Division of Health Improvement

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 09/04/2025

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
8 000	Initial Comments The following deficiencies were cited during a Complaint survey completed on 09/04/25 for the state requirements of NMAC 8.370.14, Regulations for Assisted Living Facilities for Adults. Resident Census: 68 Complaint Intake NM [redacted] was investigated with deficiencies cited. Complaint Intake NM [redacted] was investigated with deficiencies not cited.	8 000		
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. (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;	8 026		

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8 026	Continued From page 1 (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: 8.370.14.26 A (2) (3) Based on record review and interview, the facility failed to ensure for 3 (R #1, R #2, and R #3) of 3 (R #1, R #2, and R #3) residents, whose Individual Service Plans (ISPs) were reviewed for compliance and if needed revised by a licensed practical nurse, registered nurse or a physician extender and did not contain the following information: 1. Expected goals and outcomes of the services; 2. Documentation of the facility's determination that it is able to meet the needs of the resident; 3. The level of assistance that the resident will require with activities of daily living and with medications; 4. A crisis prevention/intervention plan when indicated by diagnosis or behavior; 5. Current orders for all medications, including those authorized for PRN (as needed) usage.	8 026	The violation of ISP that could result in residents not receiving services that meet their current needs has been corrected by the Director of Health Services (LPN) and reviewed by the E.D. The DHS and the E.D. have Read and reviewed the State regulation 8.270.14.26 And have an understanding Of what needs to be included In all ISP's. The DHS will be Adding the entire additional Information required by the State regulation. The ISP will be printed out And signed by the DHS (LPN). As a check to be sure no Items are missed, the E.D. Will review the ISP and sign Off as well as the DHS. This correction will be in place Immediately with all move ins, 9/20/2025.	09/20/25

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8 026	Continued From page 2 This deficient practice could result in residents not receiving services that meet their current needs or health and safety requirements. The findings are: A. Record review of R #1's ISP dated 09/02/25, revealed the ISP was not reviewed or revised by a licensed practical nurse, registered nurse or a physician extender. B. Record review of R #2's ISP dated 09/02/25, revealed the ISP was not reviewed or revised by a licensed practical nurse, registered nurse or a physician extender. C. Record review of R #3's ISP dated 09/02/25, revealed the ISP was not reviewed or revised by a licensed practical nurse, registered nurse or a physician extender. D. On 09/03/25 at 9:52, during an interview, the Director of Health Services confirmed the ISPs were not reviewed or revised by a licensed practical nurse, registered nurse or a physician extender. E. On 09/04/25 at 11:50 AM, during an interview, the Director of Health Services confirmed the ISPs did not contain the required information.	8 026		
8 032	8 NMAC 370.14.32 Reporting of Incidents A. The facility shall insure that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 8.370.9 NMAC. (1) The facility shall also report any incident or	8 032		

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8 032	Continued From page 3 unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within 24 hours or by the next business day, if it is a weekend or a holiday. (2) The facility shall not delay a report to the complaint hotline while an internal investigation is conducted. B. The facility is responsible for conducting and documenting the investigation of all incidents within five business days and shall submit a copy of the investigation report to the licensing authority. A copy of the report and the documentation, including the date and time that it was submitted to the licensing authority, shall be maintained on file at the facility. The investigation shall include the following: (1) a narrative description of the incident; (2) the result of the facility's investigation shall be recorded on the state approved incident report form for the current year, pursuant to 8.370.9 NMAC; and (3) plans for further actions in response to the incident. [8.370.14.32 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.32 A (1) REPORTING OF INCIDENTS: A. The facility shall ensure (to make certain that something shall occur or be the case) that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 8.370.9 NMAC. (1) The facility shall also report any incident or unusual occurrence which has or could threaten	8 032	The violation of reporting of incidents that could impede oversight and hinder the ID of care trends that may affect resident outcomes have been corrected by the E.D. and reviewed with the DHS. The ED and DHS have reviewed and discussed with the survey team what incidents are reportable. All incidents will be reported within 24 hours without any investigation before reporting, as well as reporting of residents sent out to hospital and any injuries. All incidents in the community must be reported immediately to the DHS and/or the ED for immediate attention. This has been addressed with all the leadership team. This will be discussed as part of our morning management meetings to be sure nothing is missed. This will be implemented immediately, 9/20/25.	9/20/25

