STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2207	A. BUILDING: _____ B. WING _____	C 09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLDALE HOUSE (ACTIVE SOLUTIONS, INC)	14528 HILLDALE ROAD NE ALBUQUERQUE, NM 87123

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
8 000	Initial Comments The following deficiencies were cited during a Complaint survey completed on 09/18/25 for the state requirements of NMAC 8.370.14, Regulations for Assisted Living for Adults. Census: [redacted] Complaint Intake # NM [redacted] was investigated and deficiencies were not cited. Complaint Intake # NM [redacted] was investigated and deficiencies were cited.	8 000		
8 032	8 NMAC 370.14.32 Reporting of Incidents A. The facility shall insure that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 8.370.9 NMAC. (1) The facility shall also report any incident or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within 24 hours or by the next business day, if it is a weekend or a holiday. (2) The facility shall not delay a report to the complaint hotline while an internal investigation is conducted. B. The facility is responsible for conducting and documenting the investigation of all incidents within five business days and shall submit a copy of the investigation report to the licensing authority. A copy of the report and the documentation, including the date and time that it was submitted to the licensing authority, shall be maintained on file at the facility. The investigation shall include the following: (1) a narrative description of the incident; (2) the result of the facility's investigation shall be recorded on the state approved incident report	8 032		

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8 032	Continued From page 1 form for the current year, pursuant to 8.370.9 NMAC; and (3) plans for further actions in response to the incident. [8.370.14.32 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.32 A (1) B REPORTING OF INCIDENTS: A. The facility shall ensure (to make certain that something shall occur or be the case) that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 8.370.9 NMAC. (1) The facility shall also report any incident or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within twenty-four (24) hours or by the next business day, if it is a weekend or a holiday. (3) All licensed health care facilities shall ensure that the reporter with direct knowledge of an incident has immediate access to the bureau incident report form to allow the reporter to respond to, report, and document incidents in a timely and accurate manner. B. The facility is responsible for conducting and documenting the investigation of all incidents within five (5) business days and shall submit a copy of the investigation report to the licensing authority. A copy of the report and the documentation, including the date and time that it was submitted to the licensing authority, shall be maintained on file at the facility. Based on record review and interview, the facility	8 032	**8.370.14.32** House manager has been shown and trained on the IR online system, and if administrator is not present, House manager can report all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 8.370.9 NMAC. Caregivers will also have a refresher training on reporting, written reporting, and notifying House manager and Administrator as soon as incident occurs, so incident can be reported within the 24 hour period on incident. House Manager has also been trained on 5 day follow up, as well as procedures with initial report-investigation-5 day follow up. Completion date 10/15/2025	

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8 032	Continued From page 2 failed to ensure for 1 (R #1) of 1 (R #1) resident whose incident reports were reviewed for compliance that incidents were reported within twenty-four (24) hours and an investigation was conducted within five (5) business days and reported to the Licensing Authority (LA). This deficient practice could impede (delay or prevent) regulatory oversight and hinder (create difficulties resulting in delay) the identification of care trends or patterns that may affect resident outcomes. The findings are: A. Record review of R #1's Physician Order dated [redacted] revealed instructions stating to take [redacted] B. Record review of R #1's [redacted] Medication Administration Record (MAR) revealed the House Manager's initials on [redacted] at 7:00 AM, and DCS #2's initials on [redacted] at 7:00 PM. C. Record review of incident report dated [redacted] revealed the incident on [redacted] involving R #1 [redacted], was not reported to to the LA within 24 hours and an investigation was not conducted within five (5) business days and reported to the LA. D. On 08/18/25 at 10:45 AM, during an interview, the prescribing physician confirmed the medication should not have been administered on [redacted] E. On 08/18/25 at 11:29 AM, during an interview,	8 032	8.370.14.32 House manager has been trained on the IR to report any medication errors. A. House Manager and Administrator will carefully read Dr. orders, and get clarification on any special orders. These orders will be correctly entered in MAR. Staff will be notified if orders are special/different days/times etc. B. Staff will be encouraged at all times, if there are any questions regarding medications, the caregiver should reach out to House manager or Administrator. C. Staff are being training on immediate reporting of any incident in the home, this includes medication errors. With House Manager trained on IR reporting and administrator, there will be no delay on incident reporting. Investigation after IR reporting will be completed then a 5 day report will be sent in by House Manager or Administrator. Completion date 10/03/2025	10/03/2025

