Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2264	A. BUILDING: _____ B. WING _____	C 08/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENNEY'S SENIOR CARE LLC	1504 37TH STREET SE RIO RANCHO, NM 87124

(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 Regulation Review Survey and Complaint survey completed on 08/22/24 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, and deficiencies were not cited. Complaint Intake NM [redacted] was investigated, and deficiencies were not cited.	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;	8 017	DCS #1 and DCS #3 are now compliant in First Aid and Medication assistance. Moving forward all required training renewals will be tracked by calendar and staff will be reminded 30 calendar days prior to the expiration by an Administrator. All completed certifications will be kept in personnel files.	09/15/2024

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

Name: Maria Lucila Rivera-Cunningham

Signature: 

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8 017	Continued From page 1 (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 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 C (2) (11) Based on record review and interview, the facility failed to ensure for 2 Direct Care Staff (DCS) (DCS #s 1 and 3) of 3 (DCS #s 1-3) whose employee training files were reviewed for compliance, that they had received the required annual training in: 1. First Aid 2. Medication assistance, including the certificate of training for staff that assist with medication delivery. This deficient practice could likely cause harm to the [redacted] (R #s [redacted] of [redacted] residents identified on the resident census provided by DCS #1 on 08/20/24 if: 1. There is an injury or emergency requiring first aid, and staff are not trained. 2. There is a medication error due to staff not	8 017		

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8 017	Continued From page 2 being trained in medication assistance. The findings are: A. Record review of DCS #1's (hire date 04/11/11) employee file revealed the file did contain any annual training for: 1. First Aid 2. Medication assistance, including the certificate of training for staff that assist with medication delivery. B. Record review of DCS #3's (hire date 05/16/22) employee file revealed the file did contain any annual training for: 1. First Aid 2. Medication assistance, including the certificate of training for staff that assist with medication delivery. C. On 08/20/24 at 2:38 pm, during an interview, the Administrator confirmed DCS #s 1 and 3 did not have their annual Medication assistance training, including the certificate of training for staff who assist with medication delivery. D. On 08/20/24 at 2:50 pm, during an interview, the Administrator confirmed DCS #s 1 and 3 did not have First Aid Training.	8 017		
8 022	8 NMAC 370.14.22 Facility Reports, Records, Rules, Policies Facility Reports, Records, Rules, Policies and Procedures: A. Reports and records: Each facility shall keep the following reports, records, policies and procedures on file at the facility and make them available for review upon request by the licensing authority, residents, potential residents or their	8 022	Written policies and procedures on Fire and Safety are printed and kept by the public telephone in the kitchen. Employees are retrained every 30 days on Fire Safety, that will include reminding staff of the location of the Fire and Safety policies and procedures notebook. Compliance will be monitored by the Administrator: Lucila Cunningham or the Supervisor: Leary Cunningham	08/23/2024

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8 022	Continued From page 3 surrogate decision makers: (1) fire inspection report; (2) zoning approval; (3) building official approval (certificate of occupancy); (4) a copy of the approved building plans; (5) a copy of the most recent survey conducted by the licensing authority, to include adverse actions or appeals and complaints; (6) for facilities with food establishments/kitchens that require a permit from the local health authority that has jurisdiction, a copy of the current inspection report in accordance with the applicable, municipal, or federal laws and regulations and pursuant to Subsection B of 7.6.2.8 NMAC, regarding kitchen and food management; if a facility is considered a licensed private home and not required to meet specific requirements by the local health authority, a copy of that determination must also be maintained; (7) where necessary, a copy of the liquid waste disposal and treatment system permit from the local health authority that has jurisdiction; (8) 30 days of menus as planned, including snacks and 30 days of menus as served, including snacks; (9) record of monthly fire drills conducted at the facility and the fire safety evaluation system (FSES) rating, if applicable; (10) written emergency plans, policies and procedures for medical emergencies, power failure, fire or natural disaster; plans shall include evacuation, persons to be notified, emergency equipment, evacuation routes, refuge areas and the responsibilities of personnel during emergencies; plans shall also include a list of transportation resources that are immediately available to transport the residents to another location in an emergency; the emergency	8 022		

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8 022	Continued From page 4 preparedness plan shall address two types of emergencies: (a) an emergency that affects just the facility; and (b) a region/area wide emergency; (11) a copy of this rule, requirements for assisted living facilities for adults, 8.370.14 NMAC; (12) for facilities with two or more residents (that are not related to the owner), a valid custodial drug permit issued by the NM board of pharmacy, that supervise administration and self-administration of medications or safeguards with regard to medications for the residents; and (13) vaccination records for pets in the facility. B. Reports and records: Each facility shall keep the following reports, records, policies and procedures on file at the facility and make them available for review upon request by the licensing authority: (1) a copy of the facility license; (2) employee personnel records, including an application for employment, training records and personnel actions: (a) caregiver criminal history screening documentation pursuant to 8.370.5 NMAC; (b) employee abuse registry documentation pursuant to 8.370.8 NMAC; and (3) a copy of all waivers or variances granted by the licensing authority. C. Rules: Prior to admission to a facility a prospective resident or his or her representative shall be given a copy of the facility rules. Each facility shall have written rules pertaining to resident's rights and shall include the following: (1) resident use of tobacco and alcohol; (2) resident use of facility telephone or personal cell phone; (3) resident use of television, radio, stereo and cd;	8 022		

