PRINTED: 02/10/2025
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Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7204	A. BUILDING: _____ B. WING _____	C 01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUALITY LIFE MANAGEMENT LLC DBA WILLOW MAI	815 W ADOBE DRIVE DEMING, NM 88030

(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 01/29/25 for the state requirements of NMAC 8.370.14, Regulations for Assisted Living Facilities for Adults. Resident Census: 20 Complaint Intake NM[redacted] was investigated with deficiencies cited. Complaint Intake NM[redacted] was investigated with deficiencies cited.	8 000	DISCLAIMER: THIS PLAN OF CORRECTION CONSTITUTES THIS FACILITY'S WRITTEN ALLEGATION OF COMPLIANCE FOR THE DEFICIENCIES CITED. HOWEVER, SUBMISSION OF THIS PLAN OF CORRECTION IS NOT AN ADMISSION THAT A DEFICIENCY EXISTS OR THAT ONE WAS CITED CORRECTLY. THIS PLAN OF CORRECTION IS SUBMITTED TO MEET REQUIREMENTS ESTABLISHED BY STATE AND FEDERAL LAW.	
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: (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;	8 020	8.020 The facility created and implemented an updated care coordination team meeting form which includes required signature lines for: the facility Administrator, the Resident or Resident's surrogate decision maker, and the Hospice or Home Health Clinician. Optional signature lines for facility health care professional and resident advocate are also included. The facility updated care coordination team meeting forms for all residents currently receiving home health or hospice services. The facility has added an agency coordination review to the Administrator's agenda. This review is scheduled on the Administrator's agenda (calendar) weekly to ensure completeness of required documentation for each resident receiving home health or hospice services from an outside agency. In addition to the weekly review, the plan will also be reviewed following any significant change in the resident's condition. Completion date: February 20, 2025	

Division of Health Improvement
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Cassandra Sanner | TITLE: Administrator | (X6) DATE: February 20, 2025

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUALITY LIFE MANAGEMENT LLC DBA WILLOW MA	816 W ADOBE DRIVE DEMING, NM 88030

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S 020	Continued From page 1 (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 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	S 020		

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8 020	Continued From page 2 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). 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	8 020		

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8 020	Continued From page 3 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 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]	8 020		

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S 020	Continued From page 4 This REQUIREMENT is not met as evidenced by: 8.370.14.20 C (2) Based on record review and interview, the facility failed to ensure for 2 (R #2 and R #5) of 2 (R #2 and R #5) residents who receive [redacted] services, that the team meeting agreement (a meeting to determine that the resident can be admitted or remain in the facility) was signed and dated by the convened team members for admission approval, and was retained in the resident's records. This deficient practice could likely cause harm to residents if their Power of Attorney (POA) does not sign the team approval and is documented in the resident file. The findings are: R #2 A. Record review of R #2's team meeting agreement, dated [redacted] revealed that only the Administrator and [redacted] Clinician signed the document, but R #2's POA did not sign the document. B. On 01/28/25 at 3:53 pm, during an interview, the Administrator confirmed R #2's POA did not sign the team meeting agreement between the facility, the [redacted] and the POA. She stated the POA attended the meeting via telephone, but did not sign the document as required. R #5	S 020		

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8 020	Continued From page 5 C. Record review of R #5's team meeting agreement, dated 08/09/24, revealed that only the Administrator and [redacted] signed the document, but R #5's POA did not sign the document. D. On 01/29/25 at 8:15 am, during an interview, the Administrator confirmed R #5's POA did not sign the document for the meeting between the facility, the [redacted] and the POA. She stated the POA attended the meeting via telephone, but did not sign the document as required.	8 020		
8 033	8 NMAC 370.14.33 Resident Rights All licensed facilities shall understand, protect and respect the rights of all residents. A. Prior to admission to a facility, a resident and legal representative shall be given a written description of the legal rights of the resident, translated into another language, if necessary, to meet the resident's understanding. B. If the resident has no legal representative and is incapable of understanding his or her legal rights, a written copy of the resident's legal rights shall be provided to the most significant responsible party in the following order: (1) the resident's spouse; (2) significant other; (3) any of the resident's adult children; (4) the resident's parents; (5) any relative the resident has lived with for six or more months before admission; (6) a person who has been caring for, or paying benefits on behalf of the resident; (7) a placing agency; (8) resident advocate; or	8 033	8.033 PREPARATION AND SUBMISSION OF THIS PLAN OF CORRECTION DOES NOT CONSTITUTE AN ADMISSION OF AGREEMENT BY THE PROVIDER OF THE TRUTH OF THE FACTS ALLEGED OR THE CORRECTNESS OF THE CONCLUSIONS SET FORTH IN THE STATEMENT OF DEFICIENCIES. THE PLAN OF CORRECTION IS PREPARED AND SUBMITTED SOLELY BECAUSE OF REQUIREMENTS UNDER STATE AND FEDERAL LAWS. The facility has posted on the facility bulletin board written communication advising residents/ representatives about the risk of keeping valuables, cash and financial information in Resident rooms. The facility utilized the educational training titled "Residents Rights in Assisted Living", through our web-based training software, for staff review and re-training. Staff signed acknowledgment of receipt and understanding after completion of the educational training. The facility Administrator and Resident Care Coordinator will continuously monitor by observation for potential warnings signs of abuse, neglect, or exploitation (misappropriation of property). Completion date: February 20, 2025	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUALITY LIFE MANAGEMENT LLC DBA WILLOW MAI	915 W ADOBE DRIVE DEMING, NM 88030

