Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4028	A. BUILDING: _____ B. WING _____	C 11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSTAR OF ALBUQUERQUE	8051 PALOMAS AVE NE ALBUQUERQUE, NM 87109

(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 Full-Onsite/Complaint survey completed on [redacted]/23 for the state requirements of NMAC 7.8.2, Regulations for Assisted Living Facilities for Adults. Complaint Intake ID [redacted] was investigated with no deficiencies cited. Complaint Intake ID [redacted] was investigated with no deficiencies cited. Complaint Intake ID [redacted] was investigated with no deficiencies cited. Census: 71	A 000		
A 059	7 NMAC 8.2.59 Windows 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 twenty (20) inches wide minimum and measured twenty-four (24) inches high minimum. (2) The top of the window sill shall not be more than forty-four (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 (1/10) of the floor area with a minimum of ten (10) square feet. [7.8.2.59 NMAC - Rp, 7.8.2.52 NMAC, 01/15/2010]	A 059		

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A 059	Continued From page 1 This REQUIREMENT is not met as evidenced by: 7.8.2.59 B Based on observation and interview, the facility failed to ensure that all the facility's windows had screens that were in good repair. This deficient practice could likely result in the [redacted] residents identified on the census provided by the Administrator on [redacted]/23, to be at risk of injury or illness if they are exposed to bugs/insects, allergens, or debris coming in through the damaged and missing window screens. The findings are: A. On [redacted]/23 at 10:40 am, during observation of the exterior of the facility, the following was observed: 1. Two (2) windows in Room [redacted] did not have screens. 2. One (1) window in Room [redacted] did not have a screen. 3. Two (2) windows in Room [redacted] did not have screens. 4. Two (2) windows in Room [redacted] did not have screens. B. On [redacted]/23 at 10:00 am, during observation of the exterior of the facility, the following was observed: 1. One (1) window in Room [redacted] did not have a screen 2. One (1) window in Room [redacted] did not have a screen. C. On [redacted]/23 at 1:59 pm, during an interview, the Maintenance Director confirmed the missing	A 059		

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A 059	Continued From page 2 window screens. A 060 7 NMAC 8.2.60 Fire Clearence and Inspections FIRE CLEARANCE 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. [7.8.2.60 NMAC - Rp, 7.8.2.59 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.60 B Based on record review and interview the facility failed to ensure that an annual inspection from the Local Fire Authority having jurisdiction have been conducted. This deficient practice could likely result in the [redacted] residents listed on the census provided by the Administrator on [redacted]/23, and all occupants of the building, to be at risk of injury or death if a fire were to occur. The findings are:	A 059 A 060	A 059 The Maintenance director has coordinated the screens to be replaced on [redacted]/2023 and have proper fitment by [redacted]/2023 using an outside vender. This will be added to monthly ground checks and all findings will be reported to the Executive director and added to Tells tracking software.	[redacted]/2023

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A 060	Continued From page 3 A. Record review of facility records revealed, no documentation that an annual inspection from the Local Fire Authority having jurisdiction had been conducted or requested by the facility and were available for review. B. On [redacted]/23 at 9:55 am, during an interview, the Maintenance Director confirmed he could not find any documentation of an annual fire inspection had been requested by the facility or conducted by the Local Fire Authority.	A 060	A060 The Maintenance Director and local Fire authority conducted the fire inspection on [redacted] 2023 and found no [redacted]/2023 violations. The maintenance director wil audit the licensing books monthly and report any changes to the Executive director.	