Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7325	A. BUILDING: _____ B. WING _____	04/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF HOBBS 2	1920 WEST COLLEGE LANE HOBBS, NM 88242

(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 an Initial survey completed on 04/16/25 for the state requirements of NMAC 8.370.14, Regulations for Assisted Living for Adults. Census: [redacted]	8 000		
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) 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:	8 016		

Division of Health Improvement

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE
Starla Jurney | Administrator | 04/29/2025

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8 016	Continued From page 1 (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 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(3)(7)	8 016		

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8 016	Continued From page 2 Refer to 8.370.8 EMPLOYEE ABUSE REGISTRY 8.370.8 REGISTRY ESTABLISHED; PROVIDER INQUIRY REQUIRED: Upon the effective date of this rule, the department has established and maintains an accurate and complete electronic registry that contains the name, date of birth, address, social security number, and other appropriate identifying information of all persons who, while employed by a provider, have been determined by the department, as a result of an investigation of a complaint, to have engaged in a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider. Additions and updates to the registry shall be posted no later than two (2) business days following receipt. Only department staff designated by the custodian may access, maintain and update the data in the registry. A. Provider requirement to inquire of registry. A provider, prior to employing or contracting with an employee, shall inquire of the registry whether the individual under consideration for employment or contracting is listed on the registry. B. Prohibited employment. A provider may not employ or contract with an individual to be an employee if the individual is listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider. C. Applicant's identifying information required. In making the inquiry to the registry prior to employing or contracting with an employee, the provider shall use identifying information concerning the individual under consideration for employment or contracting sufficient to reasonably and completely search the registry, including the name, address, date of birth, social	8 016		

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8 016	Continued From page 3 security number, and other appropriate identifying information required by the registry. D. Documentation of inquiry to registry. The provider shall maintain documentation in the employee's personnel or employment records that evidences the fact that the provider made an inquiry to the registry concerning that employee prior to employment. Such documentation must include evidence, based on the response to such inquiry received from the custodian by the provider, that the employee was not listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation. E. Documentation for other staff. With respect to all employed or contracted individuals providing direct care who are licensed health care professionals or certified nurse aides, the provider shall maintain documentation reflecting the individual's current licensure as a health care professional or current certification as a nurse aide. F. Consequences of noncompliance. The department or other governmental agency having regulatory enforcement authority over a provider may sanction a provider in accordance with applicable law if the provider fails to make an appropriate and timely inquiry of the registry, or fails to maintain evidence of such inquiry, in connection with the hiring or contracting of an employee; or for employing or contracting any person to work as an employee who is listed on the registry. Such sanctions may include a directed plan of correction, civil monetary penalty not to exceed five thousand dollars ($5000) per instance, or termination or non-renewal of any contract with the department or other governmental agency. [8.370.8.8 NMAC - N, 07/01/2024]	8 016		

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8 016	Continued From page 4 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 department on forms provided by the department. (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 (3) complete sets of readable fingerprint cards or other department 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 department for the nationwide and statewide criminal history screening investigation shall not exceed seventy-four ($74) dollars. Of which, twenty-four ($24) dollars shall be applied for the federal bureau of investigation nationwide criminal history screening, seven ($7) dollars shall be applied for the statewide criminal history screening. The remaining application fee shall be applied to cover costs incurred by the Department 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 Department. E. Fees: The federal bureau of investigation has a mandatory processing fee with no exceptions. The Department and Department of Public Safety impose a state processing and administrative fee. The fee payment must accompany the fingerprint	8 016		

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8 016	Continued From page 5 application, or otherwise be credited to the department prior to or at the same time with the department'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 Department of Health or other method of funds transfer acceptable to the department. Business checks will be accepted unless the business tendering the check has previously tendered a check to the department 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 department 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 costs incurred by the department 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 department. 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 twenty (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.	8 016		

