STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5831	A. BUILDING: _____ B. WING _____	C 10/24/2024

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WESTWIND HOUSE	6600 LOS VOLCANES NW ALBUQUERQUE, NM 87121

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8 000	Initial Comments The following deficiencies were cited during a complaint survey completed on 10/24/24 for the state requirements of NMAC 8.370.14, Regulations for Assisted Living Facilities for Adults. Census: 43 Complaint Intake NM #[redacted] was investigated and deficiencies were cited. Complaint Intake NM #[redacted] was investigated and deficiencies were cited.	8 000	This Plan of Correction is provided to assure resident safety and quality of care, and to meet regulatory requirements. It does not necessarily indicate admission or agreement with the survey conclusions or facts cited, and is not intended to establish a standard of care.	
8 016	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;	8 016		

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8 016	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	8 016		

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8 016	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 (7) Refer to: 8.370.5.8 CAREGIVER AND HOSPITAL CAREGIVER EMPLOYMENT REQUIREMENTS: D. Application: In order for a nationwide criminal history record to be obtained and processed, the following shall be submitted to the authority on forms provided by the authority. (1) A form containing personal identification which has a photograph of the person and which meets the requirements for employment eligibility in accordance with the immigration and nationality act as amended. A reasonable xerographic copy of a drivers license photograph will suffice under Subsection D of 8.370.5.8 NMAC. (2) A signed authorization for release of information form. (3) Three complete sets of readable fingerprint cards or other authority approved media acceptable to the department of public safety and the federal bureau of investigation submitted using black ink. (4) The fee specified by the authority for the nationwide and statewide criminal history screening investigation shall not exceed $74. Of which, $24 shall be applied for the federal bureau of investigation nationwide criminal history screening, seven dollars shall be applied for the statewide criminal history screening. The remaining application fee shall be	8 016		

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8 016	Continued From page 3	8 016		

applied to cover costs incurred by the authority to support activities required by the act and these rules. The fees will not be applied to any other activity or expense undertaken by the authority.

(5) If the applicant, caregiver or hospital caregiver must submit another readable set of fingerprint cards upon notice that the fingerprint cards previously submitted were found unreadable, as determined by the federal bureau of investigation or department of public safety, the submission of a second set of fingerprint cards is required, a separate fee will not be charged. A fee shall be charged for submission of a third and subsequent fingerprint sets.

(6) If the applicant, caregiver or hospital caregiver has a physical or medical condition which prevents the applicant, caregiver or hospital caregiver from producing readable fingerprints using commonly available fingerprinting techniques, the applicant, caregiver or hospital caregiver shall submit the fingerprint cards with a notarized affidavit signed by the applicant, caregiver, hospital caregiver, returned to the authority within 14 calendar days, as determined by the postmark, which provides:

(a) identification of the applicant, caregiver or hospital caregiver; and

(b) an explanation of, or a statement describing, the applicant's, caregiver's or hospital caregiver's good faith efforts to supply readable fingerprints; and

(c) the physical or medical reason that prevents the applicant, caregiver or hospital caregiver from producing readable fingerprints using commonly available fingerprinting techniques;

(d) an

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8 016	Continued From page 4 applicant, caregiver or hospital caregiver meeting the conditions of this paragraph and who has resided in the state of New Mexico for less than 10 years must also submit a 10 year work history in addition to the required affidavits. (7) All documentation submitted to the authority for the purposes of criminal history screening and for the purposes set forth in 8.370.5.9 NMAC and 8.370.5.10 NMAC shall become the sole property of the authority with the exception of fingerprint cards which shall be destroyed upon clearance by both the federal bureau of investigation and department of public safety. All other submitted documentation shall be retained by the authority for a period of one year from the final date of closure and thereafter shall be archived. E. Fees: The federal bureau of investigation has a mandatory processing fee with no exceptions. The authority and department of public safety impose a state processing and administrative fee. The fee payment must accompany the fingerprint application, or otherwise be credited to the authority prior to or at the same time with the authority's receipt of the application documents. The manner of payment of the fee is by bank cashier check or money order payable to the New Mexico health care authority or other method of funds transfer acceptable to the authority. Business checks will be accepted unless the business tendering the check has previously tendered a check to the authority unsupported by sufficient funds. Neither cash nor personal checks will be accepted. The fee may be paid by the care provider or by the applicant, caregiver or hospital caregiver. The authority will set a fee in addition to the fees imposed by department of public safety and the federal bureau of investigation that will fully and completely cover	8 016		

