Southwest bathroom A. On 08/25/25 at 03:22 pm, during an observation of the bathroom in the southwest hallway revealed the following: 1. Two partial ceramic tiles were missing on floor level directly behind the toilet. 2. A round hole in the drywall of the shower about one (1) inch in size, to the right of the shower head. Northeast bathroom B. On 8/25/25 at 4:22 pm, an observation of the northwest bathroom revealed vinyl flooring tile was not secure to the floor with glue or adhesive, which could cause a tripping hazard if a resident was walking into the bathroom. Outdoor roof overhang C. On 08/25/25 at 3:39 pm, during an observation of the roof in the back yard of the house, it revealed a sagging of the roof overhang which was pushing down on the fire suppression piping. D. On 08/25/25 at 4:50 pm, during an interview with Administrator # 1, she confirmed the tile had not been properly secured to the bathroom floor, which could potentially cause a tripping hazard. E. On 08/25/25 at 5:00 pm, during an interview with Administrator # 1, she confirmed the one (1) inch hole was present in the southwest shower drywall and the partial tiles missing from behind the toilet at floor level.	8 042		

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8 042	Continued From page 15 F. On 08/25/25 at 5:10 pm, during an interview with Administrator # 1, she confirmed the damage to the overhang of side of roof in the backyard.	8 042		
8 047	8 NMAC 370.14.47 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 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 or fewer residents shall have a flashlight that is immediately available for use in lieu of electrically interconnected emergency lighting. [8.370.14.47 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.47 E Based on observation and interview, the facility	8 047	8047 was addressed that emergency light in the northeast hallway did not turn on when tested and was not in working order. Facility shall have emergency lighting working properly for exit or emergency passageways. Administrator will assure monthly checks that emergency lights are in working order. Administrator will contact fire safety vendor to properly fix emergency light and contact them immediately if any other lights are not in working order. Administrator will also assure yearly that fire safety vendor do their yearly inspections to assure all emergency lights are working properly.	completed 10/8/25

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8 047	Continued From page 16 has failed to ensure emergency lights were in working order. This deficient practice could impede (delay or prevent) residents, staff and other occupants from safe evacuation of the facility if a fire or other emergency occurred and residents were not able to see to exit the building. The findings are: A. On 08/25/25 at 04:35 pm, during an observation in the northeast wing, while testing the emergency lights, one (1) light was found to be in non-working order. The non-working emergency light was located on the wall in the northeast hall near the resident bathroom to the east. Upon pressing the light's test button, the emergency lights turned on very faintly, as if the batteries had low power. The lights faded out and a wheezing noise began, indicating that the emergency light system was not in working order. B. On 08/25/25 at 05:00 pm, during an interview, Administrator #1 confirmed the emergency lights in the northeast wing, near the resident bathroom did not turn on when tested and was not in working order.	8 047		
8 059	8 NMAC 370.14.59 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 20 inches wide minimum and measured 24 inches high minimum. (2) The top of the window sill shall not be more than 44 inches above the finished floor.	8 059	8059 addressed that one (1) window in the northwest bathroom was open and the window screen was missing. Administrator will contact maintenance to replace screen in window and along with owner will assure monthly checks are done to maintain maintenance in the facility.	completed 10/8/25

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8 059	Continued From page 17 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 of the floor area with a minimum of 10 square feet. [8.370.14.59 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.59 B Based on observation and interview, the facility failed to ensure that all the facility's operable windows were equipped with a functional window screen. This deficient practice could likely result in the resident's at risk of illness if they are exposed to bugs/insects, allergens (dust/dirt), or debris (leaves or other fragments) coming in through the missing window screen. The findings are: A. On 08/26/25 at 03:25 pm, during an observation of the northwest restroom, revealed one (1) window in the northwest restroom open, the window screen missing and an insect had flown into the restroom. B. On 08/26/25 at 03:30 pm, during an interview, the Administrator #1 confirmed the northwest restroom window was open, the window screen was missing, thereby allowing an insect to fly into the restroom.	8 059		

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8 060	Continued From page 18	8 060		
8 060	8 NMAC 370.14.60 Fire Clearence and Inspections A. Written documentation of a facility's compliance with applicable fire prevention codes shall be obtained from the state fire marshal's office or the fire prevention authority with jurisdiction and shall be submitted to the licensing authority prior to the issuance of an initial license. B. The facility shall request an annual fire inspection from the local fire prevention authorities. If the policy of the local fire department does not provide an annual inspection of the facility, the facility will document the date the request was made and to whom and then contact licensing authorities. If the local fire prevention authorities do make annual inspections, a copy of the latest inspection must be kept on file in the facility. [8.370.14.60 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.60 (A) (B) Based on record review and interview, the facility failed to ensure that the facility had an annual inspection from the local fire authority having jurisdiction. This deficient practice could likely result in the 10 (R #s 1-10) residents listed on the census provided by Admin #1 on 08/26/25, and all occupants of the building, to be at risk of injury or death if a fire were to occur. The findings are: A. Record review of facility records revealed, the	8 060	8060 was addressed that no documentation of an annual fire inspection was on file from the Local Fire Authority. The fire permit, near the entry doorway, was expired on 10/17/20. Administrator will reach out to the Local Fire Authority to set up an inspection. Administrator will assure that there is an annual Fire inspection done annually.	completed 10/8/25

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8 060	Continued From page 19 existing fire permit posted near the entry way front door of the house, was expired on 10/17/2020, no inspection documents from the fire authority having jurisdiction were available for review and the permit had not been updated since 10/17/2020. B. On 08/26/25 at 10:19 am, during an interview with Administrator #1, she confirmed that she could not find any documentation of an annual fire inspection or any documents from the fire authority.	8 060		