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8 032	Continued From page 3 the Administrator confirmed the medication [redacted] was administered to R #1 on [redacted] and was not reported to the LA within 24 hours and an investigation was not conducted within five (5) business days and reported to the LA and the incident on [redacted] involving R #1, injury of unknown origin, was not reported to the LA within 24 hours and an investigation was not conducted within five (5) business days and reported to the LA.	8 032		
8 035	8 NMAC 370.14.35 Medication Administration of medications or staff assistance with self-administration of medications shall be in accordance with state and federal laws. No medications, including over-the-counter medications, PRN (when needed) medications, or treatment shall be started, changed or discontinued by the facility without an order from the physician, physician assistant or nurse practitioner and with entry into the resident's record. A. State board of nursing licensed or certified health care professionals are responsible for the administration of medications. Administration may only be performed by these individuals. B. Facility staff may assist a resident with the self-administration of medications if written consent by the resident is given to the administrator of the facility or the administrator's designee. If the resident is incapable of giving consent, the surrogate decision maker named in accordance with New Mexico law may give written consent for assistance with self-administration of medications. All staff that assist with self-administration of medications shall have successfully completed a state approved assistance with self-administration of	8 035	8.370.14.35 House manager has been trained on the IR to report any medication errors. C. House Manager and Administrator will carefully read Dr. orders, and get clarification on any special orders. These orders will be correctly entered in MAR. Staff will be notified if orders are special/different days/times etc. D. Staff will be encouraged at all times, if there are any questions regarding medications, the caregiver should reach out to House manager or Administrator. Staff are being training on immediate reporting of any incident in the home, this includes medication errors. With House Manager trained on IR reporting and administrator, there will be no delay on incident reporting. Investigation after IR reporting will be completed then a 5 day report will be sent in by House Manager or Administrator. Completion date 10/03/2025	10/03/2025

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8 035	Continued From page 4	8 035		

medication training program or be licensed or certified by the state board of nursing.
C. PRN (pro re nada) medication:
(1) Physician or physician extender's orders for PRN medications shall clearly indicate the circumstances in which they are to be used, the number of doses that may be given in a 24-hour period and indicate under what circumstances the primary care practitioner (PCP) is to be notified.
(2) The utilization of PRN medications shall be reviewed routinely. Frequent or escalating use of PRN medications shall be reported to the PCP.
D. Only a licensed nurse (RN or LPN) shall administer any medications or conduct any invasive procedures provided by the following routes: intravenous (IV), subcutaneous (SQ), intramuscular (IM), vaginal or rectal. Only a licensed nurse shall administer non-premixed nebulizer treatments.
E. The facility shall have medication reference material that contains information relating to drug interactions and side effects on the premises. Staff that assist in the self-administration of medications shall know interactions or possible side effects that might occur.
F. Medications prescribed for one resident shall not be used for another resident.
G. Medication assistance record (MAR): For residents who are not independent and require assistance with self-administration, the facility shall have a MAR that documents the details of the residents' medication, including PRN and over-the-counter medication that is assisted with self-administration by qualified staff or administered to the resident by licensed or certified staff. The information in the MAR shall include:
(1) the resident's name;
(2) any known allergies to medication that the

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8 035	Continued From page 5	8 035		

resident has;
(3) the name of the resident's PCP or the prescriber of the medication;
(4) the diagnosis or reason for the medication;
(5) the name of the medication, including the drug product brand name and the generic name;
(6) notation if the medication is a schedule II-IV drug;
(7) the dosage of the medication;
(8) the strength of the medication;
(9) the frequency or how often the medication is to be taken or given;
(10) the route of delivery for the medication (mouth, eye, ear, other);
(11) the method of delivery for the medication (pills, drops, IM injection, other);
(12) the date that the medication was started or discontinued;
(13) any change in the medication order;
(14) pre-medication information (i.e., pulse, respiration, blood pressure, blood sugar) as required by the medication order;
(15) the date and time that the medication is self-administered, administered with assistance or is administered;
(16) the initials and signature of the person assisting with or administering the medication;
(17) the desired results obtained from or problems encountered with the medication (pain relieved, allergic reaction, etc.);
(18) any refused dose of medication;
(19) any missed dose of medication; and
(20) any medication error.
H. No medication shall be stopped or started without specific orders from the primary care physician.
I. If a resident refuses to take a prescribed medication, it shall be documented and the facility shall report it to the prescriber.