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8 016	Continued From page 5 costs incurred by the authority to support activities required by the act and these rules. The fees will not be applied to any other activity or expense undertaken by the authority. F. Timely submission: Care providers shall submit all fees and pertinent application information for all individuals who meet the definition of an applicant, caregiver or hospital caregiver as described in Subsections B, D and K of 8.370.5.7 NMAC, no later than 20 calendar days from the first day of employment or effective date of a contractual relationship with the care provider. G. Maintenance of records: Care providers shall maintain documentation relating to all employees and contractors evidencing compliance with the act and these rules. (1) During the term of employment, care providers shall maintain evidence of each applicant, caregiver or hospital caregiver's clearance, pending reconsideration, or disqualification. (2) Care providers shall maintain documented evidence showing the basis for any determination by the care provider that an employee or contractor performs job functions that do not fall within the scope of the requirement for nationwide or statewide criminal history screening. A memorandum in an employee's file stating "This employee does not provide direct care or have routine unsupervised physical or financial access to care recipients served by (name of care provider)" together with the employee's job description, shall suffice for record keeping purposes. [8.370.5.8 NMAC - N, 7/1/2024] Based on record review and interview, the facility failed to ensure for 1 (DCS (Direct Care Staff) #1)	8 016		

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8 016	Continued From page 6 of 1 (DCS #1) submitted their application and fingerprints to the Caregivers Criminal History Screening Program (CCHSP) within 20 days of hire. This deficient practice could likely result in the 43 (R #s 1-43) residents identified on the census provided by the Executive Director on 10/15/24 to be at risk of harm or abuse if residents are being provided care by staff who may have a previous history of disqualifying convictions. The findings are: A. Record review of DCS #1's (hire date 02/20/24) employee file revealed the facility did not submit DCS #1's application and fingerprints to CCHSP. B. On 10/16/24 at 2:21 PM, during an interview, the Executive Director confirmed the facility did not submit DCS #1's application and fingerprints to CCHSP.	8 016	8 016. Applications and fingerprints Applications and fingerprints of new hires shall be submitted to the Caregivers Criminal History Screening Program (CCHSP) within 20 days of hire. The Executive Director completed a comprehensive review of all current staff as of 11/25/24 to confirm that required screens are in place for all current staff. The new hire process has been augmented to include a review of new hire documentation by the Care Coordinator and additional review by the Executive Director. This process will confirm CCHSP submission prior to completion of orientation and scheduling of regular work shifts, and also confirm approval is received within 20 days of hire. This two person review process was implemented effective 12/2/2024	12/2/24
8 026	8 NMAC 370.14.26 Individual Service Plan An ISP shall be developed and implemented within 10 calendar days of admission for each resident residing in the facility. A. The ISP shall address those areas of need as identified in the resident evaluation and through staff observation. (1) The ISP shall detail the services that are provided by the facility as well as the services to be provided by other agencies. (2) The resident evaluation and the ISP shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or a physician extender.	8 026		

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8 026	Continued From page 7 (3) The ISP shall be reviewed and or revised at a minimum of every six months or when there is a significant change in the resident's health status. B. The ISP shall include the following: (1) a description of identified needs as noted in the resident evaluation; (2) a written description of all services to be provided; (3) who will provide the services; (4) when or how often the services will be provided; (5) how the services will be provided; (6) where the services will be provided; (7) expected goals and outcomes of the services; (8) documentation of the facility's determination that it is able to meet the needs of the resident; (9) the level of assistance that the resident will require with activities of daily living and with medications; (10) a crisis prevention/intervention plan when indicated by diagnosis or behavior; and (11) current orders for all medications, including those authorized for PRN usage. [8.370.14.26 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 7.8.2.26 A (2) ISP Based on record review and interview, the facility failed to ensure for 1 (R #4) of 1 (R # 4) resident's [redacted] was documented in the Individual Service Plans (ISP). This deficient practice could likely result in the resident is not receiving the proper care in accordance with [redacted] by facility staff.	8 026		