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8 022	Continued From page 5 (4) the use and safekeeping of residents' personal property; (5) meal availability and times; (6) resident use of common areas; (7) accommodation of resident's pets; and (8) resident use of electric blankets and appliances. D. Policies and procedures: All facilities shall have written policies and procedures covering the following areas: (1) actions to be taken in case of accidents or emergencies; (2) policy and procedure for updating and consolidating the resident's current physician or PCP orders, treatments and diet plans every six months or when a significant change occurs, such as a hospital admission; (3) policy for medication errors; (4) method of staying informed when residents are away from the facility (e.g., sign-out sheets or other record indicating where the resident will be, cell phone contact, etc.); (5) the handling of resident's funds, if the facility provides such services; (6) reporting of incidents, including abuse, neglect and misappropriation of property, injuries of unknown cause, environmental hazards and law enforcement interventions in accordance with 8.370.9 NMAC; (7) reporting and investigating internal complaints; (8) reporting and investigating complaints to the incident management bureau; (9) staff and resident fire and safety training; (10) smoking policy for staff, residents and visitors; (11) the facility's bed hold policy; (12) admission agreement; (13) admission records;	8 022		

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8 022	Continued From page 6 (14) resident records including maintenance and record retention if the facility closes; (15) program narrative; (16) resident's rights with regard to making health care decisions and the formulation of advance directives; (17) personnel policies; (18) identifying and safeguarding resident possessions; (19) securing medical assistance if a resident's own physician is not available; (20) staff training appropriate to staff responsibilities; (21) staff training for employees who provide assistance to residents with boarding or alighting from motor vehicles and safe operation of motor vehicles to transport residents; (22) witnessed destruction of unused, outdated or recalled medication by the facility administrator with the consulting pharmacist present; and (23) mealtimes, daily snacks, menus, special diets, resident's personal preference for eating alone or in the dining room setting. [8.370.14.22 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.22 D (9) Based on record review and interview, the facility failed to ensure there was a written policy and procedure covering staff and resident fire and safety training. This deficient practice could likely negatively affect the health and safety of the [redacted](R #s [redacted], [redacted]) of[redacted] residents identified on the resident census provided by Direct Care Staff (DCS) #1 on 08/20/24, if the facility does not have written policies and procedures for the staff to follow in the event of a fire.	8 022		

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8 022	Continued From page 7 The findings are: A. Record review of the facility's policies and procedures revealed the policies did not include written policy or procedure covering staff and resident fire and safety training. B. On 08/21/24 at 1:12 pm during an interview, the Administrator confirmed the facility did not have a written policy or procedure covering staff and resident fire and safety training.	8 022		
8 025	8 NMAC 370.14.25 Resident Evaluation A. A resident evaluation shall be completed by an appropriate staff member within 15 days prior to admission to determine the level of assistance that is needed and if the level of services required by the resident can be met by the facility. B. The initial resident evaluation shall establish a baseline in the resident's functional status and thereafter assist with identifying resident changes. The resident evaluation shall be reviewed and updated at a minimum of every six months or when there is a significant change in the resident's health status. C. The resident's evaluation shall be documented on a resident evaluation form and at a minimum include the following abilities, behaviors or status: (1) activities of daily living; (2) cognitive abilities; reasoning and perception; the ability to articulate thoughts, memory function or impairment, etc.; (3) communication and hearing; ability to communicate needs and understand instructions, etc.; (4) vision; (5) physical functioning and skeletal problems;	8 025	Residents [redacted] were given dental and oral exams and the details were logged. Every 6 months a dental exam is performed on all residents by an Administrator.The oral and dental status is tracked in an Oral Care Plan and kept with the Residents Care Plan. Innovage (PACE) is responsible for resident Medical & Dental (505)924-2650 Compliance will be monitored by the Administrator: Lucila Cunningham or the Supervisor: Leary Cunningham	08/23/2024

