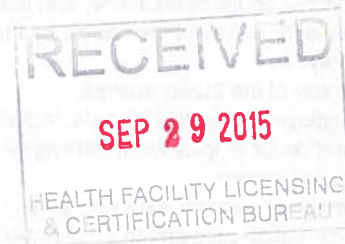


Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2182	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2015
NAME OF PROVIDER OR SUPPLIER CASA MIS ABUELOS, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4916 LARCHMONT DRIVE NE ALBUQUERQUE, NM 87111		
(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
A 000	Initial Comments An On-site/Monitoring survey was completed on 07/22/15 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living. Deficiencies were cited as result of the survey.	A 000		
A 022	7 NMAC 8.2.22 Facility Reports, Records, Rules, Policies FACILITY REPORTS, RECORDS, RULES, POLICIES AND PROCEDURES: A. Reports and records. Each facility shall keep the following reports, records, policies and procedures on file at the facility and make them available for review upon request by the licensing authority, residents, potential residents or their surrogate decision makers: (1) fire inspection report; (2) zoning approval; (3) building official approval (certificate of occupancy); (4) a copy of the approved building plans; (5) a copy of the most recent survey conducted by the licensing authority, to include adverse actions or appeals and complaints; (6) for facilities with food establishments/kitchens that require a permit from the local health authority that has jurisdiction, a copy of the current inspection report in accordance with the applicable, municipal, or federal laws and regulations and pursuant to Subsection B of 7.6.2.8 NMAC, regarding kitchen and food management; if a facility is considered a licensed private home and not required to meet specific requirements by the local health authority, a copy of that determination must also be maintained; (7) where necessary, a copy of the liquid waste disposal and treatment system permit from the local health authority that has jurisdiction; (8) thirty (30) days of menus as planned,	A 022 Scanned 10-02-05 J.D.		



Division of Health Improvement

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Barbara M. Liguera Administrator

(X6) DATE

9-9-2015

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A 022	Continued From page 1 including snacks and thirty (30) days of menus as served, including snacks; (9) record of monthly fire drills conducted at the facility and the fire safety evaluation system (FSSES) rating, if applicable; (10) written emergency plans, policies and procedures for medical emergencies, power failure, fire or natural disaster; plans shall include evacuation, persons to be notified, emergency equipment, evacuation routes, refuge areas and the responsibilities of personnel during emergencies; plans shall also included a list of transportation resources that are immediately available to transport the residents to another location in an emergency; the emergency preparedness plan shall address two types of emergencies: (a) an emergency that affects just the facility; and (b) a region/area wide emergency; (11) a copy of this rule, Requirements for Assisted Living Facilities for Adults, 7.8.2 NMAC); (12) for facilities with two or more residents (that are not related to the owner), a valid custodial drug permit issued by the NM board of pharmacy, that supervise administration and self-administration of medications or safeguards with regard to medications for the residents; and (13) vaccination records for pets in the facility. B. Reports and records. Each facility shall keep the following reports, records, policies and procedures on file at the facility and make them available for review upon request by the licensing authority: (1) a copy of the facility license; (2) employee personnel records, including an application for employment, training records and personnel actions: (a) caregiver criminal history screening documentation pursuant to 7.1.9 NMAC;	A 022		

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A022	Continued From page 2 (b) employee abuse registry documentation pursuant to 7.1.12 NMAC; and (3) a copy of all waivers or variances granted by the licensing authority. C. Rules. Prior to admission to a facility a prospective resident or his or her representative shall be given a copy of the facility rules. Each facility shall have written rules pertaining to resident ' s rights and shall include the following: (1) resident use of tobacco and alcohol; (2) resident use of facility telephone or personal cell phone; (3) resident use of television, radio, stereo and cd; (4) the use and safekeeping of residents ' personal property; (5) meal availability and times; (6) resident use of common areas; (7) accommodation of resident ' s pets; and (8) resident use of electric blankets and appliances. D. Policies and procedures. All facilities shall have written policies and procedures covering the following areas: (1) actions to be taken in case of accidents or emergencies; (2) policy and procedure for updating and consolidating the residents current physician or PCP orders, treatments and diet plans every six (6) months or when a significant change occurs, such as a hospital admission; (3) policy for medication errors; (4) method of staying informed when residents are away from the facility (e.g., sign-out sheets or other record indicating where the resident will be, cell phone contact, etc.); (5) the handling of resident's funds, if the facility provides such services; (6) reporting of incidents, including abuse,	A 022		

