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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTECITO SANTA FE MEMORY CARE COMMUNITY	450 RODEO ROAD SANTA FE, NM 87505

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8 000	Initial Comments The following deficiencies were cited during a Complaint Survey completed 06/02/25 for the state requirements of NMAC 8.370.14,Regulations for Assisted Living Facilities for Adults. Census: 37 Complaint Intake # [redacted] was investigated with no deficiencies cited.	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	8 016		

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8 016	Continued From page 1 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 of the caregivers criminal history screening requirements, 8.370.5 NMAC. [8.370.14.16 NMAC - N, 7/1/2024]	8 016		

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8 016	Continued From page 2 This REQUIREMENT is not met as evidenced by: 8.370.14.16. B (3) 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	8 016	**Community compliance with the Employee Abuse Registry and Caregivers Criminal History Screening Requirements.** 8 NMAC 8.370.14.16. B (3) (7) (3) The Community will comply with the pre-employment requirements pursuant to the Employee Abuse Registry. The community will maintain on site documentation of inquiry of the registry. Prior to employing or contracting with an employee, the Community will inquire of the registry whether the individual under consideration for employment or contracting is listed on the registry. (7) The Community will comply with the requirements of the Caregivers Criminal History Screening Requirements, 7.1.9 NMAC. Timely Submission: Application and fingerprints will be submitted to the Caregiver Criminal History Screening Program (CCHSP) within 20 days of hire.	8/31/25

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8 016	Continued From page 3 employment or contracting sufficient to reasonably and completely search the registry, including the name, address, date of birth, social 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	8 016	The Community will submit all fees and pertinent application information for all individuals who meet the definition of an applicant or caregiver as described in Subsections B, D and K of 7.1.9.7 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. The Community will maintain documentation relating to all employees and contractors evidencing compliance with the act and those rules. Employee personnel records and documentation of proper clearance will be maintained on-site by the Human Resources Director to ensure ongoing compliance.	8/31/25

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8 016	Continued From page 4 governmental agency. [8.370.8.8 NMAC - N, 07/01/2024] 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	8 016		

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8 016	Continued From page 5 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 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.	8 016		

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8 016	Continued From page 6 (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. Based on record review and interview, the facility failed to ensure three (3) Direct Care Staff (DCS #2, DCS #3, and DCS #4) of 3 (DCS #s 2-4) were cleared by the Employee Abuse Registry (EAR) prior to hire. These deficient practices could likely result in the 37 (R #s 1-37) residents identified on the census provided by the Administrator on 05/27/25, to be at risk of harm or abuse if residents are being provided care by staff who may have a previous history of abusing, neglecting, and/or exploiting residents, and may be a convicted felon. The findings are: A. Record review of DCS #2's employee file, date of hire 01/21/25, revealed the facility failed to ensure that DCS #2 received a clearance from the EAR (rcvd 02/24/25), prior to hire and prior to	8 016		

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8 016	Continued From page 7 providing direct care to residents. B. Record review of DCS #3's employee file, date of hire 01/17/25, revealed the facility failed to ensure that DCS #3 received a clearance from the EAR (rcvd 02/18/25), prior to hire and prior to providing direct care to residents. C. Record review of DCS #4's employee file, date of hire 02/07/25, revealed the facility failed to ensure that DCS #2 received a clearance from the EAR (rcvd 04/15/25), prior to hire and prior to providing direct care to residents. D. On 06/02/25 at 4:30 pm, during an interview, the Executive Director confirmed (3) Direct Care Staff (DCS #2, DCS #3, and DCS #4) were not cleared from the EAR prior to providing direct care to the residents.	8 016		
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	8 037		

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8 037	Continued From page 8 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 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: NMAC 8.370.14.37 A (10) Based on observation and interview, the facility failed to ensure cleaning supplies and hazardous chemicals (any chemical that presents as a health hazard or can cause physical harm) were stored in secured areas and were not accessible	8 037	**Community compliance with laundry services** 8 NMAC 370.14.37 Laundry Services The Community will ensure that the laundry/cleaning supplies are kept in a secured room, closet, or cabinet. The Housekeeping and Laundry Services Director will have in place proper processes and systems to ensure ongoing compliance with proper storing of laundry/cleaning supplies. Routine inspections and ongoing orientation and training will be provided to all staff.	8/31/25