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8 016	Continued From page 6 (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, A, 01/28/2025] Based on record review and interview, the facility failed to ensure for 2 (staff #1 and #3) of 3 (staff #'s 1-3) staff members whose files were reviewed for compliance had updated Caregiver Criminal History Screening Program (CCHSP) and Employee Abuse Registry (EAR) clearances when the facility's ownership changed. These deficient practices could affect residents by receiving improper care from staff that are not cleared of criminal history, or staff that may have a previous history of abusing, neglecting, or exploiting residents. The findings are: A. On 04/16/25 at 11:41 am, record review of staff files revealed that staff #1 and staff #3 did not have updated CCHSP and EAR clearances when the facility's ownership changed. B. On 04/16/25 at 11:45 am, during an interview, the Administrator confirmed new CCHSP and EAR clearances had not been obtained when the facility's ownership changed.	8 016	The manager conducted a full audit of all current employee files to identify individuals whose CCHSP and EAR clearance were completed under previous ownership. (4/21/25) Any staff (including staff #1 & #3) with CCHSP clearances that were not tied to the new owner entity were submitted for re-clearance. All staff were cross checked against the NM Employee Abuse Registry to confirm ongoing eligibility to work with vulnerable populations on 4/22/2025 All current staff members will complete the finger printing process by 05/09/2025 The manager or administrator will perform all CCHSP and EAR clearances before the employee's first day of work under the proper owner entity. The administrator will perform reviews quarterly and upon hiring new staff to ensure compliance with state regulations	04/21/2025 04/22/2025 05/09/2025

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8 021	8 NMAC 370.14.21 Resident Records A. Record contents: A record for each resident shall be maintained in accordance with the specific requirements of this section. Entries in each resident's record shall be legible, dated and authenticated by the signature of the person making the entry. Resident records shall be readily available on site and organized utilizing a table of contents. Each resident record shall include: (1) the admission agreement records, as set forth in 8.370.14.20 NMAC; (2) the resident evaluation form, that is to be completed within 15 days prior to admission and updated at a minimum of every six months; (3) the current ISP, that is to be completed within 10 calendar days of admission and updated at a minimum of every six months; (4) the physical examination report; the physical examination report shall have been completed within the past six months, by a primary care physician, a nurse practitioner or a physician's assistant and shall be on file in the resident's record within 10 days of admission; (5) personal and demographic information for the resident, to include: (a) current names, addresses, relationship and phone numbers of family members, or surrogate decision makers updated as necessary; (b) resident's name; (c) age; (d) recent photograph; (e) marital status; (f) date of birth; (g) sex; (h) address prior to admission; (i) religion (optional); (j) personal physician; (k) dentist;	8 021		

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8 021	Continued From page 8 (l) social history; (m)surrogate decision maker or other emergency contact person; (n) language spoken and understood; (o) legal documentation relevant to commitment or guardianship status; (p) current medications list; and (q) required diet; (6) unless included in the admission agreement, a separate written agreement between the facility and the resident relating to the resident's funds, in accordance with the facility's policy and procedures; (7) entries by direct care staff, appropriate health care professionals and others authorized to care for the resident; entries shall be dated and signed by the person making the entry and shall include significant information related to the ISP; (8) entries that provide a written account of all accidents, injuries, illnesses, medical and dental appointments, any problems or improvements observed in the resident, any condition that would indicate a need for alternative placement or medical attention and entries reflecting appropriate follow-up; the maintenance of such written documentation in the resident record may be by copy of an incident or accident report, if the original incident or accident report is maintained elsewhere by the facility; (9) the medication assistance record (MAR); the MAR is the document that details the resident's medication; the MAR shall include all of the information pursuant to Subsection G of 8.370.14.35 NMAC of this rule; (10) progress notes completed by any contract agency (e.g., hospice, home health); the progress notes shall include the date, time and type of health services provided; (11) copies of all completed and signed transfer	8 021		

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8 021	Continued From page 9 forms from the accepting facility when a resident is transferred to a hospital or another health care facility and when the resident is transferred back to the facility; and (12) upon the death or transfer of a resident, documentation of the disposition of the resident's personal effects and money or valuables that are deposited with the assisted living facility. B. Resident records maintenance: (1) Current resident records shall be maintained on-site and stored in an organized, accessible and permanent manner. (2) The facility shall establish a policy to maintain and ensure the confidentiality of resident records, including the authorized release of information from the resident records. (3) Non-current resident records shall be maintained by the facility against loss, destruction and unauthorized use for a period of not less than five years from the date of discharge and readily available within 24 hours of request. (4) There shall be a policy and procedure in place for record retention in the event of facility closure. (5) Failure to follow facility policies is grounds for sanctions. [8.370.14.21 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.21 A(1) Based on record review and interview, the facility failed to ensure for 1 (R #3) of 3 (R #'s 1-3) residents whose files were reviewed for compliance contained an updated admission agreement reflecting the change in facility's ownership. This deficient practice could result in the resident	8 021		

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8 021	Continued From page 10 not being aware of the cost of services she is being charged for or the facility rules based on new ownership. The findings are: A. On 04/15/25 at 9:15 am, during record review of R #3's file, an updated admission agreement reflecting the facility's change in ownership was not present. B. On 04/15/25 at 11:30 am, during an interview, the Administrator confirmed the updated admission agreement was lost by the previous manager and was not in the resident's file.	8 021	The administrator and manager completed a full audit of all current resident records to identify who still had admission agreements signed under the previous licensee. Upon audit of files, R#3's missing admission packet was located in [redacted] resident file. The admission packet was completed with previous management and a family member on 02/19/2025. Admission agreements were issued to reflect the new ownership entity, rights and responsibilities, pricing, facility rules, and all information required by 8.370.14.21 A (1) All current residents (including R#3) will have an updated admission agreement on file as of 05/09/2025 All admission packets will be required to be completed and on file by the day of resident admission. All admission agreements will be audited upon admission and quarterly by new manager and administrator to ensure compliance with state regulations.	04/21/2025 04/15/2025 05/09/2025
8 025	8 NMAC 370.14.25 Resident Evaluation A. A resident evaluation shall be completed by an appropriate staff member within 15 days prior to admission to determine the level of assistance that is needed and if the level of services required by the resident can be met by the facility. B. The initial resident evaluation shall establish a baseline in the resident's functional status and thereafter assist with identifying resident changes. The resident evaluation shall be reviewed and updated at a minimum of every six months or when there is a significant change in the resident's health status. C. The resident's evaluation shall be documented on a resident evaluation form and at a minimum include the following abilities, behaviors or status: (1) activities of daily living; (2) cognitive abilities; reasoning and perception; the ability to articulate thoughts, memory function or impairment, etc.; (3) communication and hearing; ability to communicate needs and understand instructions,	8 025		

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8 025	Continued From page 11 etc.; (4) vision; (5) physical functioning and skeletal problems; (6) incontinence of bowel/bladder; (7) psychosocial well-being; (8) mood and behavior; (9) activity interests; (10) diagnoses; (11) health conditions; (12) nutritional status; (13) oral or dental status; (14) skin conditions; (15) medication use and level of assistance needed with medications; (16) special treatments and procedures or special medical needs such as hospice; and (17) safety needs/high risk behaviors; history of falls agitation, wandering, fire safety issues, etc. D. The resident evaluation shall include a history and physical examination and an evaluation report by a physician or a physician extender within six months of admission. A resident shall have a medical evaluation by a physician or a physician extender at least annually. E. The resident evaluation shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or physician extender at the time the individual service plan is reviewed, at a minimum of every six months or when a significant change in health status occurs. [8.370.14.25 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.25 A Based on record review and interview, the facility failed to ensure for 2 (R #1 and R #2) of 3 (R #'s 1-3) residents whose files were reviewed for compliance that initial evaluations were	8 025		

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8 025	Continued From page 12 completed within 15 days prior to admission. This deficient practice could likely result in residents being admitted to the facility that are beyond the scope of care the facility is able to safely accommodate. The findings are: A. On 04/15/25 at 9:15 am, record review of R #1's file revealed the following: 1. R #1 was admitted on [redacted] 2. R #1's intial evaluation was completed on [redacted] B. On 04/15/25 at 5:35 pm, record review of R #2's file revealed the following: 1. R #2 was admitted on [redacted] 2. R #2's initial evaluation was completed on [redacted] C. On 04/15/25 at 5:40 pm, during an interview, the Administrator confirmed the evaluations for R #'s 1 and 2 had not been completed timely.	8 025	The manager and administrator will complete a comprehensive audit of all current resident charts to identify any missing or late evaluations. Any incomplete evaluations will be prioritized and completed by 05/07/2025 All current resident evaluations will be completed and updated every 6 months or upon a significant change in condition. All future resident evaluations will be completed up to 1-15 days prior to admission and updated every 6 months or upon significant change in condition. A full resident file audit will be completed after each new resident admission and quarterly to ensure all required evaluations and documents are present and completed in a timely manner. The administrator revised a new pre-admission and an admissions process and provided it to all staff involved with resident admissions process. (Documents are available upon request) All staff involved in resident admissions and care planning received in-service training on the importance of timely evaluations, relevant to regulatory requirements, and proper documentation procedures.	05/07/2025 04/16/2025 05/02/2025
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 13 (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: 8.370.14.26 A(2) Based on record review and interview, the facility failed to ensure for 1 (R #2) of 3 (R #'s 1-3) residents whose files were reviewed for compliance that the Individual Service Plan (ISP) was reviewed by a Registered Nurse (RN) or physician extender (a healthcare professional who performs patient care but is not a doctor). This deficient practice could likely result in the resident not receiving appropriate treatment or	8 026		

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8 026	Continued From page 14 care for their health needs. The findings are: A. On 04/15/25 at 9:15 am, during record review of R #2's file, the ISP dated [redacted] was not signed by an RN or physician extender. B. On 04/15/25 at 9:26 am, during an interview, the Administrator confirmed the ISP had not been signed by an RN or physician extender.	8 026	The manager and administrator will review all current resident files and evaluations (Including R#2) to ensure that all individual service plans have been reviewed and approved by an LPN, RN, or physician extender Any evaluations that have not been signed by an LPN, RN, or physician extender will be presented for review and signed by the appropriate persons. The manager and administrator will review resident files monthly to ensure that all ISP's have been completed in a timely manner and have been signed by appropriate medical personnel	05/09/2025 05/16/2025

8 036	8 NMAC 370.14.36 Nutrition The facility shall provide planned and nutritionally balanced meals from the basic food groups in accordance with the "recommended daily dietary allowance" of the American dietetic association, the food and nutrition board of the national research council, or the national academy of sciences. Meals shall meet the nutritional needs of the residents in accordance with the "2005 USDA dietary guidelines for Americans." Vending machines shall not be considered a source of snacks. A. Dietary services policies and procedures: The facility will develop and implement written policies and procedures that are maintained on the premises and that govern the following requirements. (1) Meal service: The facility shall: (a) serve at least three meals or their equivalent each day at regular times with no more than 16 hours between the evening meal and morning meal with snacks freely available; (b) provide snacks of nourishing quality and post on the daily menu; (c) develop menus enjoyed by the residents and served at normal intervals appropriate to the	8 036		

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8 036	Continued From page 15 residents' preferences; (d) post the weekly menu, including snacks where residents and families are able to view it; posted menus shall be followed and any substitution shall be of equivalent nutritional value and recorded on the posted menu; identical menus shall not be used within a one week cycle; (e) have special menus or meal items following guidelines from the resident's physician for residents who have medically prescribed special diets; (f) serve all residents in a dining room except for residents with a temporary illness, or with documented specific personal preference to have meals in their room; (g) allow sufficient time for meals to enable residents to eat at a leisurely pace and to socialize; and (h) contact the resident's PCP within 48 hours if a resident consistently refuses to eat. (2) Staff in-service training: The facility shall provide an in-service training program for staff that are involved in food preparation at orientation and at least annually and that includes: (a) instruction in proper food storage; (b) preparation and serving food; (c) safety in food handling; (d) appropriate personal hygiene; and (e) infectious and communicable disease control. B. Dietary records: The facility shall maintain the following documentation onsite: (1) a systematic record of all menus and revisions, including snacks, for a minimum of thirty (30) calendar days; (2) a systematic record of therapeutic diets as prescribed by a PCP; (3) a copy of the most recent licensing inspection	8 036		

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8 036	Continued From page 16 and for facilities with 10 or more residents, a copy of the New Mexico environment department inspection with notations made by the facility of action taken to comply with recommendations or citations; and (4) a daily log of the recorded temperatures for all facility refrigerators, freezers and steam tables maintained and available for inspection for 30 calendar days. C. Clean and sanitary conditions: All practices shall be in accordance with the standards of the state environment department, pursuant to 7.6.2 NMAC. (1) Kitchen sanitation: (a) Equipment and work areas shall be clean and in good repair. Surfaces with which food or beverages come into contact shall be of smooth, impervious material free of open seams, not readily corrodible and easily accessible for cleaning. (b) Utensils shall be stored in a clean, dry place protected from contamination. (c) The walls, ceiling and floors of all rooms that food or drink is stored, prepared or served shall be kept clean and in good repair. (2) Washing and sanitizing kitchenware: (a) All reusable tableware and kitchenware shall be cleaned in accordance with procedures that include separate steps for prewashing, washing, rinsing and sanitizing. (b) Proper dishwashing procedures and techniques shall be utilized and understood by the dishwashing staff. (c) Periodic monitoring of the operation of the detergent dispenser, washing, rinsing and sanitizing temperatures shall be performed and documented. (d) When a dishwashing machine is utilized, the cleanliness of the machine, its jets and its	8 036		

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8 036	Continued From page 17 thermostatic controls shall be monitored and documented by the facility. A monthly log of the recorded temperature of the dishwasher shall be maintained in the facility and available for inspection. (3) Sinks for hand washing shall include hot and cold running water, hand-washing soap and disposable towels. (4) All garbage and kitchen refuse that is not disposed of through a garbage disposal unit shall be kept in watertight containers with close-fitting covers and disposed of daily in a safe and sanitary manner. (5) Cooks and food handlers shall wear clean outer garments and hair nets or caps and shall keep their hands clean at all times when engaged in handling food, drink, utensils or equipment in accordance with the local health authority. Disposable gloves shall be used in accordance with the local health authority. D. Food management: The facility shall store, prepare, distribute and serve food under sanitary conditions and in accordance with the regulations governing food establishments of local health authority having jurisdiction. (1) The facility shall ensure that a minimum of a three calendar day supply of perishables and a five calendar day supply of non-perishables or canned foods is available for the residents. (2) The facility refrigerator and freezer shall have an accurate thermometer which reads within or not more than plus or minus three degrees fahrenheit of the required temperature, located in the warmest section of the refrigerator and freezer and shall be accessible and easily read. (a) The temperature of the refrigerator shall be 35 - 41 degrees fahrenheit. (b) Freezer temperatures shall be maintained at zero degrees fahrenheit or below.	8 036		

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8 036	Continued From page 18 (3) Refrigerators and freezers shall be kept clean and sanitary at all times. Food stored in refrigerators and freezers shall be covered, dated and labeled. Unused leftover food shall be discarded after three calendar days. (4) Steam tables, hot food tables, slow cookers, crock pots and other hot food holding devices shall not be used in heating or reheating food. Hot food temperatures shall be checked periodically to insure that a minimum of 140 degrees fahrenheit is maintained. (5) Medication, biological specimens, poisons, detergents and cleaning supplies shall not be kept in the same storage areas used for storage of foods. Medications shall not be stored in the refrigerator with food; an alternate refrigerator for medication shall be used. (6) Canned or preserved foods shall be procured from sources that process the food under regulated quality and sanitation controls. This does not preclude the use of local fresh produce. The facility shall not use home-canned foods. (7) Dry or staple food items shall be stored at least six inches off the floor in a ventilated room that is not subject to sewage, waste water back-flow or contamination by condensation, leakage, rodents or vermin. (8) The facility shall ensure the following: (a) all perishable food is refrigerated and the temperature is maintained no higher than 41 degrees fahrenheit; (b) the temperature for all hot foods is maintained at 140 degrees fahrenheit; and (c) all displayed or transported food is protected from environmental contamination and maintained at proper temperatures in clean containers, cabinets or serving carts. E. Milk: (1) Raw milk shall not be used.	8 036		