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8 032	Continued From page 4 the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within twenty-four (24) hours or by the next business day, if it is a weekend or a holiday. (3) All licensed health care facilities shall ensure that the reporter with direct knowledge of an incident has immediate access to the bureau incident report form to allow the reporter to respond to, report, and document incidents in a timely and accurate manner. B. The facility is responsible for conducting and documenting the investigation of all incidents within five (5) business days and shall submit a copy of the investigation report to the licensing authority. A copy of the report and the documentation, including the date and time that it was submitted to the licensing authority, shall be maintained on file at the facility. Based on record review and interview, the facility failed to ensure for 1 (R #1) of 1 (R #1) resident whose incident reports were reviewed for compliance that incidents were reported within twenty-four (24) hours to the Licensing Authority (LA), nor was an investigation conducted within five (5) business days and reported to the LA. This deficient practice could impede (delay or prevent) regulatory oversight and hinder (create difficulties resulting in delay) the identification of care trends or patterns that may affect resident outcomes. The findings are: A. Record review of R[redacted] incident reports revealed an incident occured on [redacted] involving Direct Care Staff (DCS) [redacted] t and was not reported to the LA within 24 hours.	8 032		

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8 032	Continued From page 5 B. Record review of R #2's incident report dated [redacted], revealed R #2 [redacted] and sustained an injury and it was not reported to the LA within twenty-four (24) hours and an investigation was not conducted within five (5) business days and reported to the LA. C. Record review of R #3's incident report dated [redacted] revealed R #3 was sent to the Emergency Room (ER) and it was not reported to the LA within twenty-four (24) hours and an investigation was not conducted within five (5) business days and reported to the LA. D. On 09/02/25 at 2:57 PM, during an interview, the Administrator confirmed R #1's incident was not reported to the LA within twenty-four (24) hours. E. On 09/03/25 at 2:52 PM, during an interview, the Administrator confirmed [redacted] incidents were not reported to the LA within twenty-four (24) hours and an investigation was not conducted within five (5) business days and reported to the LA.	8 032		
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	8 033		

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8 033	Continued From page 6 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 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;	8 033		

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8 033	Continued From page 7 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 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	8 033		

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8 033	Continued From page 8 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 (1) Based on record review and interview, the facility failed to ensure for 1 (R[redacted]) of 1 (R[redacted]) resident was treated with courtesy and respect. This deficient practice has the potential to negatively impact residents' emotional well-being and the trust of staff. The findings are: A. Record review of video footage dated [redacted] at 9:02 PM revealed DCS #1 came into R[redacted] bedroom when R[redacted] was going to bed. R[redacted] let out a sigh (to breathe out slowly and noisily,	8 033	The violation of resident rights that have a potential to negatively impact resident's emotional well-being and the trust of the staff has been corrected by the ED and DHS. There was an immediate all staff meeting to discuss "inappropriate touching" and how we speak to our residents. We also, discussed reporting of any incidents that make a resident uncomfortable and is reported to them. The staff is made aware of the disciplinary consequences of these behaviors, which could lead up to termination. We will continue to have "residents Rights" discussions in our in-service monthly meeting as well as we have added this to our orientation program. These changes are effective immediately, 9/20/25	9/20/25

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8 033	Continued From page 9 expressing tiredness, sadness, pleasure, etc.) and DCS #1 was heard saying, "Yeah that's the sound you make when you've had a long day. [redacted] It is undetermined where DCS #1 [redacted] R[redacted] due to the placement of the camera. B. Record review of video footage dated [redacted] at 8:30 PM revealed DCS #1 came into R[redacted] apartment and sat down on his couch next to [redacted]. When DCS #1 exited the aparmtent, R[redacted] showed signs of discontent by putting [redacted] hands [redacted] face. C. On 09/03/25 at 11:00 AM, during an interview, R[redacted] confirmed DCS #1 made [redacted] uncomfortable when she came into [redacted] apartment and when she [redacted]	8 033		
8 038	8 NMAC 370.14.38 Housekeeping Services The facility shall maintain the interior and exterior of the facility in a safe, clean, orderly and attractive manner. The facility shall be free from offensive odors, safety hazards, insects and rodents and accumulations of dirt, rubbish and dust. A. All common living areas and all bathrooms shall be cleaned as often as necessary to maintain a clean and sanitary environment. B. Combustibles such as cleaning rags or flammable substances shall be stored in closed metal containers in approved areas that provide adequate ventilation. Combustibles shall be stored away from the food preparation areas and away from the resident rooms. C. Poisonous or flammable substances shall not be stored in residential areas, food preparation areas or food storage areas. If hazardous	8 038		