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S 033	Continued From page 6 (9) the ombudsman. C. The resident rights shall be posted in a conspicuous public place in the facility and shall include the telephone numbers for the incident management hotline and for the state ombudsman program. D. To protect resident rights, the facility shall: (1) treat all residents with courtesy, respect, dignity and compassion; (2) not discriminate in admission or services based on gender, sexual orientation, resident's age, race, religion, physical or mental disability, or nationality; (3) provide residents written information about all services provided by the facility and their costs and give advance written notice of any changes; (4) provide residents with a safe and sanitary living environment; (5) provide humane care for all residents; (6) provide the right to privacy, including privacy during medical examinations, consultations and treatment; (7) protect the confidentiality of the resident's medical record; (8) protect the right to personal privacy, including privacy in personal hygiene; privacy during visits with a spouse, family member or other visitor; and privacy in the resident's own room; (9) protect the right to communicate privately and freely with any person, including private telephone conversations and private correspondence; and the right to receive visits from family, friends, lawyers, ombudsmen and community organizations; (10) prohibit the use of any and all physical and chemical restraints; (11) ensure that residents: (a) are free from physical and emotional abuse neglect and misappropriation/or exploitation;	S 033		

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8 033	Continued From page 7 (b) are free from financial abuse and misappropriation by facility staff or management; (c) are free to participate in religious, social, community and other activities and freely associate with persons in and out of the facility; (d) are free to leave the facility and return without unreasonable restriction; (e) are given a 15 calendar day, written notice before room transfers or discharge from the facility unless there is immediate danger to self or others in the facility; (f) have an environment that fosters social interaction and avoids social isolation; (g) or their surrogate decision makers, are informed of and consent to the services provided by the facility; (h) have the right to voice grievances to the facility staff, public officials, the ombudsmen, any state agency, or any other person, without fear of reprisal or retaliation; (i) have the right to have their complaints addressed within 14 calendar days or sooner; (j) have the right to participate in the development of their care plan/ISP; (k) have the right to choose a doctor, pharmacist and other health care provider(s); (l) have the right to participate in medical treatment decisions and formulate advance directives such as living wills and powers of attorney; (m)have the right to keep and use personal possessions without loss or damage; (n) have the right to manage and control their personal finances; (o) have the right to freely organize and participate in a resident association that may recommend changes in the facility's policies, services and management; (p) shall not be required to work for the facility;	8 033		

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8 033	Continued From page 8 and (q) are protected from unjustified room transfers or discharge. E. The resident's rights shall not be restricted unless this restriction is for the health and safety of the resident, agreed to by the resident or the resident's surrogate decision maker and outlined in the resident's individual service plan. [8.370.14.33 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.33 D 11 (b) Based on record review and interview, the facility failed to ensure for 1 (R #1) of 1 (R #1) resident that they were free from financial exploitation by staff. This deficient practice could likely result in residents experiencing both financial and psychosocial harm resulting from a substantial (of considerable importance, size, or worth) loss of income. The findings are: A. Record review of Complaint Intake [redacted], received on [redacted]24, revealed: 1. R #1 reported [redacted] debit card was missing and the last time [redacted] had it was on 09/07/24 at [name of restaurant] and [name of store]. The bank was called to report the card missing and be canceled. The bank noted multiple charges on the card between 09/07/24 and 09/12/24 when the card was discovered missing. The unauthorized charges amounted to $1,281.79. R #1 stated [redacted] was with [name of DCS #1] when [redacted] last had the card. [Name of DCS #1] was called (by the Administrator) and asked if she	8 033		

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QUALITY LIFE MANAGEMENT LLC DBA WILLOW MAI	615 W ADOBE DRIVE DEMING, NM 88030