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8 025	Continued From page 8 (6) incontinence of bowel/bladder; (7) psychosocial well-being; (8) mood and behavior; (9) activity interests; (10) diagnoses; (11) health conditions; (12) nutritional status; (13) oral or dental status; (14) skin conditions; (15) medication use and level of assistance needed with medications; (16) special treatments and procedures or special medical needs such as hospice; and (17) safety needs/high risk behaviors; history of falls agitation, wandering, fire safety issues, etc. D. The resident evaluation shall include a history and physical examination and an evaluation report by a physician or a physician extender within six months of admission. A resident shall have a medical evaluation by a physician or a physician extender at least annually. E. The resident evaluation shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or physician extender at the time the individual service plan is reviewed, at a minimum of every six months or when a significant change in health status occurs. [8.370.14.25 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.25 C (13) Based on record review and interview, the facility failed to ensure [redacted] (R #s [redacted] of [redacted] (R #s [redacted] residents whose evaluations were reviewed for compliance included information about the resident's oral and dental status. This deficient practice could likely result in the residents to be at risk of not getting the care and	8 025		

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8 025	Continued From page 9 services needed if the Direct Care Staff (DCS) does not know what the residents' correct needs are. The findings are: A. Record review of R # [redacted] evaluation dated [redacted]/24 revealed the evaluation did not include information on the resident's oral or dental status. B. Record review of R [redacted] evaluation dated [redacted]/24 revealed the evaluation did did not include information on the resident's oral or dental status. C. Record review of R [redacted]s evaluation dated [redacted]24 revealed the evaluation did not include information on the resident's oral or dental status. D. On 08/21/24 at 9:03 am, during an interview, the Administrator confirmed the resident evaluations for R #s [redacted] did not document their oral or dental status.	8 025		
8 031	8 NMAC 370.14.31 Handling of Emergencies A. Upon admission, each resident or surrogate decision maker shall designate a primary care practitioner (PCP) to be called in case of a medical necessity. Each resident or representative shall also designate a concerned person to be called in case of an emergency. The facility shall establish a policy to secure medical assistance if the resident's own physician is not available. In the event of an illness or an injury to the resident, the PCP or a physician extender shall be notified by the facility. B. The facility shall have a first aid kit that contains at a minimum, gauze, adhesive tape, antiseptic ointment and bandages for emergencies. The first aid kit shall be kept in a	8 031	All emergency phone numbers including Fired Department, Police Department, Ambulance Services and Poison Control are posted on the phone list and kept next to the public phone in the facility. Compliance will be monitored by the Administrator: Lucila Cunningham or the Supervisor: Leary Cunningham	08/23/2024

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8 031	Continued From page 10 designated, easily accessible place within the facility. C. An easily accessible and functional telephone shall be available in each facility for summoning help in case of an emergency. A pay telephone does not fulfill this requirement. D. A list of emergency numbers including: fire department, police department, ambulance services and poison control shall be posted near each public telephone in the facility. [8.370.14.31 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.31 D Based on observation and interview, the facility failed to ensure that a list of emergency phone numbers, including the fire department, police department, ambulance services, and poison control, was posted near the public telephone in the facility. This deficient practice could likely result in all [redacted] (R #s [redacted] residents listed on the resident census, provided by Direct Care Staff (DCS) #1 on 08/20/24, to be at risk of harm, injury, or death if there is a delay in receiving emergency medical care and services because there was not a list of emergency numbers posted next to the public telephone. The findings are: A. On 08/20/24 at 1:12 pm, during an observation of the public telephone in the kitchen area, a list of emergency numbers was not posted next to the public telephone. B. On 08/21/24 at 1:37 pm, during an interview, the Administrator confirmed a list of emergency	8 031		

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8 031	Continued From page 11 numbers was not posted next to the public telephone in the kitchen.	8 031		
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 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	8 036	The violations were corrected by purchasing hair nets and throwing away any and all rotten produce. It will be continued to be monitored by requring all employees use hair nets during foodpreparation or when handling food. Hair nets are located in a public area of the kitchen. Fruits and vegetables will be purchased in small quantities 3 times a week to maintain freshness. All food will be checked on a daily basis. Compliance will be monitored by the Administrator: Lucila Cunningham or the Supervisor: Leary Cunningham	08/23/2024

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8 036	Continued From page 12	8 036		

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;
(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.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENNEY'S SENIOR CARE LLC	1504 37TH STREET SE RIO RANCHO, NM 87124

(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
8 036	Continued From page 13 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 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	8 036		

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8 036	Continued From page 14 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 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	8 036		

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8 036	Continued From page 15	8 036		

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, 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

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8 036	Continued From page 16 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) D (3) Based on observation and interview, the facility failed to ensure: 1. Staff preparing food wore hair nets or caps. 2. Food was stored in safe, clean, and sanitary conditions.. These deficient practices could harm residents if they were to ingest food that was unsanitary and caused foodborne illness (illness resulting in the consumption of contaminated or toxic food). The findings are: A. On 08/20/24 at 11:24 am, during an observation of the kitchen, Direct Care Staff (DCS) #1 prepared food without wearing a hair net or cap. B. On 08/20/24 at 11:24 am, during an interview, DCS #1 confirmed she was not wearing a hair net. C. On 08/20/24 at 11:26 am, during observation of the facility refrigerator in the kitchen, the crisper drawer contained the following foods: 1. Two rotten (decayed or spoiled) bell peppers. 2. Three rotten apples.	8 036		