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8 035	Continued From page 6 J. A suspected adverse reaction to a medication shall be documented on the MAR and reported immediately to the PCP and the resident's surrogate decision maker. If applicable, emergency medical treatment shall be arranged. Documentation of the event shall be kept in the resident's record. K. Prescription medication, other than blister packs and unit dose containers, shall be kept in the original container with a pharmacy label that includes the following: (1) the resident's name; (2) the name of the medication; (3) the date that the prescription was issued; (4) the prescribed dosage and the instructions for administration of the medication; and (5) the name and title of the prescriber. L. Any medication that is removed from the pharmacy container or blister pack shall be given immediately and documented by the staff that assisted with the medication delivery. M. The facility shall report all medication errors to the physician, documentation of medication errors and the prescriber's response shall be kept in the resident's record. N. The facility shall develop and follow a written policy for unused, outdated, or recalled medications kept in the facility in accordance with 16.19.11.10 NMAC. [8.370.14.35 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.35 M Based on record review and interview, the facility failed to ensure for 1 (R #1) of 1 (R #1) resident whose medications were reviewed for compliance that medications were being administered as ordered by the physician.	8 035		

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8 035	Continued From page 7	8 035		

This deficient practice could likely result in the resident experiencing adverse (unwanted, harmful, or abnormal result) side effects, or not receiving the desired therapeutic effect (desirable or favorable result) of the prescribed medication.

The findings are:

A. Record review of R #1's Physician Order dated [redacted] revealed instructions that stated to take [redacted]

B. Record review of R #1's [redacted] Medication Administration Record (MAR) revealed DCS #1 and DCS #2 initialed as administered on [redacted]

C. On 08/18/25 at 10:45 AM, during an interview, the prescribing physician confirmed the medication should not have been administered to R #1 on [redacted]

D. On 08/18/25 at 11:29 AM, during an interview, the Administrator confirmed the [redacted] was administered on [redacted]

8 037 8 NMAC 370.14.37 Laundry Services

8 037

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

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8 037	Continued From page 8	8 037		

equipment.
(2) Soiled laundry shall be kept separate from clean laundry, unless the laundry facility is provided for resident use only.
(3) Staff shall handle, store, process and transport linens with care to prevent the spread of infectious and communicable disease.
(4) Soiled laundry shall not be stored in the kitchen or dining areas. The building design and layout shall ensure the separation of laundry room from kitchen and dining areas. An exterior route to the laundry room is not an acceptable alternative, unless it is completely enclosed.
(5) In new construction or newly licensed facilities with more than 15 residents, washers shall be in separate rooms from dryers. The rooms with washers shall have negative air pressure from the other facility rooms.
(6) All linens shall be changed as needed and at least weekly or when a new resident is to occupy the bed.
(7) The mattress pad, blankets and bedspread 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.

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8 037	Continued From page 9 [8.370.14.37 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: NMAC 8.370.14.37 A (10) Based on observation and interview, the facility failed to ensure cleaning supplies and hazardous chemicals (any chemical that presents as a health hazard or can cause physical harm) were stored in secured areas and were not accessible to residents. This deficient practice could likely result in the residents to be at risk of harm, illness, or injury if the residents were to spill or ingest (take food, liquids, or other substances in the body by swallowing or absorbing it) cleaning supplies and/or hazardous chemicals and sustain injuries, burns, blisters, and possible blindness or other harm. The finding are: A. On 09/17/25 at 2:11 pm, during observation of the Laundry room, the door was observed to be unlocked and open, the unsecured room had a large industrial size white sink by the entry door on the left wall with unsecured chemicals sitting in the sink, hanging from the side of the sink, and stored under the sink. Along the back wall of the room was a washer, a dryer, and white metal shelves with unsecured chemicals stacked on them that were accessible to residents. The unsecured chemicals in the laundry room included the following: 1. (1) 24-ounce spray bottle of unlabeled cleaning solution. 2. (1) 24-ounce spray bottle of Multipurpose	8 037	NMAC 8.370.14.37 New combination locks are on property ready for installation on doors that have hazardous chemicals: Laundry room, Mop room. These will ensure only staff can enter these rooms, and they will also automatically lock upon leaving room. Door will be closed unless entering or exiting. 10/01/2025 Completion date 10/17/25	

