STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7097	A. BUILDING: _____ B. WING _____	C 08/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGE AT ALAMEDA	8810 HORIZON BLVD NE ALBUQUERQUE, NM 87113

(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 08/03/22 for the state requirements of NMAC 7.8.2, Regulations for Assisted Living Facilities. Complaint Intake #NM60188 was unsubstantiated with deficiencies cited. Complaint Intake #NM60600 was unsubstantiated with deficiencies cited.	A 000		
A 032	7 NMAC 8.2.32 Reporting of Incidents 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 7.1.13 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. (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 (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. 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 form for the current year, pursuant to 7.1.13	A 032	Reporting of Incidents The violation of Reporting of Incidents has been corrected by Rhonda Griego. She has been provided with correct expectations and training on the reporting process through the Department of Health. Rhonda has been given the correct form, steps, and navigation on the Reporting of Incidents process. Reporting of Incidents will be followed through by Rhonda Griego and will be monitored by our Regional Director Estella. Once an incident occurs Rhonda will notify Estella, who then will schedule/share the timeframe via email/calendar. Both are aware of the timeframe to report, Estella will be able to review/confirm that reporting was completed within the correct timeframe. This will ensure ongoing compliance with Reporting of Incidents. The corrective action has been put into place as of 08/08/2022.	

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A 032	Continued From page 1 NMAC; and (3) plans for further actions in response to the incident. [7.8.2.32 NMAC - Rp, 7.8.2.32 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.1.13 INCIDENT REPORTING, INTAKE, PROCESSING AND TRAINING REQUIREMENTS Refer to 7.1.13.7 W. & 8 B. (2) W. " Reportable incident " means possible abuse, neglect, exploitation, injuries of unknown origin and other events including but not limited to falls which cause injury, unexpected death, elopement, medication error which causes or is likely to cause harm, failure to follow a doctor's order or an ISP or any other incident which may evidence abuse, neglect, or exploitation. B. (2) Division incident report form and notification by licensed health care facilities: The licensed health care facility shall report incidents utilizing the division's incident report form consistent with the requirements of the division's incident management system guide and CMS regulations as applicable. The licensed health care facility shall ensure that all incident report forms alleging abuse, neglect, exploitation, injuries of unknown origin or other reportable incidents are submitted by a reporter with direct knowledge of an incident, are completed on the bureau's incident report form and received by the division within twenty-four (24) hours of an incident or allegation of an incident or the next	A 032		

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A 032	Continued From page 2 business day if the incident occurs on a weekend or a holiday. The licensed health care facility shall ensure that the reporter with the most direct knowledge of the incident assists with the preparation of the incident report form 7.8.2.32 A (1) Based on observation and interview, the facility failed to ensure that any incident or unusual occurrence (facility kitchen closed due to infestation and air conditioning not working) that has or could threaten the health, safety, or welfare of the residents and staff was reported 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. This deficient practice could likely result in the potential for all 59 (R #'s 1-59) residents identified on the resident census provided by the Administrator on 08/02/22 to be at risk of harm, injury or death if the residents: 1. Are not able to receive regular meals due to the facility kitchen being closed 2. Overheat due to the facility not adequately maintaining room temperatures. and the licensing authority is not aware of the occurrences. The findings are: Findings related to kitchen closure: A. On 08/02/22 at 9:30 am, during an observation of the front entrance of the facility, a CLOSED by order of the Local Health Department sign was observed posted on the front door.	A 032		

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A 032	Continued From page 3 B. On 08/02/22 at 1:15 pm, during an observation of the dining room entrance, a "Please do not enter at this time" sign was observed posted on the dining room door. C. Record review of the inspection report from the Local Health Department dated 07/20/22, revealed that the facility kitchen was immediately closed due to imminent health hazard of cockroach infestation. D. On 08/03/22 at 9:45 am, during an interview with the Administrator, she confirmed that the kitchen was closed by the Local Health Department and the closure was not reported to the Licensing Authority. Findings related to facility temperatures: E. On 08/02/22 at 10:10 am, during observation of the second-floor interior facility grounds, the thermostat in the East wing read 82 degrees Fahrenheit. F. On 08/02/22 at 10:15 am, during observation of the second-floor interior facility grounds, the thermostat in the West wing read 82 degrees Fahrenheit. G. On 08/03/22 at 9:45 am, during an interview with the Administrator, she confirmed that the facility air conditioning had stopped working in May and was not reported to the Licensing Authority.	A 032		
A 037	7 NMAC 8.2.37 Laundry Services	A 037		

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A 037	Continued From page 4 LAUNDRY SERVICES: A. General requirements. The facility shall provide laundry services for the residents, either on the premises or through a commercial laundry and linen service. (1) On-site laundry facilities shall be located in areas separate from the resident units and shall be provided with necessary washing and drying equipment. (2) Soiled laundry shall be kept separate from clean laundry, unless the laundry facility is provided for resident use only. (3) Staff shall handle, store, process and transport linens with care to prevent the spread of infectious and communicable disease. (4) Soiled laundry shall not be stored in the kitchen or dining areas. The building design and layout shall ensure the separation of laundry room from kitchen and dining areas. An exterior route to the laundry room is not an acceptable alternative, unless it is completely enclosed. (5) In new construction or newly licensed facilities with more than fifteen (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	A 037	Laundry Services/Housekeeping The violation of failing to document that the resident bed linens were being changed on a needed or weekly basis has been corrected by Rhonda Griego. She has provided our Maintenance Director Ray Lucero, defined expectations that every room/resident must have a completed checklist (including bed/linen cleaning) when cleaning has been completed. These expectations have also been provided to all maintenance and housekeeping staff to ensure ongoing compliance with documenting cleaning. The corrective action has been put into place as of 08/15/2022.	

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A 037	Continued From page 5 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. [7.8.2.37 NMAC - Rp, 7.8.2.39 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.37 A (6) Based on record review and interview, the facility failed to ensure that there was documentation that the residents bed linens were being changed on an as needed basis or at least weekly. This deficient practice could likely result in the 59 (R #s 1 - 59) residents identified on the resident census provided by the Administrator on 08/02/22, to be at risk of harm, illness, injury, or death if the residents are exposed to an unsanitary living environment. The findings are: A. On 08/03/22 at 9:45 am, record review of the facility's weekly housekeeping checklists revealed that they have not been filled out by facility staff to verify that resident bed linens have been changed as required. B. On 08/03/22 at 9:55 am, during an interview with the Administrator, she confirmed that the facility's weekly housekeeping checklists have not been filled out by facility staff to verify that resident bed lines have been changed. C. On 08/03/22 at 10:25 am, during an interview	A 037		

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A 037	Continued From page 6 with Housekeeper #1, she also confirmed that the facility's weekly housekeeping checklists have not been filled out by facility staff to verify that resident bed lines have been changed.	A 037		