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S 033	Continued From page 9 could look for the missing card. [Name of DCS #1] brought the card in (to the facility) stating she found it in her pocket and just forgot to give it back to [name of R #1]. 2. A police report was made with case number 24PD13828 being assigned to the case. After the report was filed with [name of local police department], [name of DCS #1] came into the facility office and confessed to using [name of R #1's] card. [Name of DCS] stated she planned to pay [name of R #1] back on her next pay date. The officer assigned to the case was called back to the facility to take [name of DCS #1's] statement. 3. [Name of R #1] wished to press charges against [name of DCS #1]. B. Record review of the "Statement of Probable Cause" document submitted by the local police department to the local Magistrate Court dated 09/12/24 revealed: 1. On 09/12/24 at 12:28 pm, [name of police officer] was dispatched to [address of facility] in reference to fraud (a resident had unauthorized use of her debit card). 2. [Name of R #1] stated [redacted] gave her [name of financial institution] debit card to an employee [name of Direct Care Staff/DCS #1] who took [redacted] out to eat on 09/07/24. [Name of R #1] stated [redacted] gave [name of DCS #1 [redacted] debit card to pay the bill at [name of restaurant] but [redacted] never gave it back and a lot of money had been spent totaling over $1,000.00. 3. [Name of Resident Care Coordinator] advised the officer, when she called [name of financial institution] to cancel the debit card and see if the debit had been used, she (Resident Care Coordinator) was notified of the charges on the debit card from 09/08/24 through 09/12/24. 4. [Name of Administrator] advised the officer,	S 033		

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S 033	Continued From page 10 [name of R #1] had not been out of the facility since Saturday (09/07/24) so [name of R #1] would not have been able to use the debit card. 5. [Name of Administrator] advised the officer, she called [name of DCS #1] and acted like [name of R #1] could not find [redacted] debit card. [Name of Administrator] stated she told [name of DCS #1] that [name of R #1] was with her (DCS #1) on Saturday (09/07/24) and asked her if she could check to see if she could find [redacted] debit card. [Name of Administrator] stated [name of DCS #1] called her back and told her she found the debit card and would bring it to the facility. 6. [Name of Administrator] provided the officer with [name of R #1's] bank statements showing a total of eight transactions and three pending transactions totaling $1,281.79. 7. The officer left the facility and arrived at the home address for [name of DCS #1]. [Name of DCS #1] told the officer she used [name of R #1's] debit card on Saturday (09/07/24) to pay for [name of restaurant]. When the officer asked [name of DCS #1] if she made the transactions on [name of R #1's] debit card since Saturday (09/07/24), she said no. [Name of DCS #1] told the officer that she did not provide anyone with [name of R #1's] debit card and no one else had access to it. 8. The officer was dispatched back to the facility at 1400 hours (2:00 pm) because [Name of Resident Care Coordinator] stated [name of DCS #1] was requesting to speak with him. Upon his arrival to the facility, [name of DCS #1] advised him that she was the one who made the transactions on [name of R #1's] debit card. [Name of DCS #1] stated she made the transactions because [name of R #1] had let her borrow money before and she paid her back last time, so she thought it was alright to do it this time. [Name of DCS #1] stated she was going to	S 033		

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8 033	Continued From page 11	8 033		

pay [name of R #1] back.

9. [Name of DCS #1] was charged with 11 counts of Financial Institutions and regulations for each use of the debit card and one count of embezzlement.

C. Record review of DCS #1's Employee Handbook revealed DCS #1 acknowledged and signed the following facility policies on 06/01/23:

1. Financial affairs of residents: Employees are not allowed to assist residents with their financial affairs.

2. Gratuities: Employees are not allowed to accept any gift, gratuity, money, or loan of any kind from residents.

D. Record review of R #1's bank statements from 09/06/24 through 09/12/24 revealed the following:

1. 09/06/24: A $200.00 ATM withdrawal (transaction cleared on 09/09/24).

2. 09/09/24: A transaction from [name of restaurant] totaling $46.59 (transaction cleared on 09/11/24).

2. 09/10/24: A transaction from [name of local drugstore] totaling $26.49.

3. 09/10/24: A transaction from [name of local store] totaling $153.26.

4. 09/10/24: A $103.95 ATM withdrawal.

5. 09/10/24: A transaction from [name of local store] totaling $63.12 (transaction cleared on 09/11/24).

6. 09/11/24: A $200.00 ATM withdrawal.

7. 09/11/24: A $203.95 ATM withdrawal.

8. 09/11/24: A transaction from [name of restaurant] totaling $28.55 (transaction cleared on 09/12/24).

9. 09/11/24: A $203.95 ATM withdrawal (transaction cleared on 09/12/24).