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8 036	Continued From page 19 (2) Condensed, evaporated, or dried milk products that are nationally recognized may be employed as "additives" in cooked food preparation but shall not be substituted or served to residents in place of milk. F. Collateral requirements: Compliance with this rule does not relieve a facility from the responsibility of meeting more stringent municipal regulations, ordinances or other requirements of state or federal laws governing food service establishments. Local health authority having jurisdiction means municipal, county, state or federal agency(s) that have laws and regulations governing food establishments, liquid waste disposal, treatment facilities and private wells. [8.370.14.36 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.36 C(5), D (8)(b) Based on observation, record review, and interview, the facility failed to ensure that hot foods were being maintained at 140 degrees Fahrenheit and staff preparing foods were wearing appropriate protective garments (hair net or cap). These deficient practices could likely cause residents to be at risk of becoming ill by catching foodborne illnesses (viruses or bacteria causing food poisoning) if food is served before it has reached safe food temperatures that would eliminate viruses or bacteria or if food is not protected from biological hazards (harmful microorganisms that can cause foodborne illnesses when consumed) from staff not wearing a hair net or cap while preparing and serving food.	8 036		

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8 036	Continued From page 20 The findings related to protective hair coverings are: A. On 04/14/25 at 4:53 pm, during an observation of the kitchen, Medication Technician (Med Tech) #1 was not wearing a hair net or cap while preparing food. B. On 04/14/25 at 4:53 pm, during an interview, the House Director confirmed Med Tech #1 was not wearing a hair net or cap while preparing food. The findings related to food temperatures are: C. On 4/15/25 at 12:58 pm, during record review of the food temperature logbook, there was no documentation indicating hot food temperatures had been checked on 04/05/25, 04/06/25, 04/12/25, and 04/13/25. D. On 04/15/25 at 12:59 pm, during an interview, the facility's Assistant Manager confirmed that the hot food temperature checks were not been completed on 04/05/25, 04/06/25, 04/12/25, and 04/13/25.	8 036	All staff members who assist with food preparation or serving will received an in-service training on food safety standards, specifically: proper use of hair restraints to prevent contamination, when and where hair coverings are required, the importance of maintaining daily food temps for resident safety and regulatory compliance A new “no-entry without hair net” rule was implemented in the kitchen and serving areas. Hair nets are stocked near entry points for easy access. Kitchen signage clearly states that hair nets are mandatory for all staff assisting with meal service The current food temperatures log is still being utilized and is to be completed by kitchen staff daily. The manager and administrator will conduct random spot checks to ensure all food handlers are wearing proper protective equipment and completing daily food temperature logs	05/09/2025 04/16/2025
8 059	8 NMAC 370.14.59 Windows A. Each sleeping room shall be provided with an exterior window. (1) The window shall be operable, screened and have a clear operable area of 5.7 square feet minimum; measured 20 inches wide minimum and measured 24 inches high minimum. (2) The top of the window sill shall not be more than 44 inches above the finished floor. B. Screens shall be provided on all operable windows.	8 059		