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8 038	Continued From page 10 chemicals are stored on the property, material safety data sheets shall be maintained and stored in the same area as the chemicals, pursuant to state environment department requirements, 11.5.2.9 NMAC. [8.370.14.38 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.38 C Based on observation and interview, the facility failed to ensure poisonous or flammable chemicals were stored in a secured area and not in residential areas. This deficient practice could likely result in residents becoming ill if they were to ingest (take food, drink, or another substance in the body by swallowing or absorbing it) the chemicals. The findings are: A. On 09/02/25 at 8:47 AM, during observation of the facility revealed the following in the east wing hallway (between Room [redacted] & Room [redacted]) was an unattended cleaning cart with unsecured chemicals: a. A 32 ounce spray bottle of disinfectant. b. A 32 ounce spray bottle of glass cleaner. c. A 32 ounce spray bottle of toilet bowl and fixture cleaner. d. A 26 ounce bottle of stainless steel cleaner. e. A 25 ounce of powdered bleach cleaner. B. On 09/02/25 at 10:02 AM, during observation of the facility laundry room #7 located in the east wing hallway was an one (1) gallon jug of germicidal bleach in a unsecured bottom cabinet.	8 038	The Violation of Housekeeping services which could likely result in residents becoming ill if they were to ingest the chemicals, has been corrected by the ED and the maintenance director. Immediately the ED spoke with the Maintenance director, who oversee the housekeepers. We had a meeting with the housekeepers as well as the maintenance technician. We discussed chemicals and the need to keep them always locked. The Ed put together a policy for the housekeeping carts for each housekeeper to review and sign. It included the responsibilities of taking care of the HK cart, including keeping chemicals in locked drawers. prevent this, along with the HK's eing made aware, the leadership eam was made aware and the maintenance director will be auditing the housekeeping carts weekly. These corrections will be in effect immediately, and were addressed immediately being reported to the ED from our DOH visit. 9/20/2025	9/20/25

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8 038	Continued From page 11 C. On 09/02/25 at 10:45 AM, during observation of the facility revealed the following in the northwest wing hallway (next to Room 258) was an unattended cleaning cart with unsecured chemicals: a. A 32 ounce spray bottle of hydrogen peroxide. b. A 1.19 pound spray bottle of furniture polish. c. A unlabeled, unidentified bottle of yellowish oil liquid. d. A 32 ounce spray bottle of odor eliminator liquid. e. A 32 ounce spray bottle of glass cleaner. f. A 32 ounce spray bottle of disinfectant. D. On 09/02/25 at 2:00 PM, during an interview, the facility administrator confirmed the unsecured chemicals in identified areas of building.	8 038		
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 12 NMAC 8.370.14.42 A Based on observation and interview, the facility failed to ensure that ceiling tiles in the 1st and 2nd floor hallways of the facility were in good condition, had no penetrations/perforations (holes/gaps), and were maintained in good repair at all times and the facility elevators inspection was up-to-date. This deficient practice could likely result in all residents to be at risk of high danger if there was a fire and it was not contained due to perforations (holes/gaps) in the ceilings, along with potential malfunctioning of the elevator sytem if it is not being properly monitored or serviced. The findings are: A. On 09/02/25 at 10:07 am, during a walk through the facility 1st floor east hallway revealed ceiling tiles had (1/4) one-forth inch perforations around some edges. B. On 09/03/25 at 1:39 pm, during a walk through the facility 2nd floor east and west hallways revealed ceiling tiles had (1/4) one-forth inch around some edges and some tile edges were showing signs of wear and tear. C. On 09/02/25 at 10:24 am, during observation of the interior of the elevator located in the west hallway, it was observed the posted certification inspection from the City of Albuquerque was conducted on 06/22/2021. D. On 09/02/25 at 10:57 am, during observation of the interior of the elevator located in the east hallway, it was observed the posted certification inspection from the City of Albuquerque was	8 042	The violation of maintenance of building and grounds which could result in all residents to be at risk of high danger if there was a fire has been corrected by maintenance. The maintenance department has inspected the ceiling tiles and is continuing to do so and will replace tiles that need to be replaced. The Elevator has been inspected on 9/3/2025 and those inspection labels have been placed in the elevator. We also had the elevator vendor come out to perform regular maintenance as well as performing service on the emergency phones within the elevator. All service is complete and functioning. To prevent these issues the maintenance department has added ceiling tiles to their monthly checklist (as well as when they are walking around the community assessing them). Also, the elevators will be checked through our service contract with the vendor and our maintenance dept. have the elevator on their monthly checklist as well. Elevators are also to be inspected yearly. The ceiling tile inspections will be finished by 9/26, and the elevator has been inspected on 9/3, and Monthly checks will begin on 10/1/25.	Ceiling Tiles 9/26/25 Elevator inspection 9/3/2025

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	7097	A. BUILDING: _____ B. WING _____	C 09/04/2025

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8 042	Continued From page 13 conducted on 06/22/2021. E. On 09/03/25 at 2:00 pm, during an interview, the administrator confirmed there were ceiling tile perforations and some tiles showing signs of wear and tear located in the 1st and 2nd floor hallways and the city elevator inspections were last completed on 06/22/2021.	8 042		
8 043	8 NMAC 370.14.43 Hazardous Areas Hazardous areas include: Fuel fired equipment rooms (not a typical residential kitchen), bulk laundries or laundry rooms with more than 100 sq. ft., storage rooms more than 50 sq. ft. but less than 100 sq. ft. not storing combustibles, storage rooms with more than 100 sq. ft. storing combustibles, chemical storage rooms with more than 50 sq. ft., garages and maintenance shops/rooms. A. Hazardous areas on the same floor as, and in or abutting, a primary means of escape or a sleeping room shall be protected by either: (1) an enclosure of at least one hour fire rating with self-closing or automatic closing on smoke detection fire doors having a three-quarter of an hour rating; or (2) an automatic fire protection (sprinkler) and separation of hazardous area with self-closing doors or doors with automatic-closing on smoke detection; or (3) other hazardous areas shall be enclosed with walls with at least a 20 minute fire rating and doors equivalent to one and three-quarter inches solid bonded wood core, operated by self-closures or automatic closing on smoke detection. B. Boiler, furnace or fuel fired water heater rooms: For facilities with four or more residents:	8 043		

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8 043	Continued From page 14 all boiler, furnace or fuel fired water heater rooms shall be protected from other parts of the building by construction having a fire resistance rating of not less than one hour. Doors to these rooms shall be one and three-quarter inches solid core. [8.370.14.43 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: NFPA 101 8.3.5.1 National Fire Protection Association (NFPA) 101 8.3.5.1* Firestop Systems and Devices Required. Penetrations for cables, conduits, pipes, tubes, combustion vents and exhaust vents, wires, and similar items etc. to accommodate electrical, mechanical, plumbing, and communications systems that pass through a wall, floor, or floor/ceiling assembly constructed as a fire barrier shall be protected by a firestop system or device. Hazardous Areas- 33.2.3.2.1 Any space where there is storage or activity having fuel conditions exceeding those of a one- or two-family dwelling and that possesses the potential for a fully involved fire shall be protected in accordance with: 33.2.3.2.4 Any hazardous area that is on the same floor as, and is in or abuts, a primary means of escape or a sleeping room shall be protected by one of the following means: (1) Protection shall be an enclosure having a minimum 1-hour fire resistance rating, in accordance with 7.2.1.8 having a minimum 3-4-hour fire protection rating. 33.2.3.2.5 Other hazardous areas shall be protected by: (1) Enclosure having a minimum 1-2-hour fire resistance rating. Hazardous areas include: Fuel fired equipment rooms (not a typical residential kitchen), bulk laundries or laundry rooms with more than 100	8 043		

