

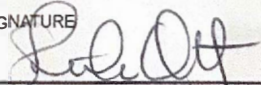
Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2104	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/13/2025
NAME OF PROVIDER OR SUPPLIER HEARTFELT MANOR INCORPORATE		STREET ADDRESS, CITY, STATE, ZIP CODE 2210 EAST PINE LODGE ROAD ROSWELL, NM 88201		
(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 08/13/25 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 and deficiencies were [REDACTED]	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;	8 017		

Division of Health Improvement

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

Sheila Ortega



TITLE
Manager

(X6) DATE

8/30/25

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8 017	Continued From page 1 (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 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 07/19/12) employee file, revealed no documentation of completing 16 hours of supervised training prior to working independently with residents.	8 017	DCS# 1-4 (A, B, C, D) These employees have successfully completed the mandatory 16-hour training program over a 3-day orientation period. A new tracking form has been implemented to record each of the 16-hours, which requires sign-off after each hour is completed and is maintained in their personnel file to ensure compliance with training documentation prior to being left unsupervised with residents.	8/30/25

If continuation sheet 3 of 3