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8 059	Continued From page 21 C. The proposed use of bars, grilles, grates or similar devices shall be reviewed and approved by the licensing authority prior to installation. D. Sleeping rooms, living rooms, activity room areas and dining room areas shall have a window area of at least one tenth of the floor area with a minimum of 10 square feet. [8.370.14.59 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.59 A (1) & B Based on observation and interview, the facility failed to ensure that all the facility's windows were equiped with functional window screens. This deficient practice could likely result in the [redacted] (R #s [redacted] residents identified on the census provided by the Administrator on 04/14/25, to be at risk of illness if they are exposed to bugs/insects, allergens, or debris coming in through the damaged or missing window screens. The findings are: A. On 04/15/25 at 1:15 pm, during observation of the exterior of the facility, resident Room [redacted] was not equiped with a window screen. B. On 04/15/25 at 1:20 pm, during observation of the exterior of the facility, the following was revealed: 1. One (1) window in Room [redacted] had a bent/or damaged window screen. 2. One (1) window in Room [redacted] had a bent/or damaged window screen. 3. One (1) window in Room [redacted] had a bent/or damaged window screen.	8 059	The administrator, manager, and maintenance lead will conduct a complete inspection of all exterior windows to identify missing or damaged screens Repairs and replacements will be completed by 5/30/2025 Exterior windows checks will be added to monthly preventative maintenance checks. The manager and administrator will ensure that exterior screen conditions are reviewed quarterly as part of the facility's physical environment audit	05/02/2025 05/30/2025

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8 059	Continued From page 22 4. One (1) window in Room [redacted] had a bent/or damaged window screen. 5. One (1) window in Room [redacted] had a bent/or damaged window screen. 6. One (1) window in Room [redacted] had a bent/or damaged window screen. 7. One (1) window in the office had a bent/or damaged window screen. C. On 04/15/25 at 1:23 pm, during an interview, the Administrator confirmed resident Room [redacted] was not equiped with a window screen and seven (7) other windows did not have functional window screens.	8 059		
8 065	8 NMAC 370.14.65 Fire Drills All facilities shall conduct monthly fire drills which are to be documented. A. There shall be at least one documented fire drill per month and at a minimum, one documented fire drill each eight hours (day, evening, night) per quarter that employs the use of the fire alarm system or the detector system in the facility. B. A record of the monthly fire drills shall be maintained on file in the facility and readily available. Fire drill records shall show: (1) the date of the drill; (2) the time of the drill; (3) the number of staff participating in the drill; (4) any problem noted during the drill; and (5) the evacuation time in total minutes. C. If applicable, the local fire department may be requested to supervise and participate in fire drills. [8.370.14.65 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced	8 065		

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8 065	Continued From page 23 by: 8.370.14.65 A and B (2) Based on record review and interview, the facility failed to ensure that: 1. One fire drill was conducted monthly. 2. The time of the fire drill was documented. This deficient practice could likely result in the [redacted] (R #s [redacted] residents identified on the census, provided by the Administrator on 04/14/25, to be at risk of becoming trapped in the facility if a fire were to occur and the Direct Care Staff (DCS) do not know how to safely evacuate the residents from the building. The findings are: A. Record review of the facility's fire drill records revealed the facility failed to conduct fire drills for the months of December 2024, January 2025, and March 2025. B. Record review of the facility's fire drill records for November 2024 revealed the time of the fire drill was not recorded. C. On 04/14/25 at 4:20 pm, during an interview, the Administrator confirmed the facility did not conduct fire drills for December 2024, January 2025 and March 2025. D. On 04/14/25 at 4:32 pm, during an interview, the Administrator confirmed the facility did not include documentation of the time the fire drill was conducted for November 2024.	8 065	The administrator and manager conducted a full review of the previous 6 months of fire drill documentation to identify any missing months or incomplete records. Identified gaps were logged and corrective drills are to be scheduled by the end of the month An in-service will be conducted with all employees who are authorized to conduct monthly fire drills to include appropriate fire drill regulations and documentation. Each staff member will be re-educated on how to properly complete the log form and who to notify after the drill is completed The administrator will review fire logs at the end of each month to verify: a drill was completed, all required information is documented, any issues were followed up on appropriately	04/21/2025 05/30/2025 05/02/2025