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8 037	Continued From page 10 bleach disinfectant spray. 3. (2) 60-ounce bottle of pine cleaner. 4. (4) 1-gallon bottles of bleach. 5. (1) 1-gallon bottle of window cleaner. 6. (1) 80-ounce bottles of drain cleaner. 7. (1) 60-ounce bottle of drain cleaner. 8. (9) 75-wipe containers of disinfectant wipes. 9. (1) 8.8-ounce spray can of air mist spray. 10. (5) 19-ounce cans of spray disinfectant. 11. (1) 2-gallon bottle of liquid laundry detergent. 12. (2) 24-ounce bottles of hand soap. 13. (1) 90-count containers of dishwasher pods. 14. (1) 12-count box of steel wool cleaning pads. 15. (1) 10-pound bag of calcium chloride ice melt pellets. B. On 09/18/25 at 2:39 pm during an interview, the Administrator confirmed the unsecured cleaning supplies and hazardous chemical findings for the facility Laundry Room.	8 037		
8 038	8 NMAC 370.14.38 Housekeeping Services The facility shall maintain the interior and exterior of the facility in a safe, clean, orderly and attractive manner. The facility shall be free from offensive odors, safety hazards, insects and rodents and accumulations of dirt, rubbish and dust. A. All common living areas and all bathrooms shall be cleaned as often as necessary to maintain a clean and sanitary environment. B. Combustibles such as cleaning rags or flammable substances shall be stored in closed metal containers in approved areas that provide	8 038	8.370.14.38 All chemicals, cleaning products, combustibles, Mop bucket are locked up. Mops and bucket are cleaned daily. Both cleaning room doors have a combination lock on each door. Only personnel can get into these doors, and when going in and out to access supplies door will auto lock. To prevent any resident to come in behind staff. Laura Sia 10/7/25	10/03/2025

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8 038	Continued From page 11	8 038		

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:
NMAC 8.370.14.38. C

Based on observation and interview, the facility failed to ensure chemicals and poisonous substances were not stored in or near residential areas and were accessible to residents.

This deficient practice could likely result in the residents to be at risk of harm, illness, or injury if the residents were to spill or ingest (take food, liquids, or other substances in the body by swallowing or absorbing it) cleaning supplies and/or hazardous chemicals and sustain injuries, burns, blisters, and possible blindness or other harm.

The findings are:
A. On 09/18/25 at 2:21 pm, during an observation of the hall storage closet located next to the facility laundry room, (1) one (5) five gallon yellow mop bucket with approximately 5 (five) inches of a liquid cleaning solution in the bucket was observed in the unsecured storage closet along with mops, brooms, and a vacuum.

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8 038	Continued From page 12 B. On 09/18/254 at 2:39 pm, during an interview the Administrator confirmed that the (1) one (5) five gallon yellow mop bucket with approximately 5 (five) inches of a liquid cleaning solution was unsecured and accessible to residents in the unsecured hall storage closet.	8 038		
8 060	8 NMAC 370.14.60 Fire Clearence and Inspections A. Written documentation of a facility's compliance with applicable fire prevention codes shall be obtained from the state fire marshal's office or the fire prevention authority with jurisdiction and shall be submitted to the licensing authority prior to the issuance of an initial license. B. The facility shall request an annual fire inspection from the local fire prevention authorities. If the policy of the local fire department does not provide an annual inspection of the facility, the facility will document the date the request was made and to whom and then contact licensing authorities. If the local fire prevention authorities do make annual inspections, a copy of the latest inspection must be kept on file in the facility. [8.370.14.60 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.60 (A) (B) Based on record review and interview, the facility failed to ensure that the facility had a current annual inspection from the local fire authority having jurisdiction. This deficient practice could likely result in residents and all occupants of the building to be	8 060	NMAC 370.14.60 We have called fire Marshall for current inspection. The dates the fire Marshall have given us are 09/29/25 to 10/03/2025. We will be calling to follow up with Fire Marshall to make sure this is completed, and updated to the DHI.Completion date 10/03/2025	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2207	A. BUILDING: _____ B. WING _____	C 09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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8 060	Continued From page 13	8 060		

at risk of injury or death if a fire were to occur.

The findings are:

A. Observation of the facilities Fire Inspection document posted near the front entry door revealed that the 2018-2019 Fire Inspection permit expired on 07/26/2019.

B. Request for the facilities Fire Inspection documents revealed that the the facility did not have documentation available for review of:

1. The facility requesting an annual fire inspection from the local fire prevention authorities after the initial inspection was completed 07/26/2018.

2. The local fire prevention authorities inspecting the home at any time after the 07/26/18 inspection was conducted.

C. On 09/18/25 at 2:20 pm, during an interview with the Administrator, she confirmed that she had not requested an annual inspection of the facility by the local fire authority and was unable to locate documentation of an annual inspection being conducted by the local fire authority having jurisdiction after the 07/26/2018 inspection was completed.