STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7312	A. BUILDING: _____ B. WING _____	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MONARCH	5004 MARIAH RD NW ALBUQUERQUE, NM 87120

(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 05/23/25 for the state requirements of NMAC 8.370.14, Regulations for Assisted Living facilities for Adults. Resident Census: [redacted]	8 000		
8 018	8 NMAC 370.14.18 Policies The facility shall have and implement written personnel policies for the following: A. staff, private duty attendant and volunteer qualifications; B. staff, private duty attendant and volunteer conduct; C. staff, private duty attendant and volunteer training policies; D. staff and private duty attendant and volunteer criminal history screening; E. emergency procedures; F. medication administration; G. the retention and maintenance of current and past personnel records; and H. facilities shall maintain records and files that reflect compliance with NM and federal employment rules. [8.370.14.18 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.18 A D E F G H Based on record review and interview, the facility failed to ensure they had written personnel policies to include the following:	8 018	8 018 - Developed policies for the following: 1. Staff and private duty attendant and volunteer qualifications. 2. Staff and private duty attendant and volunteer criminal history screening. 3. Emergency procedures. 4. Medication administration. 5. The retention and maintenance of current and past personnel records. 6. Facilities shall maintain records and files that reflect compliance with NM and federal employment rules. - All staff assigned updated policy document, with signature to attest compliance. - Updated policies provided in digital and hardcopy formats, for current and future staff. - Administrator to confirm most up to date policy and procedure versions are available for use.	6/9/2025

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8 018	Continued From page 1 1. Staff and private duty attendant and volunteer qualifications. 2. Staff and private duty attendant and volunteer criminal history screening. 3. Emergency procedures. 4. Medication administration. 5. The retention and maintenance of current and past personnel records. 6. Facilities shall maintain records and files that reflect compliance with NM and federal employment rules. This deficient practice could likely negatively affect the health and safety of the [redacted] residents identified on the resident census provided by Direct Care Staff (DCS) #1 on 05/21/25, if the facility does not have written policies and procedures for the personnel to follow. The findings are: A. Record review of the Employee Handbook revealed there was no written policies for personnel to follow. B. On 05/23/25 at 9:52 AM, during an interview, the Administrator confirmed the missing written policies for personnel to follow.	8 018		
8 020	8 NMAC 370.14.20 Admissions and Discharge The facility shall not admit or retain individuals that require 24 hour continuous nursing care, refer to Subsection U of 8.370.14.7 NMAC definitions. This rule does not apply to hospice residents who have elected to receive the hospice benefit. Conditions or circumstances that usually require continuous nursing care may include but are not limited to the following:	8 020	8 020 - R1, R2, R3 admission agreements updated to include: - the program narrative - the facility rules - the refund provision in case of death, transfer, voluntary or involuntary discharge - facility's bed hold policy.	6/9/2025

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8 020	Continued From page 2 (1) ventilator dependency; (2) pressure sores and decubitus ulcers (stage III or IV); (3) intravenous therapy or injections; (4) any condition requiring either physical or chemical restraints; (5) nasogastric tubes; (6) tracheostomy care; (7) residents that present an imminent physical threat or danger to self or others; (8) residents whose psychological or physical condition has declined and placement in the current facility is no longer appropriate as determined by the PCP; (9) residents with a diagnosis that requires isolation techniques; (10) residents that require the use of a hoyer lift; and (11) ostomy (unless resident is able to provide self-care). C. Exceptions to admission, readmission and retention: If a resident requires a greater degree of care than the facility would normally provide or is permitted to provide and the resident wishes to be re-admitted or remain in the facility and the facility wishes to re-admit or retain the resident. The facility shall comply with the following requirements. (1) Convene a team, comprised of: (a) the facility administrator and a facility health care professional if desired; (b) the resident or resident's surrogate decision maker; and (c) the hospice or home health clinician. (2) The team shall jointly determine if the resident should be admitted, readmitted or allowed to remain in the facility. Team approval shall be in writing, signed and dated by all team members and the approval shall be maintained in	8 020	continued from page 2 8 020 - Future admission agreement template updated to include: - the program narrative - the facility rules - the refund provision in case of death, transfer, voluntary or involuntary discharge - facility's bed hold policy. - Most up to date version of admission agreement executed for new residents, and blank copy available on site in policy and procedure binder. - Administrator to confirm most up to date version of Admission Agreement is used for new residents upon move in to facility.	

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8 020	Continued From page 3 the resident's record and shall: (a) be based upon an individual service plan (ISP) which identifies the resident's specific needs and addresses the manner that such needs will be met; (b) ensure that if the facility is licensed for more than eight residents and does not have complete fire sprinkler coverage, the facility shall maintain an evacuation rating score of prompt as determined by the fire safety equivalency system (FSES); The facility shall not admit or retain individuals that require 24 hour continuous nursing care, refer to Subsection U of 8.370.14.7 NMAC definitions. This rule does not apply to hospice residents who have elected to receive the hospice benefit. Conditions or circumstances that usually require continuous nursing care may include but are not limited to the following: (1) ventilator dependency; (2) pressure sores and decubitus ulcers (stage III or IV); (3) intravenous therapy or injections; (4) any condition requiring either physical or chemical restraints; (5) nasogastric tubes; (6) tracheostomy care; (7) residents that present an imminent physical threat or danger to self or others; (8) residents whose psychological or physical condition has declined and placement in the current facility is no longer appropriate as determined by the PCP; (9) residents with a diagnosis that requires isolation techniques; (10) residents that require the use of a hoyer lift; and (11) ostomy (unless resident is able to provide self-care).	8 020		

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8 020	Continued From page 4 C. Exceptions to admission, readmission and retention: If a resident requires a greater degree of care than the facility would normally provide or is permitted to provide and the resident wishes to be re-admitted or remain in the facility and the facility wishes to re-admit or retain the resident. The facility shall comply with the following requirements. (1) Convene a team, comprised of: (a) the facility administrator and a facility health care professional if desired; (b) the resident or resident's surrogate decision maker; and (c) the hospice or home health clinician. (2) The team shall jointly determine if the resident should be admitted, readmitted or allowed to remain in the facility. Team approval shall be in writing, signed and dated by all team members and the approval shall be maintained in the resident's record and shall: (a) be based upon an individual service plan (ISP) which identifies the resident's specific needs and addresses the manner that such needs will be met; (b) ensure that if the facility is licensed for more than eight residents and does not have complete fire sprinkler coverage, the facility shall maintain an evacuation rating score of prompt as determined by the fire safety equivalency system (FSES); (c) evaluate and outline how meeting the specific needs of the resident will impact the staff and the other residents; and (d) include an independent advocate such as a certified ombudsman if requested by the resident, the family or the facility. (3) The team recommendation shall be maintained on site in the resident's file. (4) When a resident is discharged, the facility	8 020		

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8 020	Continued From page 5 shall record where the resident was discharged to and what medications were released with the resident. D. Coordination of care: (1) Assisted living facilities shall have evidence of care coordination on an ISP for all services that are provided in the facility by an outside health care provider, such as hospice or home health providers. (2) Residents shall be given a list of providers, including hospice and home health if applicable, and have the right to choose their provider. If applicable, the referring party shall disclose any ownership interest in a recommended or listed provider. [8.370.14.20 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.20 A (2) (3) (5) (11) Refer to Senate Bill (SB) 0335 - 2013 AN ACT RELATING TO HEALTH CARE; REQUIRING CONTRACTS FOR ASSISTED LIVING FACILITIES TO CONTAIN A REFUND POLICY UPON TERMINATION OF A CONTRACT DUE TO THE DEATH OF THE RESIDENT; PROVIDING FOR STORAGE OF A RESIDENT'S BELONGINGS; DECLARING AN EMERGENCY. BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO: SECTION 1. A new section of the Public Health Act is enacted to read: "ASSISTED LIVING FACILITIES CONTRACTS--LIMIT ON CHARGES AFTER RESIDENT DEATH.-- A. The contract for each resident of an	8 020		

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8 020	Continued From page 6 assisted living facility shall include a refund policy to be implemented at the time of a resident's death. The refund policy shall provide that the resident's estate or responsible party is entitled to a prorated refund based on the calculated daily rate for any unused portion of payment beyond the termination date after all charges have been paid to the licensee. For the purpose of this section, the termination date shall be the date the unit is vacated by the resident due to the resident's death and cleared of all personal belongings. B. If a resident's belongings are not removed within one week of the resident's death and the amount of belongings does not preclude renting the unit, the facility may clear the unit and charge the resident's estate for moving and storing the items at a rate equal to the actual cost to the facility, not to exceed ten percent of the regular rate for the unit; provided that the responsible party for the resident is given notice at least one week before the resident's belongings are removed. If the resident's belongings are not claimed within forty-five days after notification, the facility may dispose of them. C. For the purposes of this section, "assisted living facility" means a facility required to be licensed as an assisted living facility for adults by the department of health." SECTION 2. EMERGENCY. --It is necessary for the public peace, health and safety that this act take effect immediately. Based on record review and interview, the facility failed to ensure for [redacted] (R #'s [redacted] of [redacted] (R#'s [redacted] residents that resident admission agreement contained the program narrative, the facility rules, the refund provision in case of death, transfer, voluntary or involuntary discharge, and the facility's bed hold policy.	8 020		

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8 020	Continued From page 7 These deficient practices could potentially lead to disputes, liability for unexpected costs, and abuse, neglect and exploitation of residents. The findings are: A. Record review of R[redacted], R[redacted] and R[redacted] admission agreements revealed they were missing the program narrative, the facility rules, the refund provision in case of death, transfer, voluntary or involuntary discharge, and the facility's bed hold policy. B. On 05/22/25 at 9:38 AM, during an interview, the Administrator confirmed the facility admission agreements for R[redacted], R[redacted] and R[redacted] missing the program narrative, the facility rules, the refund provision in case of death, transfer, voluntary or involuntary discharge, and the facility's bed hold policy.	8 020		
8 021	8 NMAC 370.14.21 Resident Records A. Record contents: A record for each resident shall be maintained in accordance with the specific requirements of this section. Entries in each resident's record shall be legible, dated and authenticated by the signature of the person making the entry. Resident records shall be readily available on site and organized utilizing a table of contents. Each resident record shall include: (1) the admission agreement records, as set forth in 8.370.14.20 NMAC; (2) the resident evaluation form, that is to be completed within 15 days prior to admission and updated at a minimum of every six months; (3) the current ISP, that is to be completed within	8 021	8 021 - R1, R2, R3 resident electronic records updated to include: 1. Personal and demographic information, to include photo 2. Shift notes and ADL's documented in BlueStep (electronic resident record), authenticated by each DSC, to include: assistance with all ADL's. Documentation is authenticated with date and time.	6/9/2025

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8 021	Continued From page 8 10 calendar days of admission and updated at a minimum of every six months; (4) the physical examination report; the physical examination report shall have been completed within the past six months, by a primary care physician, a nurse practitioner or a physician's assistant and shall be on file in the resident's record within 10 days of admission; (5) personal and demographic information for the resident, to include: (a) current names, addresses, relationship and phone numbers of family members, or surrogate decision makers updated as necessary; (b) resident's name; (c) age; (d) recent photograph; (e) marital status; (f) date of birth; (g) sex; (h) address prior to admission; (i) religion (optional); (j) personal physician; (k) dentist; (l) social history; (m)surrogate decision maker or other emergency contact person; (n) language spoken and understood; (o) legal documentation relevant to commitment or guardianship status; (p) current medications list; and (q) required diet; (6) unless included in the admission agreement, a separate written agreement between the facility and the resident relating to the resident's funds, in accordance with the facility's policy and procedures; (7) entries by direct care staff, appropriate health care professionals and others authorized to care for the resident; entries shall be dated and signed	8 021	continued from page 8 3. Facility will obtain and store records related to: medical and dental appointments and any problems or improvements observed in the residents to include progress notes. Entries will be dated and authenticated by Administrator or DSC. - All (R1, R2, R3) resident records have been reviewed and updated. - Administrator will monitor current resident records to ensure compliance. - All future resident records will have demographic information completed upon admission, and entries made as described above pertaining to ADL's and signifigant information in relation to ISP.	

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8 021	Continued From page 9	8 021		

by the person making the entry and shall include significant information related to the ISP;
(8) entries that provide a written account of all accidents, injuries, illnesses, medical and dental appointments, any problems or improvements observed in the resident, any condition that would indicate a need for alternative placement or medical attention and entries reflecting appropriate follow-up; the maintenance of such written documentation in the resident record may be by copy of an incident or accident report, if the original incident or accident report is maintained elsewhere by the facility;
(9) the medication assistance record (MAR); the MAR is the document that details the resident's medication; the MAR shall include all of the information pursuant to Subsection G of 8.370.14.35 NMAC of this rule;
(10) progress notes completed by any contract agency (e.g., hospice, home health); the progress notes shall include the date, time and type of health services provided;
(11) copies of all completed and signed transfer forms from the accepting facility when a resident is transferred to a hospital or another health care facility and when the resident is transferred back to the facility; and
(12) upon the death or transfer of a resident, documentation of the disposition of the resident's personal effects and money or valuables that are deposited with the assisted living facility.
B. Resident records maintenance:
(1) Current resident records shall be maintained on-site and stored in an organized, accessible and permanent manner.
(2) The facility shall establish a policy to maintain and ensure the confidentiality of resident records, including the authorized release of information from the resident records.

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8 021	Continued From page 10 (3) Non-current resident records shall be maintained by the facility against loss, destruction and unauthorized use for a period of not less than five years from the date of discharge and readily available within 24 hours of request. (4) There shall be a policy and procedure in place for record retention in the event of facility closure. (5) Failure to follow facility policies is grounds for sanctions. [8.370.14.21 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.21 A (5) (6) (7) B (4) Based on record review and interview, the facility failed to ensure for [redacted] R #'s [redacted] of [redacted] (R #'s [redacted] resident records contained the following: 1. Personal and demographic information for the resident. 2. Entries by Direct Care Staff (DSC), appropriate health care professionals and others authorized to care for the resident; entries shall be dated and signed by the person making the entry and shall include significant information related to the Individual Service Plan (ISP). 3. Entries that provide a written account of all accidents, injuries, illnesses, to include medical and dental appointments and any problems or improvements observed in the resident. These deficient practices could likely cause the residents identified on the resident census provided by DCS #1 on 05/21/25, to be at risk for health care errors if the facility does not have current resident information. The findings are:	8 021		

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8 021	Continued From page 11 A. Record review of R [redacted] resident file revealed the records did not contain any documentation of the following: 1. Personal and demographic information for the resident. 2. Entries by direct care staff, appropriate health care professionals and others authorized to care for the resident with included significant information related to the ISP. 3. Accidents, injuries or illnesses to also include any medical or dental appointments. B. On 05/22/25 at 8:51 AM, during an interview, the administrator confirmed R [redacted] missing documents. C. Record review of R [redacted] resident file revealed the records did not contain any documentation of the following: 1. Personal and demographic information for the resident. 2. Entries by direct care staff, appropriate health care professionals and others authorized to care for the resident with included significant information related to the ISP. 3. Accidents, injuries or illnesses to also include any medical or dental appointments. D. On 05/22/25 at 9:35 AM, during an interview, the administrator confirmed R [redacted] missing documents. E. Record review of R [redacted] resident file revealed the records did not contain any documentation of the following: 1. Personal and demographic information for the resident. 2. Entries by direct care staff, appropriate health care professionals and others authorized to care for the resident with included significant	8 021		

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8 021	Continued From page 12 information related to the ISP. 3. Accidents, injuries or illnesses to also include any medical or dental appointments. F. On 05/22/25 at 10:19 AM, during an interview, the administrator confirmed R[redacted] missing documents.	8 021		
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 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	8 022	8 022 - A blank admission agreement to the facility, and a blank program narrative were printed and added to the onsite hard copy policy and procedure binder. - The printed policy and procedure binder is located in the common area, and available for review by residents and staff at all times. - Digital version of the policy and procedure file updated to include blank admission agreement and program narrative, to ensure inclusion of these items in future prints. - Dated updated policy and procedure file and binder to ensure most recent version is used.	5/22/2025

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(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
8 022	Continued From page 13 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 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	8 022		

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	7312	A. BUILDING: _____ B. WING _____	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MONARCH	5004 MARIAH RD NW ALBUQUERQUE, NM 87120

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8 022	Continued From page 14	8 022		

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;
(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,

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8 022	Continued From page 15 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; (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	8 022		

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8 022	Continued From page 16 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 (12) (15) Based on record review and interview, the facility failed to ensure there was a blank written policy (page without any personal descriptive words added) and procedure in the facility manual covering an admission agreement to the facility, and a blank program narrative. This deficient practice could likely negatively affect the health and safety of the [redacted] residents identified on the resident census provided by the administrator on 05/21/25, if the facility does not have a blank written policy and procedure for the residents and family to follow in the event of an admission; and type of personal care and goals on program narratives. The findings are: A. Record review of the facility's policies and procedures revealed the manual did not include a blank written admission agreement policy for residents and family. B. Record review of the facility's policies and procedures revealed the manual did not include a blank written policy or procedure covering program narratives for type of personal care and goals to accomplish. C. On 5/22/25 at 1:45 pm, during an interview, the administrator confirmed the facility's policy and procedure manual did not have a blank	8 022		

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8 022	Continued From page 17 written policy or procedure covering the admission agreement for residents and family; and a blank program narrative for type of personal care and goals to accomplish.	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; (6) incontinence of bowel/bladder; (7) psychosocial well-being; (8) mood and behavior; (9) activity interests; (10) diagnoses; (11) health conditions; (12) nutritional status;	8 025	8 025 - R1, R2, R3 evaluation forms were reviewed and updated to include the resident's: - cognitive abilities - reasoning and perception - ability to articulate thoughts - memory function or impairment - psychosocial wellbeing - All evaluation forms for R1, R2, R3 reviewed and filed with updates as needed. - Evaluation form updated to include: - cognitive abilities - reasoning and perception - ability to articulate thoughts - memory function or impairment - psychosocial wellbeing. - Updated form to be completely filled out for all new residents. - Administrator to use updated form for all new resident evaluations.	6/9/2025

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8 025	Continued From page 18 (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 (2) (7) D Based on record review and interview the facility failed to ensure for [redacted] (R #[redacted]) of [redacted] (R #[redacted] residents whose evaluations were reviewed for compliance included the resident's cognitive abilities, reasoning and perception, the ability to articulate thoughts, memory function or impairment, etc, and the residents psychosocial wellbeing. These deficient practices could likely result in staff not implementing the most appropriate care, interventions and treatments needed for the resident.	8 025		

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8 025	Continued From page 19 The findings are: A. Record review of R [redacted] evaluation dated [redacted], revealed it did not contain the residents cognitive abilities, reasoning and perception, the ability to articulate thoughts, memory function or impairment, etc, and the residents psychosocial wellbeing. B. Record review of R [redacted] evaluation (date of evaluation unknown) revealed it did not contain the residents cognitive abilities, reasoning and perception, the ability to articulate thoughts, memory function or impairment, etc, the residents psychosocial wellbeing, and was not dated or signed. C. Record review of R [redacted] evaluation dated [redacted] revealed it did not contain the residents cognitive abilities, reasoning and perception, the ability to articulate thoughts, memory function or impairment, etc, and the residents psychosocial wellbeing. D. On 05/22/25 at 8:51 AM, during an interview, the Administrator confirmed R [redacted] evaluation did not contain the residents cognitive abilities, reasoning and perception, the ability to articulate thoughts, memory function or impairment, etc, and the residents psychosocial wellbeing. E. On 05/22/25 at 9:58 AM, during an interview, the Administrator confirmed R [redacted] evaluation did not contain the residents cognitive abilities, reasoning and perception, the ability to articulate thoughts, memory function or impairment, etc, and the residents psychosocial wellbeing. F. On 05/22/25 at 10:19 AM, during an interview, the Administrator confirmed R [redacted] evaluation did	8 025		

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8 025	Continued From page 20 not contain the residents cognitive abilities, reasoning and perception, the ability to articulate thoughts, memory function or impairment, etc, and the residents psychosocial wellbeing.	8 025		
8 026	8 NMAC 370.14.26 Individual Service Plan An ISP shall be developed and implemented within 10 calendar days of admission for each resident residing in the facility. A. The ISP shall address those areas of need as identified in the resident evaluation and through staff observation. (1) The ISP shall detail the services that are provided by the facility as well as the services to be provided by other agencies. (2) The resident evaluation and the ISP shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or a physician extender. (3) The ISP shall be reviewed and or revised at a minimum of every six months or when there is a significant change in the resident's health status. B. The ISP shall include the following: (1) a description of identified needs as noted in the resident evaluation; (2) a written description of all services to be provided; (3) who will provide the services; (4) when or how often the services will be provided; (5) how the services will be provided; (6) where the services will be provided; (7) expected goals and outcomes of the services; (8) documentation of the facility's determination that it is able to meet the needs of the resident; (9) the level of assistance that the resident will require with activities of daily living and with	8 026	8 026 - Amendment to ISPs generated, for each resident (R1-3) to outline: 1. Description of all services to be provided. 2. Who will provide the services. 3. When or how often the services will be provided. 4. How the services will be provided. 5. Where the services will be provided. 6. Expected goals and outcomes of the services. 7. Documentation of the facility's determination that it is able to meet the needs of the resident. 8. The level of assistance that the resident will require with activities of daily living and with medications. 9. A crisis prevention/intervention plan (when indicated by diagnosis or behavior) - Resident 1, 2, 3 ISPs updated to include new amendment. - Updated ISP, with extended form, will be filled out for all new residents upon move in.	5/22/2025

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8 026	Continued From page 21 medications; (10) a crisis prevention/intervention plan when indicated by diagnosis or behavior; and (11) current orders for all medications, including those authorized for PRN usage. [8.370.14.26 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure for [redacted] (R #'s [redacted] of [redacted] (R #'s [redacted] residents whose Individual Service Plan (ISP) were reviewed for compliance contained the following information: 1. Description of all services to be provided. 2. Who will provide the services. 3. When or how often the services will be provided. 4. How the services will be provided. 5. Where the services will be provided. 6. Expected goals and outcomes of the services. 7. Documentation of the facility's determination that it is able to meet the needs of the resident. 8. The level of assistance that the resident will require with activities of daily living and with medications. 9. A crisis prevention/intervention plan when indicated by diagnosis or behavior. These deficient practices could likely result in the residents not being provided with individualized care due to staff not knowing the residents' individual needs. The findings are: A. Record review of R [redacted] ISP dated [redacted] revealed it did not contain the following:	8 026	continued from page 21 - Administrator to ensure updated ISP form is used for all new residents.	

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8 026	Continued From page 22 1. Description of all services to be provided. 2. Who will provide the services. 3. When or how often the services will be provided. 4. How the services will be provided. 5. Where the services will be provided. 6. Expected goals and outcomes of the services. 7. Documentation of the facility's determination that it is able to meet the needs of the resident. 8. The level of assistance that the resident will require with activities of daily living and with medications. 9. A crisis prevention/intervention plan when indicated by diagnosis or behavior. B. Record review of R[redacted] ISP dated [redacted] revealed it did not contain the following: 1. Description of all services to be provided. 2. Who will provide the services. 3. When or how often the services will be provided. 4. How the services will be provided. 5. Where the services will be provided. 6. Expected goals and outcomes of the services. 7. Documentation of the facility's determination that it is able to meet the needs of the resident. 8. The level of assistance that the resident will require with activities of daily living and with medications. 9. A crisis prevention/intervention plan when indicated by diagnosis or behavior. C. Record review of R[redacted] ISP dated [redacted], revealed it did not contain the following: 1. Description of all services to be provided. 2. Who will provide the services.	8 026		

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8 026	Continued From page 23 3. When or how often the services will be provided. 4. How the services will be provided. 5. Where the services will be provided. 6. Expected goals and outcomes of the services. 7. Documentation of the facility's determination that it is able to meet the needs of the resident. 8. The level of assistance that the resident will require with activities of daily living and with medications. 9. A crisis prevention/intervention plan when indicated by diagnosis or behavior. D. On 05/21/25 at 4:00 PM, during an interview, the Administrator confirmed R [redacted] ISP did not contain the required information. E. On 05/22/25 at 9:11 AM, during an interview, the Administrator confirmed R [redacted] ISP did not contain the required information. F. On 05/22/25 at 10:19 AM, during an interview, the Administrator confirmed R [redacted] ISP did not contain the required information.	8 026		
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	8 036	8 036 - A new refrigerator was installed at facility. All food items in previous unit were disposed of. New unit's temperature was confirmed to be in compliance, before adding replacement food items. - Food for all residents is kept in one unit.	5/23/2025

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8 036	Continued From page 24 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 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:	8 036	continued from page 24 - Refrigerator temperature is logged electronically daily. - Administrator to check logs regularly to ensure proper temperatures and make adjustments where indicated.	

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8 036	Continued From page 25 (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. 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	8 036		

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8 036	Continued From page 26	8 036		

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 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

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THE MONARCH	5004 MARIAH RD NW ALBUQUERQUE, NM 87120

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8 036	Continued From page 27 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 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	8 036		

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8 036	Continued From page 28 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 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: Based on observation and interview, the facility failed to ensure the refrigerator was maintained at 35 to 41 degrees Fahrenheit. This deficient practice could likely result in the residents identified on the resident census	8 036		

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8 036	Continued From page 29 provided by DCS #1 on 05/21/25, to become ill if they were to ingest (take food, drink, or another substance in the body by swallowing or absorbing it) food not maintained at the correct temperature that has acquired (developed) foodborne illnesses. The findings are: A. On 05/21/22 at 2:25 PM, during observation of the facility's refrigerator revealed the temperature inside was 66 degrees Fahrenheit. B. On 05/21/25 at 2:27 PM, during an interview, the Administrator confirmed the refrigerator temperature was 66 degrees Fahrenheit.	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 chemicals are stored on the property, material safety data sheets shall be maintained and stored	8 038	8 038 - Dishwasher pods that were found in kitchen drawer were removed on 5/21/2025 and relocated to secure chemical storage. - Reviewed all cabinets to ensure no dishwasher pods remained out of secure chemical storage. -Secure chemical storage addressed with staff, signage provided in kitchen as added prevention. - Administrator to check cabinets routinely to ensure compliance.	6/6/2025

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8 038	Continued From page 30 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 Based on observation and interview, the facility failed to ensure poisonous chemicals were stored in a secured area and not in food storage areas. This deficient practice could likely result in residents becoming ill if they ingest (take food, drink, or another substance in the body by swallowing or absorbing it) food that came into contact with the chemicals. The findings are: A. On 05/21/25 at 2:31 PM, during observation of the kitchen drawers next to the stove there were seven (7) unpackaged dish washing pods (packets of detergent) stored in the drawer. B. On 05/21/25 at 2:32 PM, during an interview, the Administrator confirmed the dish washing pods in the drawer next to the stove.	8 038		
8 042	8 NMAC 370.14.42 Maintenance of Building and Grounds The building(s) shall be maintained in good repair 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	8 042	8 042 - The identified light fixture was appropriately secured to ceiling, to ensure connection and remove any gaps. Correction made and reviewed by Survey team.	5/22/2025

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8 042	Continued From page 31 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 A Based on observation and interview, the facility failed to ensure the ceiling in living room of the facility was in good condition, had no penetrations/perforations (holes/gaps), and was maintained in good repair at all times. This deficient practice could likely result in the [redacted] residents listed on the census provided by DCS #1 on 05/21/25, to be at risk of harm, injury, or death if there were a fire and it was not contained due to perforations (holes/gaps) in the ceilings. The findings are: A. On 05/21/25 at 2:37 PM, during observation of the facility's lighting fixtures revealed a light fixture in the living room ceiling by the fireplace to have spaces and not be fully connected to the ceiling. B. On 05/21/25 at 2:38 PM, during an interview, the Administrator confirmed the light fixture in the living room ceiling by the fireplace to have gaps and was notfully connected to the ceiling.	8 042	Continued from page 31 - All ceiling light fixtures were reviewed and assessed. - Administrator to review and assess all ceiling light fixtures annually. - Annual inspections will be documented for compliance, with corrections made.	
8 045	8 NMAC 370.14.45 Water	8 045	8 045 See page 33	

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8 045	Continued From page 32 Pursuant to the current New Mexico drinking water requirements: A. The water supply system shall be constructed, protected, operated and maintained in conformance with applicable local, state and federal laws, ordinances and regulations. B. Where a facility is supplied by its own water system, the system shall meet the sampling and construction requirement of a non-community water system as defined by the current New Mexico drinking water requirements. C. All water that is not piped into the facility directly from a public water supply system shall be from an approved source, disinfected, transported, handled, stored and dispensed in a sanitary manner. Such water shall be prevented from entering potable water systems by appropriate cross connection and backflow prevention devices. D. Hot and cold running water, under pressure shall be provided in all areas where food is prepared and where equipment and utensils are washed, sinks, lavatories, washrooms and laundries. E. The hot water temperature that is accessible to residents shall be maintained at a minimum of 95 degrees fahrenheit and a maximum of 110 degrees fahrenheit. Hot water in excess of 110 degrees fahrenheit is permitted in kitchen and laundry areas, provided that residents are supervised in order to prevent injury. [8.370.14.45 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.45 E Based on observation and interview, the facility failed to ensure the resident bathroom hot water temperatures were maintained below 120	8 045	continued from page 33 8 045 - Hot water heater control dial was adjusted by Administrator, and temperatures were rechecked at all faucets, by Survey team. - All faucets were found to be in compliance after temperature dial adjustment on hot water heater. This was confirmed by Survey team. - Administrator to recheck temperatures yearly. - Annual temperature checks will be documented for compliance. Adjustments to dial, if needed, will be made if temperatures are found to be out of compliance.	5/21/2025

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8 045	Continued From page 33 degrees Fahrenheit. This deficient practice could likely on the census provided by DCS #1 on 05/21/25, to be at risk of burns from water that is above set standards of 95result in the [redacted] residents listed degrees Fahrenheit. The findings are: A. On 05/21/25 at 3:27 PM, during observation of R [redacted] bathroom's faucet water temperature revealed a temperature of 134.4 degrees Fahrenheit. B. On 05/21/25 at 3:33 PM, during an interview, the Administrator confirmed R [redacted] bathroom faucet water temperature was above 120 degrees Fahrenheit.	8 045		
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. 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.	8 059	8 059: - The four identified window screens are replaced. - All screens were assessed for damage. - All screens will be assessed by Administrator, yearly, to ensure proper fit and function. Checks will be documented. -Staff to report any acute changes to screens.	6/5/2025

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8 059	Continued From page 34 [8.370.14.59 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.59 A (1) Based on observation and interview, the facility failed to ensure that all the facility's windows were equiped with functional window screens. This deficient practice could likely result in the [redacted] residents identified on the census provided by the DCS #1 on 05/21/25, to be at risk of illness if they are exposed to bugs/insects, allergens (dust/dirt), or debris (leaves or other fragments) coming in through the bowed (curved or distorted shape) window screens. The findings are: A. On 05/22/25 at 11:27 AM, during observation of the exterior of the facility revealed the following: 1. One (1) window in the front office room had a bent window screen. 2. One (1) window in room #7 had a bowed screen. 3. One (1) window in room #6 had a bowed screen. 4. One (1) window in the living room had a bowed screen. B. On 05/22/25 at 11:37 AM, during an interview, the Administrator confirmed the window screens were bowed.	8 059		