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8 026	Continued From page 8 The findings are: A. Record review of R #4's medical record revealed the following: 1. [Name of Hospital] discharge documents (admitted on [redacted] indicated [Name of Doctor] listed R [redacted] as [redacted] 2. Doctor's order dated 03/29/24, issued by Primary Care Physician (PCP), revealed R #4's diagnosis as, [redacted] 3. Doctor's order dated June 2024, issued by PCP, prescribed R # 4. [redacted] to be administered every evening. B. Record review of R #4's (admission date: [redacted] initial and on-going Individual Service Plan (ISP) records failed to list R [redacted] diagnosis, despite the ISP being reviewed and signed by a (contracted) licensed practical nurse (LPN), registered nurse (RN) or a physician extender (PE) for the following ISP dates: 1. 08/28/20 2. 08/10/21 3. 08/16/21 4. 01/27/22 5. 02/02/22 6. 06/07/22 7. 10/22/22 8. 04/10/23 9. 11/27/23 10. 04/24/24 C. On 10/17/24 at 2:00 pm, during an interview, the Care Coordinator confirmed that R #4's initial and on-going ISP's failed to list [redacted] by an LPN, RN or PE.	8 026	8 026. Individual Service Plans Individual Service Plans shall include and address all diagnoses that require specialized assisted living services. The new Westwind contracted nurse made changes to the ISP of Resident #4 as of 10/17/24 to list the [redacted] and associated services. The Executive Director will review each service plan with the contracted nurse as updates are made (based on a change of condition or semi-annually) to assure all diagnoses that require staff actions or tasks are listed on each ISP. All ISP updates due by year end will be completed by 12/20/24 to incorporate this special focus	12/20/24

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8 033	Continued From page 9	8 033		
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 (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	8 033		

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8 033	Continued From page 10 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; (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	8 033		

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8 033	Continued From page 11 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; 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) residents	8 033		

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8 033	Continued From page 12 were free from financial abuse by facility staff. This deficient practice could likely result in 43 residents identified on the census by the Executive Director on 10/15/24 from 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 #NM[redacted] assigned on 07/11/24, revealed R #1 was missing money and someone was using [redacted] debit card to commit fraud. There were three (3) charges of electronically transferred (method of moving money across an online network, between banks and people) money to a mobile online banking application (software designed to run on smartphones and tablets) that revealed [Name of Direct Care Staff (DCS) #1] on the transfer. B. Record review of local law enforcement report dated 05/04/24 revealed: 1. Law enforcement was dispatched to the facility on 05/03/24 after R #1 reported [redacted] credit card had been fraudulently accessed by [redacted] caretaker. 2. R #1 reported transactions on [redacted] bank account over the last two months that [redacted] id not complete. The transactions occurred from [redacted]/24 through [redacted]24. 3. R #1 reported there were charges with [Name of DCS #1] on transactions that were made on [redacted]24. 4. R #1 and R #1's daughter informed the Executive Director of the transactions on 05/03/24. 5. The Executive Director stated DCS #1 had not worked at the facility since 04/25/24.	8 033	8 033. Legal Rights of Residents Legal Rights of Residents shall include protection from financial abuse by facility staff. At the time of the initial concern raised by the family of Resident #1, a facility investigation was conducted which resulted in a police report being filed on the following day for suspected fraudulent use of resident #1's credit card. The identified direct care staff member (DCS #1) was no long longer employed by Westwind House as of the date of the investigation. Westwind provided a financial credit to Resident #1 on their December statement to reimburse a total of $45 associated with four suspect transactions. Financial safeguards for residents are included in the initial orientation program for all staff and have been repeated in a Resident Rights in-service education with all care staff to be completed by 12/13/24.	12/13/24