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8 043	Continued From page 15 sq. ft., storage rooms more than 50 sq. ft. but less than 100 sq. ft. not storing combustibles, storage rooms with more than 100 sq. ft. storing combustibles, chemical storage rooms with more than 50 sq. ft., garages and maintenance shops/rooms. A. Hazardous areas on the same floor as, and in or abutting, a primary means of escape or a sleeping room shall be protected by either: (1) an enclosure of at least one hour fire rating with self-closing or automatic closing on smoke detection fire doors having a three-quarter of an hour rating; or (2) an automatic fire protection (sprinkler) and separation of hazardous area with self-closing doors or doors with automatic-closing on smoke detection; or (3) other hazardous areas shall be enclosed with walls with at least a 20 minute fire rating and doors equivalent to one and three-quarter inches solid bonded wood core, operated by self-closures or automatic closing on smoke detection. B. Boiler, furnace or fuel fired water heater rooms: For facilities with four or more residents: all boiler, furnace or fuel fired water heater rooms shall be protected from other parts of the building by construction having a fire resistance rating of not less than one hour. Doors to these rooms shall be one and three-quarter inches solid core. [8.370.14.43 NMAC - N, 7/1/2024] Reference NFPA 99, 1999 Edition Section 4-3.1.1.2 Storage Requirements (Location, Construction, Arrangement). (a) * Nonflammable Gases (Any Quantity; In-Storage, Connected, or Both) 1. Sources of heat in storage locations shall be protected or located so that cylinders or compressed gases shall not be heated to the	8 043		

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8 043	Continued From page 16 activation point of integral safety devices. In no case shall the temperature of the cylinders exceed 130°F (54°C). Care shall be exercised when handling cylinders that have been exposed to freezing temperatures or containers that contain cryogenic liquids to prevent injury to the skin. 2.* Enclosures shall be provided for supply systems cylinder storage or manifold locations for oxidizing agents such as oxygen and nitrous oxide. Such enclosures shall be constructed of an assembly of building materials with a fire-resistive rating of at least 1 hour and shall not communicate directly with anesthetizing locations. Other nonflammable (inert) medical gases may be stored in the enclosure. Flammable gases shall not be stored with oxidizing agents. Storage of full or empty cylinders is permitted. Such enclosures shall serve no other purpose. 3. Provisions shall be made for racks or fastenings to protect cylinders from accidental damage or dislocation. 4. The electric installation in storage locations or manifold enclosures for nonflammable medical gases shall comply with the standards of NFPA 70, National Electrical Code, for ordinary locations. Electric wall fixtures, switches, and receptacles shall be installed in fixed locations not less than 152 cm (5 ft) above the floor as a precaution against their physical damage. 5. Storage locations for oxygen and nitrous oxide shall be kept free of flammable materials [see also 4-3.1.1.2(a)7]. 6. Cylinders containing compressed gases and containers for volatile liquids shall be kept away from radiators, steam piping, and like sources of heat. 7. Combustible materials, such as paper, cardboard, plastics, and fabrics, shall not be stored or kept near supply system cylinders or	8 043		

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8 043	Continued From page 17 manifolds containing oxygen or nitrous oxide. Racks for cylinder storage shall be permitted to be of wooden construction. Wrappers shall be removed prior to storage. Exception: Shipping crates or storage cartons for cylinders. 8. When cylinder valve protection caps are supplied, they shall be secured tightly in place unless the cylinder is connected for use. 9. Containers shall not be stored in a tightly closed space such as a closet [see 8-2.1.2.3(c)]. Gradient Heating System: A boiler (a closed vessel in which fluid is heated) that uses fuel (natural gas, coal, or oil) to generate heat by burning the fuel to produce heat in a combustion chamber (hot water heater) where the water is heated and used to heat or cool steam that is used to heat or cool the water that is circulated (moved through a closed system) through the building using circulation pumps (water pumps that move water in pipes around the building), boilers, and large water holding tanks to circulate/move water throughout the facility. NMAC 8.370.14.43 A Based on observation and interview, the facility failed to ensure combustibles were not stored in the room with the fueled fired equipment. This deficient practice could place residents at risk of sustaining burns or other injuries if a fire were to occur in the room and smoke/flames spread more rapidly if the cardboard (paper) box were to catch fire with the fuel fired equipment in the room. A. On 09/02/25 at 10:15 AM, during observation	8 043	The Violation of hazardous areas which could place residents at risk of sustaining burns if A fire was to occur, has been corrected by the ED and the Maintenance director. The mechanical room is now locked and secure to keep residents out, allowing only approved management to enter. The maintenance department will be inspecting the mechanical room weekly to be sure there is no storage left in the room. This inspection will be documented on the inspection checklist. The corrections were made Immediately upon being Advised of the violation. 9/3/2025	9/3/2025