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8 037	Continued From page 9 to residents. This deficient practice can likely result in residents to be at risk of harm, illness, or injury if the residents were to spill or ingest (take food, liquids, or other substances in the body by swallowing or absorbing it) cleaning supplies and/or hazardous chemicals. The finding are: A. On 05/28/25 at 3:10 pm during observation of the South Memory Care Laundry room, the door was observed to be unlocked and open, with a cabinet on the wall of the room that was unsecured, open, and contained chemicals that were accessible to residents including: 1. One (1) 6.8 ounce spray bottle of stain remover. 2. One (1) 50 ounce bottle of liquid laundry detergent. 3. Twenty-seven (27) clear plastic four (4) ounce containers filled with powdered laundry detergent. B. On 05/28/24 at 3:31 pm during observation of the North Memory Care Laundry room, the door was observed to be unlocked and open, with a cabinet on the wall of the room that was unsecured, open and contained chemicals that were accessible to residents including: 1. One (1) 32 ounce spray bottle of disinfectant spray. 2. One (1) 20.8 ounce container or powdered cleaner. 3. One (1) 32 ounce plastic box of wood cleaning wipes. 4. Thirty (30) clear plastic four (4) ounce containers filled with powdered laundry detergent. C. On 05/28/25 at 4:17 pm. during an interview,	8 037		

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8 037	Continued From page 10 the Executive Director, confirmed the unsecured cleaning supplies and hazardous chemical findings for the North and South Memory Care buildings.	8 037		
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 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: NMAC 8.370.14.38 C Based on observation and interview, the facility failed to ensure cleaning supplies and hazardous chemicals (Any chemical that presents as a	8 038	**Community compliance with housekeeping services** 8 NMAC 370.14.38 Housekeeping Services The Community will ensure that poisonous or flammable substances are kept in a secure room or cabinet. The Housekeeping and Laundry Services Director will have in place proper processes and systems to ensure ongoing compliance with proper storing of poisonous or flammable substances. Routine inspections and ongoing orientation and training will be provided to all staff.	8/31/25

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8 038	Continued From page 11 health hazard or can cause physical harm) were stored in secured areas and were not accessible to residents. This deficient practice can likely result in residents to at risk of harm, illness, or injury if the residents were to spill or ingest (take food, liquids, or other substances in the body by swallowing or absorbing it) cleaning supplies and/or hazardous chemicals. The finding are: A. On 05/28/24 at 3:07 pm during observation of the South Memory Care building the Kitchenette located on the North side of the building, had one (1) drawer under the countertop that was not secured and contained one (1) 19.7 ounce can of disinfectant spray. B. On 05/28/24 at 3:18 pm during observation of the South Memory Care building the Kitchenette located on the South side of the building unsecured chemicals were observed including: 1. One (1) 32 ounce spray bottle of disinfectant spray ontop of the counter next to the kitchenette sink. 2. Two (2) 32 ounce spray bottles of disinfectant floor cleaning spray on the floor under the kitchenette sink. C. On 05/28/24 at 3:31 pm during observation of the North Memory Care building common area near Resident Rooms [redacted], a counter was observed with one unsecured drawer that contained one (1) 15.5 ounce can of disinfectant spray. D. On 05/28/24 at 3:40 pm during observation of the North Memory Care building Kitchenette	8 038		

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MONTECITO SANTA FE MEMORY CARE COMMUNITY	450 RODEO ROAD SANTA FE, NM 87505

(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 TOTHE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
8 038	Continued From page 12 located on the North side of the building a counter was observed with one unsecured drawer that contained one (1) 19.7 ounce can of disinfectant spray. E. On 05/28/24 at 3:40 pm during observation of the North Memory Care building Kitchenette located on the North side of the building unsecured chemicals were observed on top of the refrigerator including: 1. One (1) 32 ounce spray bottle of disinfectant spray. 2. One (1) 32 ounce spray bottle of multipurpose disinfectant spray. 3. One (1) 32 ounce spray bottle of floor cleaner. F. On 05/28/24 at 3:44 pm during observation of the North Memory Care building Nurses Station located in the center of the building unsecured chemicals were observed on the reception desk and in an open and unsecured storage room behind the reception desk and included: 1. One (1) 32 ounce can of disinfectant spray on the unattended Nurses Station desk. 2. One (1) 24 ounce bottle of pine disinfectant cleaner on a wall shelf in the open and unsecured storage room behind the Nurses Station desk. 3. Two (2) 35 count containers of disinfectant wipes on a wall shelf in the open and unsecured room behind the Nurses Station desk. G. On 05/28/25 at 4:17 pm during an interview with the Executive Director, he confirmed the unsecured cleaning supplies and hazardous chemical findings for the North and South Memory Care buildings.	8 038		