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8 033	Continued From page 13 C. On 10/15/24 at 2:00 PM, during an interview, the Executive Director stated the following: 1. DCS #1 developed a bond with R #1 2. R #1 mentioned [redacted] gave DCS #1 [redacted] debit card to pick up some coffee. 3. She was contacted by the Power of Attorney (POA) when the POA noticed multiple charges to R #1's bank account. No specified date given. D. On 10/16/24 at 10:50 AM, during an interview, R #1 stated [redacted] gave DCS #1 [redacted] debit card to run errands on or around [redacted] and DCS #1 returned the card after the errands on or around [redacted] E. On 10/16/24 at 3:52 PM, during an interview, R #1's Son-in-law stated the following: 1. R #1 gave DCS #1 [redacted] debit card to pick [redacted] up something from the store on or around [redacted] 2. Transfers of funds through an electronic funds transfer application were under [name of DCS #1]. F. Record review of R #1's bank statements dated [redacted] through [redacted] revealed the following transactions totaling in the amount of $45.00: 1. On 03/24/24, an Electronic Funds Transfer Application to [name of DCS #1] in the amount of $25.00 2. On 03/24/24, an Electronic Funds Transfer Application to [name of DCS #1] in the amount of $10.00 3. On 03/24/24, an Electronic Funds Transfer Application to [name of DCS #1] in the amount of $10.00	8 033		

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	5831	A. BUILDING: _____ B. WING _____	C 10/24/2024

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8 034	Continued From page 14	8 034		
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, labeling 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. (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	8 034		

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8 034	Continued From page 15	8 034		

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 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

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8 034	Continued From page 16 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: 8.370.14.34 A (7) Refer to: NFPA (National Fire Prevention Association) 99. 2012 Edition. 11.3 Cylinder and Container Storage Requirements. 11.3.1* Storage for nonflammable gases equal to or greater than 85 m3 (3000 ft3) at STP shall comply with 5.1.3.3.2 and 5.1.3.3.3. 11.3.2* Storage for nonflammable gases greater than 8.5 m3 (300 ft3), but less than 85 m3 (3000 ft3), at STP shall comply with the requirements in 11.3.2.1 through 11.3.2.3. 11.3.2.1 Storage locations shall be outdoors in an enclosure or within an enclosed interior space of noncombustible or limited combustible construction, with doors (or gates outdoors) that can be secured against unauthorized entry.	8 034	8 034. Safe storage - medications & oxygen Safe storage shall be provided for all self-administrated medications including oxygen. The facility moved all freestanding oxygen cylinders from the middle of the oxygen room to the designated resident's holding shelf secured with chains or ties on 10/16/24. Notice and education was provided to oxygen supply delivery drivers to place new deliveries on the designated shelf for the specific resident receiving the delivery of oxygen. Driver instruction was completed for current drivers by 10/30/24. Any new or replacement drivers will be instructed on appropriate placement of oxygen by the care coordinator or their delegate as needed. A review of oxygen storage implementation has been added as of December to the monthly fire safety review checklist completed by the facility maintenance director and reviewed by the Executive Director. Both the Maintenance Director and Care Coordinator have been instructed to make periodic 'spot checks' of the oxygen room to assure that all containers are placed on the designated resident's holding shelf to avoid future storage risks.	12/20/24

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8 034	Continued From page 17 11.3.2.2 Oxidizing gases, such as oxygen and nitrous oxide, shall not be stored with any flammable gas, liquid, or vapor. 11.3.2.3 Oxidizing gases such as oxygen and nitrous oxide shall be separated from combustibles or materials by one of the following: (1) Minimum distance of 6.1 m (20 ft) (2) Minimum distance of 1.5 m (5 ft) if the entire storage location is protected by an automatic sprinkler system designed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems (3) Enclosed cabinet of noncombustible construction having a minimum fire protection rating of 1/2 hour 11.3.2.4 Gas cylinder and cryogenic liquid container storage shall comply with 5.1.3.5.12. 11.3.2.5 Cylinder and container storage locations shall comply with 5.1.3.3.1.7 with respect to temperature limitations. 11.3.2.6 Cylinder or container restraints shall comply with 11.6.2.3. 11.3.2.7 Smoking, open flames, electric heating elements, and other sources of ignition shall be prohibited within storage locations and within 6.1 m (20 ft) of outside storage locations. 11.3.2.8 Cylinder valve protection caps shall comply with 11.6.2.3. 11.3.2.9 Gas cylinder and liquefied gas container storage shall comply with 5.1.3.5.12. 11.3.3 Storage for nonflammable gases with a total volume equal to or less than 8.5 m3 (300 ft3) shall comply with the requirements in 11.3.3.1 and 11.3.3.2. 11.3.3.1 Individual cylinder storage associated with patient care areas, not to exceed 2100 m2 (22,500 ft2) of floor area, shall not be required to be stored in enclosures. 11.3.3.2 Precautions in handling cylinders specified in 11.3.3.1 shall be in accordance with	8 034		