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8 036	Continued From page 17 3. One rotten pepper. 4. Two rotten limes. 5. One rotten ginger root. D. On 08/20/24 at 11:31 am, during an interview, DCS #1 confirmed the produce in the refrigerator crisper drawer was rotten.	8 036		
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	8 037	The laundry room is locked at all times with a key to ensure the safety of all cleaning supplies. Laundry door will be supervised and the drawer will be lockedat all times by an Administrator or Staff during the shift.	08/23/2024

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8 037	Continued From page 18 shall be laundered as needed and at least once per month or when a new resident is to occupy the bed. (8) Bath linens consisting of hand towel, bath towel and washcloth shall be changed as needed and at least weekly. (9) There shall be a clean, dry, well ventilated storage area provided for clean linen. (10) Facility laundry supplies and cleaning supplies shall not be kept in the same storage areas used for the storage of foods and clean storage and shall be kept in a secured room or cabinet. B. Residents may do their own laundry, if it is their preference and they are capable of doing so, or if it is part of their skill-building for independent living and is documented as part of their ISP. [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 cleaning supplies in the laundry areas were kept in a secured room or cabinet. This deficient practice could likely result in the [redacted] (R #s [redacted] of [redacted] residents identified on the resident census list provided by Direct Care Staff (DCS) #1 on 08/20/24 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 (any chemical which can cause a physical or a health hazard). The findings are: A. On 08/21/24 at 11:09 AM, during an	8 037		

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8 037	Continued From page 19 observation of the laundry room, it was observed to be unlocked and the following chemicals were not in a secured room or cabinet: 1. Three (3) gallons of disinfectant cleaner 2. Five (5) 32 ounces (oz) bottles of disinfectant cleaner 3. One (1) 32 oz bottle of Rust, Lime and Calcium remover 4. One (1) 32 oz bottle of glass cleaner 5. Two (2) 32 oz bottles of multi-purpose cleaner 6. One (1) 13.5-pound (lb) bag of baking soda 7. One (1) 12.5 oz can of wood cleaner 8. One (1) 32 oz bottle of oil soap 9. One (1) 12 oz can spider and scorpion killer 10. Two (2) cans of 25 oz powdered scouring cleanser 11. One (1) 15 oz can spray paint-silver 12. One (1) 32.7 oz dishwashing liquid 13. One (1) 64 oz laundry detergent 14. One (1) 32 oz bottle of Hydrogen Peroxide 15. One (1) 30 oz bottle of bathroom cleaner 16. One (1) 12 oz can spray paint - white 17. One (1) 10 oz body powder 18. One (1) gallon of bleach 19. One (1) 32 oz drain cleaner 20. One (1) gallon of degreaser 21. One (1) 40 oz hand sanitizer 22. One (1) gallon lemon ammonia 23. One (1) gallon sanitizer 24. One (1) 32 oz silk plant cleaner 25. One (1) 32 oz tile cleaner 26. One (1) can of insect killer 27. One (1) 8 oz bottle of leaf shine 28. One (1) bottle of 20 oz animal spray detangler 29. One (1) 64.24 oz cream soap	8 037		

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8 037	Continued From page 20 30. One (1) 16.9 oz multi-purpose cleaner 31. One (1) 14 oz carpet deodorizer B. On 08/21/24 at 11:09 am, during an interview, the Administrator confirmed the chemicals in the laundry room were unsecured and accessible to residents.	8 037		
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 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 (C)	8 038	The violation will be corrected as follows the southside resident bathroom cabinet will be locked and only opened when supplies need to be obtained. Keys will be kept in a safe location and supervised by an Administrator or Staff on shift.	08/23/2024

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8 038	Continued From page 21 Based on observation and interview, the facility failed to ensure that cleaning supplies and hazardous or poisonous chemicals were stored in secured areas and not in or near residential areas. This deficient practice could likely result in the [redacted] (R #s [redacted] of [redacted] residents listed on the resident census list provided by Direct Care Staff (DCS) #1 on 08/20/24 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 (any chemical which can cause a physical or a health hazard). The findings are: A. On 08/21/24 at 11:16 AM, during observation of the first south-side resident bathroom, a cabinet was unsecured, and the following chemicals were accessible to residents: 1. One (1) 32 oz disinfectant cleaner 2. One (1) 32 oz bleach water bottle B. On 08/21/24 at 11:16 am, during an interview, the Administrator confirmed the chemicals in the south-side resident bathroom cabinet were not stored in a secure manner and were accessible to residents.	8 038		

Name: Maria Lucila Rivera-Cunningham

Signature: