STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5842	A. BUILDING: _____ B. WING _____	C 08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BONNEY HOME INC	2021 BARBARA AVENUE GALLUP, NM 87301

(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
A 000	Initial Comments The following deficiencies were cited during a complaint survey completed on 08/16/24 for the state requirements of NMAC 8.370.14, Regulations for Assisted Living Facilities for Adults. Complaint Intake NM [redacted] was investigated, and deficiencies were not cited. Complaint Intake NM [redacted] was investigated, and deficiencies were cited. Census: 1[redacted]	A 000		
A 016	8 NMAC 370.14.16 Staff Qualifications A facility shall employ staff with the following qualifications. A. Administrator, director, operator: an assisted living facility shall be supervised by a full-time administrator. Multiple facilities that are located within a 40-mile radius may have one full-time administrator. The administrator shall: (1) be at least 21 years of age; (2) have a high school diploma or its equivalent; (3) comply with the requirements of the New Mexico caregivers criminal history screening act, 8.370.5 NMAC; (4) complete a state approved certification program for assisted living administrators; (5) be able to communicate with the residents in the language spoken by the majority of the residents; (6) not work while under the influence of alcohol or illegal drugs; (7) have evidence of education and experience to prove the ability to administer, direct and operate an assisted living facility; the evidence of education and experience shall be directly related to the services that are provided at the facility;	A 016		

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A 016	Continued From page 1 (8) provide three notarized letters of reference from persons unrelated to the applicant; and (9) comply with the pre-employment requirements pursuant to the employee abuse registry, 8.370.8 NMAC. B. Direct care staff: (1) shall be at least 16 years of age; (2) shall have adequate education, relevant training, or experience to provide for the needs of the residents; (3) shall comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 8.370.8 NMAC; and (4) shall comply with the current requirements of reporting and investigating incidents pursuant to incident reporting, intake processing and training requirements, 8.370.9 NMAC; (5) if a facility provides transportation for residents, the employees of the facility who drive vehicles and transport residents shall have copies of the following documents on file at the facility: (a) a valid New Mexico driver's license with the appropriate classification for the vehicle that is used to transport residents; (b) documentation of training in transportation safety for the elderly and disabled, including safe vehicle operation; (c) proof of insurance; and (d) documentation of a clean driving record; (6) any person who provides direct care who is not employed by an agency that is covered by the requirements of the caregivers criminal history screening requirements, 8.370.5 NMAC, shall provide current (within the last 6 months) proof of the caregiver's criminal history screening to the facility; the facility shall maintain and have proof of such screening readily available; and (7) employers shall comply with the requirements	A 016		

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A 016	Continued From page 2 of the caregivers criminal history screening requirements, 8.370.5 NMAC. [8.370.14.16 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.16. B 5 (a) (b) (c) (d) Based on record review and interview, the facility failed to ensure that proper documentation for Direct Care Staff (DCS) #1, who provides transportation for residents, was maintained on site and in staff files included: 1. A valid New Mexico driver's license. 2. Documentation of training in transportation safety for the elderly and disabled, including safe vehicle operation. 3. Proof of insurance. 4. Documentation of a clean driving record. These deficient practices could place residents at risk of injury or death if the DCS are not qualified to transport residents. A. Record review of DCS #1's employee file, revealed the file did not contain the following: 1. A valid New Mexico driver's license. 2. Documentation of training in transportation. 3. Proof of insurance. 4. Documentation of a clean driving record. B. On 08/08/24 at 11:40 am, during an interview, the administrator confirmed that DCS #1, which provides transportation for the residents, did not have proper documentation on-site in the DCS #1's employee file.	A 016	A valid New Mexico Driver's License Proof of Insurance Documentation of a clean driving record is available in DCS #1's folder Training in transportation safety for the elderly and disabled, including safe vehicle operation will be given to all employees driving residents to and from their appointments. Certification of completion will be filed in employees' folders. The Administrator will monitor this by reviewing employee folders on monthly basis. No DCS will operate the facility's vehicles without completing the transportation training.	09/01/2024 10/30/24
A 027	8 NMAC 370.14.27 Resident Activities	A 027		

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A 027	Continued From page 3 Each facility shall provide or make available recreational and social activities appropriate to the residents' abilities that meet their psychosocial needs and are relevant to their social history; including a balance of cognitive, reminiscence, physical and social activities. The facility shall post the activities and encourage residents to participate. [8.370.14.27 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.27 Based on observation and interview, the facility failed to ensure recreational and social activities were available for the residents. This deficient practice could likely affect the mental and social well-being of the [redacted] (R #s 1-[redacted] of [redacted] residents identified on the census, provided by Direct Care Staff (DCS) #1 on 08/06/24, if the activities are not provided for residents to participate. The findings are: A. On 08/06/24, from 12:55 pm to 3:55 pm, during an observation of the facility, resident activities were not performed. According to the activities calendar posted in the facility hallway, craft and sewing was scheduled between the hours of 2:00 pm and 4:00 pm and did not specify a location of where the craft and sewing would be held. B. On 08/07/24, during observation of the facility between the hours of 7:55 AM and 5:20 PM, scheduled activities were not performed.	A 027	The facility shall have a designated employee for Activities by 30th November 2024 to ensure that the residents participate in recreational and social activities which are appropriate to the residents' abilities. The facility will provide activities which will be relevant to their psychological and physical needs. The Manager of the day shall check daily to ensure the activities are done. A checklist will be developed to be signed by both the DCS contacting the activities and the Executive Director The Activities Calender will be posted on the facility Notice Board for all to see. The facility will encourage all the residents to participate in the facility's activities effective from 09/09/2024 The facility will develop a checklist to be signed by the DCS leading the Activities checked by the Administrator or the Executive Director on weekly basis	11/30/24

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A 027	Continued From page 4 According to the activities calendar, the following activities were scheduled: 1. Bingo 10:00 am to 11:30 am 2. Exercise 11:30 am to 12:00 pm 3. Craft and sewing 2:00 pm to 4:00 pm C. On 08/08/24, during observation of the facility between the hours of 7:30 AM and 12:30 PM, scheduled activities were not performed. According to the activities calendar, the following activities were scheduled: 1. Bingo 10:00 am to 11:30 am 2. Exercise 11:30 am to 12:00 pm 3. Craft and sewing 2:00 pm to 4:00 pm D. On 08/08/24 at 10:40 am, during an interview, R #2 stated staff does not engage in activities with the residents and that it would be nice to go outside but they "don't really do that."	A 027		
A 029	8 NMAC 370.14.29 Transportation The facility shall either provide transportation or assist the resident in using public transportation. A. The facility's motor vehicle transportation assistance program shall include the following elements: (1) resident evaluation; (2) staff training in hazardous driving conditions; (3) safe passenger transport and assistance; (4) emergency procedures and use of equipment; (5) supervised practice in the safe operation of motor vehicles, maintenance and safety record keeping; and (6) copies of employee training certificates that give evidence of successful completion of any applicable course(s) shall be kept on site in the employee files.	A 029		

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A 029	Continued From page 5 B. To assist residents in using public transportation, the facility shall provide information on bus schedules, location of bus stops and telephone numbers of taxi cab companies. [8.370.14.29 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.29 A (6) Based on record review and interview, the facility failed to keep staff transportation training certificates onsite for staff that provide transportation. This deficient practice could place [redacted] (R #1[redacted]) of [redacted] residents on the facility census provided by Direct Care Staff #1 on 08/06/24 at risk of injury or death if the Direct Care Staff (DCS) has not completed training in transportation of residents. The findings are: A. Record review of Direct Care Staff (DCS) #1' employee file, DCS #1 tranports residents, revealed the file did not contain copies of certificates that showed evidence of completion of trainings specific to transportation of residents. B. On 08/08/24 at 11:40 am, during an interview, the administrator confirmed they do not have staff training certificates for transportation of residents for DCS #1.	A 029	Training in transportation safety for the elderly and disabled, including safe vehicle operation will be given to all employees including DCS #1 driving residents to and from their appointments. Certification of completion will be filed in employees' folders. The Administrator will monitor this by reviewing employee folders on monthly basis. No DCS will operate the facility's vehicles without completing the transportation training.	10/30/24
A 036	8 NMAC 370.14.36 Nutrition The facility shall provide planned and nutritionally	A 036		

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A 036	Continued From page 6 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 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;	A 036		

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A 036	Continued From page 7 (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. 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	A 036		

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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 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

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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 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

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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 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.

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A 036	Continued From page 11 [8.370.14.36 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.36 D (3) (6) Based on observation and interview, the facility failed to ensure that: 1. Food was stored in safe, clean, and sanitary conditions. 2. Food stored in the refrigerator was covered, dated, labeled, and any unused leftovers were discarded after three (3) calendar days. 3. Canned or preserved foods were procured from sources that process food under regulated quality and sanitation controls. These deficient practices could likely result in the [redacted] (R #s 1-[redacted] residents listed on the census provided by the Direct Care Staff (DCS) #1 on 08/06/24 to be at risk of harm or contracting foodborne illnesses if food stored in the refrigerator were not covered, dated, labeled, and any unused leftovers were kept longer than (3) three calendar days and they were to ingest unsanitary food and caused foodborne illness (illness resulting in the consuming contaminated or toxic food). The findings are: A. On 08/07/24 at 10:59 am, during observation of the facility refrigerator in the kitchen, revealed the following: 1. One (1) clear bag of two (2) tomatoes, one blackened (rotten) 2. One (1) undated loaf of bread 3. One (1) undated 105 ounces (oz) of mustard 4. One (1) undated and unlabeled gallon bag	A 036	The facility will ensure that all DCS handling food will complete ServSafe Course in safe food handling. The Administrator will monitor to ensure compliance. Certificate of completion will be posted on the Notice Board in the office. The facility will design a checklist for food check in all the refrigerators, pantry and the kitchen cabinets, signed by both the Supervisor and DCS daily to prevent expired and rotten food been served to the residents. Management will conduct visual food checks randomly to ensure compliance. The facility will ensure that food is stored in safe clean and sanitary conditions. The facility has already provided thermometers for all the freezers and refrigeration. Fresh produce and fruits will be provided on day of use instead of the weekly supply to ensure freshness immediately 08/15/24.	10/30/24

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A 036	Continued From page 12 of uncooked chicken legs 5. One (1) clear bag of unlabeled turkey 6. One (1) gallon of expired mayonnaise, expired May 1, 2024 7. Two (2) gallon bags of blackened (rotten) sliced yellow squash 8. One (1) bunch of blackened (rotten) celery 9. One (1) container of blackened (rotten) grapes 10. Three (3) containers of outdated, homemade applesauce B. On 08/07/24 at 11:50 am, during an interview, the administrator confirmed the undated, unlabeled, rotten food was in the refrigerator and the applesauce was homemade. C. On 08/07/24 at 4:38 pm, during an interview, the administrator confirmed that the she cannot use home-canned foods and food has to be used in 3 days.	A 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	8 037		

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	5842	A. BUILDING: _____ B. WING _____	C 08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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8 037	Continued From page 13 kitchen or dining areas. The building design and layout shall ensure the separation of laundry room from kitchen and dining areas. An exterior route to the laundry room is not an acceptable alternative, unless it is completely enclosed. (5) In new construction or newly licensed facilities with more than 15 residents, washers shall be in separate rooms from dryers. The rooms with washers shall have negative air pressure from the other facility rooms. (6) All linens shall be changed as needed and at least weekly or when a new resident is to occupy the bed. (7) The mattress pad, blankets and bedspread shall be laundered as needed and at least once per month or when a new resident is to occupy the bed. (8) Bath linens consisting of hand towel, bath towel and washcloth shall be changed as needed and at least weekly. (9) There shall be a clean, dry, well ventilated storage area provided for clean linen. (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.	8 037		

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8 037	Continued From page 14 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 08/06/24 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 08/06/24 at 1:22 pm, during an observation of the facility, the laundry room door was unlocked and open allowing residents access to the following chemicals: 1. One (1) bucket of laundry detergent 2. One (1) gallon of bleach cleaner B. On 08/07/24 at 8:07 am, during an interview, the administrator confirmed the cleaning products, chemicals and hazardous materials need to be in a secured area.	8 037	The facility has provided a lock for the Laundry Room to ensure that all the cleaning and laundry detergents are always under lock and key when the room is not in use. The facility will arrange laundry times to ensure easy monitoring. The supervisor on duty will check that the laundry room is locked every hour daily.	10/30/24
A 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	A 038		

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A 038	Continued From page 15 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: 7.8.2.38 (C) 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] esidents listed on the resident census list provided by Direct Care Staff (DCS) #1 on 08/06/24 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 08/06/24 at 1:45 pm, during an observation of the facility's business office, the door was open. The following cleaning supplies, chemicals	A 038		

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A 038	Continued From page 16 and hazardous materials were accessible to residents: 1. Two (2) 8.8 ounces (oz) of air freshener spray 2. One (1) 19 oz of disinfectant spray 3. One (1) bucket of paint 4. One (1) 27 oz of fabric refresher 5. One (1) 32 oz of urine stain and odor remover 6. One (1) gallon bleach container being used as a sharps (devices with sharp pointes or edges that can puncture or cut skin) container B. On 08/07/24 at 8:07 am, during an interview, the administrator confirmed that the cleaning supplies, chemicals and hazardous materials located in the business office were unsecured and accessible to residents.	A 038	The facility with immediate effect keep all chemicals in a locked room 09/09/24 No chemicals will be kept in the business office as of 09/09/24. The Administrator and the supervisor will check the office daily to ensure that no chemicals are kept there. Two 8.8 ounces (oz) of air freshener spray, 2. One 19 oz of disinfectant spray One bucket of paint One 27 oz of fabric refresher One 32 oz of urine stain and odor were removed from the office on the 08/06/24 and placed in a locked room.	09/09/24
A 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 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 042		

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A 042	Continued From page 17 Based on observation and interview, the facility failed to ensure that the building was maintained in good repair at all times to include window screens and perforations (holes) in the walls. This deficient practice could likely result in [redacted] (R #s 1[redacted]) of [redacted] residents identified on the census provided by Direct Care Staff (DCS) #1 on 08/06/24, to be at risk of illness and/or injury if the residents are subjected to insects, rodents, dust or debris entering through the bent frames or torn window screens and perforations in the walls could pose as a hazard in the event of a fire that could allow fire to spread more rapidly. The findings are: A. During observation of the interior of the facility revealed: 1. On 08/06/24 at 12:55 pm, two (2) window screens were at the front of the building were bowed inward (creating openings large enough for insects and rodents to pass through). 2. On 08/06/24 at 1:12 pm, the northside bathroom had perforations (gaps) in the ceiling and damage to drywall in the far left bathroom stall. 3. On 08/06/24 at 1:22 pm the laundry room revealed: a. One (1) approximate one (1) and a half inch by one (1) inch space around a pipe running through the bottom of the left wall next to the water heater. b. One approximate one (1) inch space around a pipe on the upper right wall next to the water heater. c. Damage to the drywall on the wall on the right side of the water heater. d. Approximate one (1) inch space around the ventilation pipe running through the	A 042	The 2 window screens at the front of the building the perforations in the ceiling at the north side bathroom, the damaged drywall in the bathroom, space around a pipe running through the bottom of the left wall next to the water heater, the space around a pipe on the upper right wall next to the water heater, the damaged drywall on the wall on the right side of the water heater, the space around the ventilation pipe running through the ceiling from the water heater, the 2 damaged window screens in the facility living area, one damaged ceiling sprinkler, and one lifted ceiling panel have been repaired on 08/30/24 The Supervisor will conduct a daily facility walk to identity any maintenance issues and repaired to avoid injury	10/30/24

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A 042	Continued From page 18 ceiling from the water heater. e. Approximate two (2) inch space between the pipe running from the water heater through the wall on the bottom end of the right wall next to the fire suppression system. 4. On 08/06/24 at 1:25 pm the facility living area revealed two (2) window screens bowed inward, one (1) damaged ceiling sprinkler, and one (1) lifted ceiling panel. B. On 08/07/24, at 8:07 am, during an interview, the Administrator confirmed: 1. The spaces between the pipes and the damaged drywall in the laundry room. 2. The damaged drywall of the north bathroom. 3. Six (6) window screens identified during facility interior observation had bent (bowed) frames. 4, One (1) damaged ceiling sprinkler. 5. One (1) lifted ceiling panel. 4. One (1) of the windows with cracked glass.	A 042		
A 047	8 NMAC 370.14.47 Lighting and Lighting Fixtures A. All areas of the facility, including storerooms, stairways, hallways, and interior and exterior entrances shall be lighted to make the area clearly visible. B. Exits, exit-access ways and other areas used at night by residents and staff shall be illuminated by night lights or other continuous lighting. C. Lighting fixtures shall be selected and located to accommodate the needs and activities of the residents, with the comfort and convenience of the residents in mind. D. Lamps and lighting fixtures shall be shaded to prevent glare to the eyes of residents and staff, and protected from accidental breakage or	A 047		

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A 047	Continued From page 19 shattering. E. Facilities with four or more residents shall have emergency lighting to light exit passageways and the exterior area near the exits that activates automatically upon disruption of electrical service. F. Facilities with three or fewer residents shall have a flashlight that is immediately available for use in lieu of electrically interconnected emergency lighting. [8.370.14.47 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.47 E Based on observation and interview, the facility failed to ensure the emergency lighting was operational. This deficient practice could impede (delay or prevent) residents, staff and other occupants from safely evacuating the facility in an emergency, leading to an increased risk of injury, trauma or death. The findings are: A. On 08/06/24 at 1:17 pm, during observation of facility interior, when testing the facility's emergency lights located in the middle of the northside hall, the emergency lights did not turn on, indicated the emergency lights were not operational. B. On 08/06/24 at 1:19 pm, during an interview, Direct Care Staff (DCS) #4 confirmed that the emergency lights located in the northside hall were not operational.	A 047	The facility's emergency lights located in the middle of the north side hall, and all the emergency lights will be operational by 09/16/24 The facility will test the emergency lightings once a month during the monthly fire drill by the Administrator or Manager	09/16/24