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8 043	Continued From page 18 of the mechanical room, the door was unlocked, unsecured, accessible to residents, and contained the following: 1. One (1) Twelve (12) pound (lb) container of ice melt. 2. One (1) large ladder. 3. One (1) long, thin, cardboard box. B. On 09/02/25 at 2:00 PM, during an interview, the Executive Director confirmed the mechanical room was unlocked, unsecured, accessible to residents and contained the listed items in the mechanical room in front of the boiler system.	8 043		
8 063	8 NMAC 370.14.63 Fire Extinguishers Fire extinguisher(s) must be located in the facility, as approved by the state fire marshal or the fire prevention authority with jurisdiction. A. Facilities must as a minimum have two 2A10BC fire extinguishers: (1) one extinguisher located in the kitchen or food preparation area; (2) one extinguisher centrally located in the facility; (3) all fire extinguishers shall be inspected yearly and recharged as needed; all fire extinguishers must be tagged noting the date of the inspection; (4) the maximum distance between fire extinguishers shall be 50 feet. B. Fire extinguishers, alarm systems, automatic detection equipment and other firefighting equipment shall be properly maintained and inspected as recommended by the manufacturer, state fire marshal, or the local fire authority. [8.370.14.63 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by:	8 063		

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8 063	Continued From page 19 NM 8.370.14.63 B Reference NAPA 10, Standard for Portable Fire Extinguishers, 1998 Edition: 4-3 Inspection. 4-3.1* Frequency. Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals. Fire extinguishers shall be inspected at more frequent intervals when circumstances require. Based on observation and interview, the facility failed to ensure fire extinguishers were being inspected monthly as recommended by the manufacturer. This deficient practice could likely result in residents, staff members, and other building occupants to be at risk of harm, injury, or death if a fire were to occur and the fire extinguishers did not work. The findings are: A. On 09/02/25 at 10:12 am, during observation of the facility's fire extinguishers, nine (9) fire extinguishers had not been inspected monthly as recommended by the manufacturer: 1. One (1) fire extinguisher (#7) located on the 1st floor (near stairewell D) east wing hallway. Last inspection date was 08/23/24. Last annual inspection by fire Marshall performed August 2023. 2. One (1) fire extinguisher (#8) located on the 1st floor (near stairewell C) west wing hallway. Last inspection date was 08/23/24. Last annual inspection by fire Marshall performed August 2023. 3. One (1) fire extinguisher (#9) located on	8 063		

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8 063	Continued From page 20 the 1st floor (diagonal from dining room). Last inspection date was 08/23/24. Last annual inspection by fire Marshall performed August 2023. 4. One (1) fire extinguisher (#10) located on the 1st floor (next to electrical room). Last inspection date was 08/23/24. Last annual inspection by fire Marshall performed August 2023. 5. One (1) fire extinguisher (# 11) located on the 1st floor (near stairwell A), east hallway. Last inspection date was 08/23/24. Last annual inspection by fire Marshall performed August 2023. 6. One (1) fire extinguisher (#12) located on the 1st floor (near stairwell B), east hallway. Last inspection date was 08/23/24. Last annual inspection by fire Marshall performed August 2023. 7. One (1) fire extinguisher (#1) located on the 2nd floor (near Rm [redacted]), east wing hallway. Last inspection date was 08/23/24. Last annual inspection by fire Marshall performed August 2023. 8. One (1) fire extinguisher (#2) located on the 2nd floor (near Rm [redacted] west wing hallway. Last inspection date was 08/23/24. Last annual inspection by fire Marshall performed August 2023. 9. One (1) fire extinguisher (#5) located on the 2nd floor (near Rm [redacted]) south wing hallway. Last inspection date was 08/23/24. Last annual inspection by fire Marshall performed August 2023. B. On 09/02/25 at 2:00 pm, during an interview, the facility administrator confirmed the respective fire extinguishers in the facility had not been inspected monthly since 08/23/24.	8 063	The violation of fire extinguishers which could result in occupants to be at risk of harm, injury, or death is being corrected by the Maintenance department. NM Fire Protection came to the community on 9/3 and determined the extinguishers should be replaced. They are currently in the process of getting them into the community. The maintenance department will be inspecting the extinguishers monthly. They will document the date. To be sure the extinguishers are in good working order, the maintenance director has this inspection on their inspection checklist to be done monthly. This will be completed by 9/30.	9/30/25