10. 09/12/24: A transaction from [name of

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	7204	A. BUILDING: _____ B. WING _____	C 01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUALITY LIFE MANAGEMENT LLC DBA WILLOW MAI	815 W ADOBE DRIVE DEMING, NM 88030

(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
8 033	Continued From page 12 local drugstore] totaling $51.91 (Total amount of all transactions was $1,281.79) E. On 01/28/25 at 3:32 pm, during an interview, R #1 stated DCS #1 took [redacted] [name of store] and afterward to [name of restaurant] on 09/07/24. R #1 state[redacted]ave DCS #1 [redacted] debit card to pay the bill. DCS #1 paid for the bill with [redacted] debit card. R #1 stated DCS #1 droppe[redacted] off back at the facility but never gave [redacted] ebit card back. R #1 stated DCS #1 did not pa[redacted] back any money. F. On 01/28/25 at 1:01 pm, during an interview, the Administrator confirmed DCS #1 financially exploited R #1 when she too[redacted] debit card incurring finiancial transations on 09/08/24 through 09/12/24.	8 033		
8 034	8 NMAC 370.14.34 Custodial Drug Permits A facility with two or more residents that is licensed pursuant to this rule and that assists with self-administration or safeguards medications for residents shall have a current custodial drug permit issued by the state board of pharmacy. A. Procurement, labelling and storage: The facility shall provide assistance to the resident in obtaining the necessary medications, treatment and medical supplies as identified in the ISP. The facility shall procure, label and store medications for residents who require assistance with self-administration of medication in compliance with state and federal laws. (1) All medications, including non-prescription drugs, shall be stored in a locked compartment or in a locked room, as approved by the board of pharmacy and the key shall be in the care of the administrator or designee.	8 034	8.034 The facility has posted signage advising medication room door is to remain locked when not in use. The signage also indicates this room is for authorized personnel only. The Administrator posted an education memo which staff signed in acknowledgment of understanding. This education memo covers regulation for proper medication storage. All medications were removed from faulty (non-locking) drawers of medication cart. The remaining faulty drawer is safeguarded against use awaiting delivery of new medication storage cabinet. An Administrator storage review of the medication room and medication cabinets has been added to the Administrator agenda for inspection of the medication cabinets and medication room at least once a month to review for compliance and security. The Administrator medication storage review is scheduled on the Administrator's agenda (calendar). Completion date: February 20, 2025	

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8 034	Continued From page 13	8 034		

(2) Internal medication shall be kept separate from external medications. Drugs to be taken by mouth shall be separated from all other delivery forms.
(3) A separate, locked refrigerator shall be provided by the facility for medications. The refrigerator temperature shall be kept in compliance with the state board of pharmacy requirements for medications.
(4) All medications, including non-prescription medications, shall be stored in separate compartments for each resident and all medications shall be labeled with the resident's name.
(5) A resident may be permitted to keep his or her own medication in a locked compartment in his or her room for self-administration, if the physician's order deems it appropriate.
(6) The facility shall not require the residents to purchase medications from any pharmacy.
(7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes shall comply with the national fire protection association (NFPA) 99.
(8) A proof of use record shall be maintained separately for each schedule II through IV drug (controlled substances). The proof of use sheet shall document:
(a) the type and strength of the schedule II through IV drugs;
(b) the date and time staff assisted with self-administration;
(c) the resident's name;
(d) the prescriber's name;
(e) the dose;
(f) the signature of the person assisting with delivery of the medication; and
(g) the balance of medication remaining.
(9) Any remaining medication discontinued by a

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8 034	Continued From page 14 physician's order, or upon discharge or death of the resident shall be inventoried and moved to a separate locked storage container. Such discontinued medications shall be destroyed upon the next quarterly visit by the consulting pharmacist in accordance with 16.19.11.10 NMAC. (10) The record of medication destruction shall be signed by the administrator or designee and the pharmacist and shall be kept on file at the facility. B. Consulting pharmacist: The facility shall maintain records demonstrating that the consulting pharmacist provides the following oversight and guidance. (1) Reviews the medication regimen as needed, but at least quarterly/every three months, to determine that all medications and records are accurate and current. All irregularities shall be reported to the administrator of the facility and these irregularities shall be resolved by the administrator within 72 hours. (2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation. (3) Consultation shall be provided on all aspects of pharmacy services in the facility, including reference information regarding side effects and, when needed, physician consultation in cases involving the use of psychotropic medications. (4) The consulting pharmacist will be responsible for assuring that the facility meets all requirements for storage, labeling, destruction and documentation of medications as required by the state board of pharmacy, 16.19.11.10 NMAC and 8.370.14 NMAC. [8.370.14.34 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by:	8 034		