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8 034	Continued From page 18 11.6.2. 11.3.3.3 When small-size (A, B, D, or E) cylinders are in use, they shall be attached to a cylinder stand or to medical equipment designed to receive and hold compressed gas cylinders. 11.3.3.4 Individual small-size (A, B, D, or E) cylinders available for immediate use in patient care areas shall not be considered to be in storage. 11.3.3.5 Cylinders shall not be chained to portable or movable apparatus such as beds and oxygen tents. 11.3.4 Signs. 11.3.4.1 A precautionary sign, readable from a distance of 1.5 m (5 ft), shall be displayed on each door or gate of the storage room or enclosure. 11.3.4.2 The sign shall include the following wording as a minimum: CAUTION: OXIDIZING GAS(ES) STORED WITHIN (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. 11.6.2.3 Cylinders shall be protected from damage by means of the following specific procedures: (11) Freestanding cylinders shall be properly chained or supported in a proper cylinder stand or cart. Based on observation and interview, the facility failed to ensure the oxygen cylinder tanks were stored in a secure location protected from accidental damage or dislocation. This deficient practices could potentially affect the health, safety, and welfare of the 43 (R #s 1-43) residents listed on the resident census provided by the Executive Director on 10/15/24, if the oxygen cylinder tanks were to fall over, damaging	8 034		

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8 034	Continued From page 19 the valve, causing it to depressurize during a fire; the oxygen feeds the fire, causing it to spread faster. The findings are: A. On 10/15/24 at 9:22 am, during an observation of the oxygen storage room located in the resident dining room area, six (6) oxygen cylinders, five (5) small, one (1) medium, were unsecured by cart or chain. B. On 10/15/24 at 9:31 am, during an interview, the Executive Director confirmed the oxygen tanks were not secured in a cylinder stand or cart.	8 034		
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 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	8 037		

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8 037	Continued From page 20 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 the cleaning supplies and hazardous chemicals (any chemical which can cause a physical or a health hazard) were stored in secured areas and were not accessible to the residents. This deficient practice could likely result in the 43 (R #s 1-43) residents listed on the resident	8 037		

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8 037	Continued From page 21 census list provided by the Executive Director on 10/15/24 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. The findings are: A. On 10/15/24 at 9:24 am during an observation of the facility's laundry room, the laundry room was unlocked and one (1) 1.32 gallon of laundry detergent was unsecured on a basket of laundry and was accessible to residents. B. On 10/15/24 at 10:38 am, during an interview, the Executive Director confirmed the laundry detergent located in the laundry room was unsecured and accessible to residents.	8 037	8 037. Safe storage of cleaning supplies Safe storage of cleaning supplies and chemicals shall be provided and assured. Laundry detergent which had been left accessible in the laundry room after use by a resident was moved to a secured storage location on the day it was noted by the Surveyor. Service plans for residents who do their own laundry have been amended to call for care staff to remind residents to return laundry detergent to its designated storage area after use. Housekeeping staff are being given an in-service training to add inspections of laundry rooms to their regular duties to assure proper storage of all laundry chemicals regardless of use by staff or residents. This in-service training will be completed for all staff by 12/13/14.	12/14/24
8 042	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:	8 042		

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8 042	Continued From page 22 8.370.14.42 Based on observation and interview, the facility failed to ensure all operating windows had properly fitted screens. This deficient practice could likely result in the 43 (R #s 1-43) residents identified on the census provided by the Executive Director on 10/15/24, to be at risk of injury or illness if they were exposed to bugs/insects, allergens (dust/dirt), or debris (leaves or other fragments) coming in through the damaged screens. The findings are: A. On 10/15/24 at 10:58 am, during observation of the exterior of the facility, the following was revealed: 1. One (1) window in Room [redacted] had a bowed (creating openings large enough for insects and rodents to pass through) screen. 2. One (1) window in Room [redacted] had a bowed screen. 3. Two (2) windows in Room [redacted] had bowed screens. 4. One (1) window in Room [redacted] had a bowed screen. 5. One (1) window in Room [redacted] had a bowed screen. 6. One (1) window in Room [redacted] had a bowed screen. 7. One (1) window in Room [redacted] had a bowed screen. 8. One (1) window in Room [redacted] had a bowed screen. 9. One (1) window in Room [redacted] had a bowed screen. 10. One (1) window in Room [redacted] had a bowed screen. 11. One (1) window in Room [redacted] had a bowed screen.	8 042	8 042. Window screens. Window screens shall be maintained in working condition to avoid gaps that may occur when screens are damaged by wind. All bowed window screens (19) were repaired or replaced to insure that no gaps existed that could allow insects penetration when windows are open. These repairs/replacements were completed as of 12/06/24. The Maintenance Director changed the standard for window screen replacement to always make these changes from inside the room rather than from the outside in order to avoid unnecessary manipulation of the screens that is believed to have made them more suseptable to damage in the past. Monthly window screen inspections have been added to a preventive maintenance checklist prepared by the maintenance director and reviewed by the Executive Director as of December.	12/20/24

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8 042	Continued From page 23 12. One (1) window in Room [redacted] had a bowed screen. 13. One (1) window in Room [redacted] had a bowed screen. 14. One (1) window in Room [redacted] had a bowed screen. 15. One (1) window in Room [redacted] had a bowed screen. 16. One (1) window in Room [redacted] ad a bowed screen. 17. One (1) window in the office to the west of the main entry way had a bowed screen. 18. One (1) window in the kitchen had a bowed screen. 19. One (1) window in the television room had a bowed screen. B. On 10/15/24 at 11:29 am, during an interview the Executive Director confirmed the twenty (20) windows had bowed screens.	8 042		
8 048	8 NMAC 370.14.48 Electrical System A. All fuse and breaker boxes shall be labeled to indicate the area of the facility to which each fuse or circuit breaker provides service. B. All staff personnel of the facility shall know the location of the electrical disconnect switch and how to operate it in case of emergency. C. Electrical cords and appliances shall be U/L approved. (1) Electrical cords shall be replaced as soon as they show wear. (2) Extension cords shall not be used. The use of a multi-socket united laboratories approved (U/L APPROVED) surge protector with integrated circuit breaker no greater than six feet in length is permitted for the intended purpose and not as an extension cord.	8 048		

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8 048	Continued From page 24 [8.370.14.48 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.48 C (2) Based on observation and interview, the facility failed to ensure extension cords were not used. This deficient practice could likely result in the 43 (R #s 1-43) residents listed on the resident census list provided by the Executive Director on 10/15/24 to be at risk of harm or injury if the residents were to trip or fall on the extension cord or if an electrical fire [a fire that starts from an electrical fault or malfunction (fail to function normally or satisfactorily) in overloaded or overheated circuits] were to occur as result of using an extension cord. The findings are: A. On 10/15/24 at 9:36 am, during an observation of the facility's main hallway near the dining area, an extension cord was being used for a holiday display. B. On 10/15/24 at 9:54 am, during an interview, the Executive Director confirmed the use of the extension cord for the holiday display.	8 048	8 048. Extension cords. Extension cords shall not be used for holiday displays or other purposes. Extension cords in use for a holiday display were removed as of 10/16/24 after being noted by the Surveyor. The Executive Director met with the Activity Director to remind her that extension cord use is prohibited under the assisted living license requirements for fire safety purposes. The Activity Director acknowledged her understanding of this requirement and agreed to find other ways to set up holiday displays without the use of extension cords. Extension cord inspections have been added to the monthly fire safety review checklist prepared by the maintenance director and reviewed by the Executive Director as of December. The Executive Director and Maintenance Director will also make spot checks to assure that extension cords are not in use at any time.	12/20/24