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8 034	Continued From page 15 8.370.14.34 A (1) Based on observation and interview, the facility failed to ensure for 2 (R #s 6 and 7) of 2 (R #s 6 and 7) that their medications were stored in a locked compartment or locked room. This deficient practice could likely cause harm to residents if medications are not secured and residents can access them, and become ill from ingesting medications that are not prescribed to them. The findings are: A. On 01/22/25 at 9:09 am, during an interview, R #2's Power of Attorney (POA) stated she had concerns that medications were not being secured according to regulations. She stated the door to the medication room was open at various times during July 2024. B. On 01/27/25 at 1:18 pm, during an observation of the facility's medication room revealed the door was unlocked to the room and the bottom right drawer of the medication cabinet was unlocked. The unlocked medication cabinet contained the following medications assigned to R #6 and R#7: 1. One bottle of [redacted] R #6. 2. One bottle of [redacted], R #6. 3. One bottle of [redacted] R #6. 4. One bottle of [redacted] R #6. 5. One bottle of [redacted] R #6. 6. One bottle of [redacted]	8 034		

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8 034	Continued From page 16 [redacted] R #6. 7. One [redacted] R #6. 8. One bottle of [redacted], R #6. 9. One [redacted], R #6. 10. One [redacted], R #6. 11. One [redacted], R #7. 12. One [redacted], R #7. 13. [redacted] R #7. 14. [redacted], R #7. 15. [redacted] R #7. 16. [redacted] R #7. 17. [redacted], R #7. 18. [redacted] R #7. 19. [redacted] 20. [redacted], R #7. E. On 01/27/25 at 1:22 pm, during an interview, the Administrator confirmed the medications for R #6 and R #7 were unsecured in an unlocked drawer in the medication cabinet and the medication room was unlocked.	8 034	8.055 The facility has added "Caregiver cleaning tasks" to the web-based software used by the facility for assigning and tracking tasks. The facility posted an educational training titled "How to Clean a Bathroom" for staff review and training. Staff signed acknowledgment of receipt and understanding after completion of the educational training. The Administrator will audit the "Caregiver cleaning tasks" checklist weekly for completion. Additionally the Administrator will physically inspect bathroom cleaning on on a weekly basis. The weekly inspection and review are scheduled on the Administrator's agenda(calendar). Completion date: February 20, 2025	
8 055	8 NMAC 370.14.55 Toilet and Bathing Facilites Toilet and bathing facilities shall be located appropriately to meet the needs of residents. A. A minimum of one toilet, one sink and one bathing unit shall be provided for every eight residents or fraction thereof. (1) The facility shall provide at least one tub and one shower or combination unit to allow for	8 055		

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8 055	Continued From page 17 residents bathing preference. (2) Facilities with four or more residents shall provide a handicap accessible bathroom for every thirty (30) residents that allows for a bathing preference. B. Facilities with four or more residents must comply with accessibility requirements for the disabled. C. Toilet, sink and bathing facilities shall be readily available to the residents. No passage through a resident room by another resident to reach a toilet, bathing unit or sink facility shall be permitted. D. The combination type tub and shower shall be permitted. E. A facility with four or more residents that has live-in staff shall provide a separate toilet, sink and bathing facility for staff. F. Toilets, tubs and showers shall be provided with grab bars. G. Tubs and showers shall have a slip resistant surface. H. The floors of bathrooms and bathing facilities shall have smooth, waterproof and slip-resistant surfaces. I. Toilet paper and soap shall be provided in each toilet room. J. The use of a common towel shall be prohibited. K. Bathrooms and lavatories shall be cleaned as often as necessary to maintain a clean and sanitary condition. [8.370.14.55 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.55 K	8 055		

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8 055	Continued From page 18 Based on observation and interview the facility failed to ensure that resident bathrooms were in sanitary conditions. This deficient practice could likely cause harm to residents if they are exposed to germs or other bacteria when using the bathrooms. The findings are: A. On 01/28/25 at 9:39 am, during an observation of the bathroom between room [redacted] the following was observed: 1. Brown stains on the floor near the base of the toilet. 2. Gray and light brown stains on the shower floor. 3. Brown stains on the wall behind the toilet and on the wall to the left of the toilet. 4. Brown stains on the toilet seat. 5. Brown stains in the toilet bowl. B. On 01/28/25 at 1:01 pm, during an interview, the Administrator confirmed the bathroom between room [redacted] had stains on the floor near the base of the toilet, the shower floor, the walls near the toilet, the toilet seat and toilet bowl.	8 055		