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A022	Continued From page 3 neglect and misappropriation of property, injuries of unknown cause, environmental hazards and law enforcement interventions in accordance with 7.1.13 NMAC; (7) reporting and investigating internal complaints; (8) reporting and investigating complaints to the incident management bureau; (9) staff and resident fire and safety training; (10) smoking policy for staff, residents and visitors; (11) the facility's bed hold policy; (12) admission agreement; (13) admission records; (14) resident records including maintenance and record retention if the facility closes; (15) program narrative; (16) resident's rights with regard to making health care decisions and the formulation of advance directives; (17) personnel policies; (18) identifying and safeguarding resident possessions; (19) securing medical assistance if a resident's own physician is not available; (20) staff training appropriate to staff responsibilities; (21) staff training for employees who provide assistance to residents with boarding or alighting from motor vehicles and safe operation of motor vehicles to transport residents; (22) witnessed destruction of unused, outdated or recalled medication by the facility administrator with the consulting pharmacist present; and (23) mealtimes, daily snacks, menus, special diets, resident's personal preference for eating alone or in the dining room setting. [7.8.2.22 NMAC - Rp, 7.8.2.23 NMAC, 01/15/2010]	A022		

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A 022	Continued From page 4 This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.22 B. (2) Based on record review and interview the facility failed to have documentation of training and orientation for each new employee that provides direct care to include a minimum of sixteen (16) hours of supervised training prior to providing unsupervised care for all 5 (R #1 through R #5) of the facility's residents as identified by the resident Census List provided by the Administrator. This widespread deficient practice could lead to the staff not having sufficient knowledge of how to provide care to the residents. The findings are: A. Record review of all 6 staff (# 11 through # 16) training records revealed no documentation of sixteen (16) hours of supervised training prior to providing unsupervised care for R #1 through R #5. B. On 07/22/15 at 11:15 am, during an interview with the Administrator, he claimed the staff had sixteen (16) hours of supervised training prior to providing unsupervised care for R #1 through R #5, but acknowledged there was no documentation to reveal that it had been done.	A 022	Facility will KEEP documentation of sixteen (16) hours of supervised training for new employees prior to providing unsupervised care for facility's residents. 7/15/15	
A 034	7 NMAC 8.2.34 Custodial Drug Permits CUSTODIAL DRUG PERMITS: A facility with two (2) or more residents that is licensed pursuant to this rule and that assists with self-administration	A 034		

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A 034	Continued From page 5 or safeguards medications for residents shall have a current custodial drug permit issued by the state board of pharmacy. A. Procurement, labeling and storage. The facility shall provide assistance to the resident in obtaining the necessary medications, treatment and medical supplies as identified in the ISP. The facility shall procure, label and store medications for residents who require assistance with self-administration of medication in compliance with state and federal laws. (1) All medications, including non-prescription drugs, shall be stored in a locked compartment or in a locked room, as approved by the board of pharmacy and the key shall be in the care of the administrator or designee. (2) Internal medication shall be kept separate from external medications. Drugs to be taken by mouth shall be separated from all other delivery forms. (3) A separate, locked refrigerator shall be provided by the facility for medications. The refrigerator temperature shall be kept in compliance with the state board of pharmacy requirements for medications. (4) All medications, including non-prescription medications, shall be stored in separate compartments for each resident and all medications shall be labeled with the resident's name. (5) A resident may be permitted to keep his or her own medication in a locked compartment in his or her room for self-administration, if the physician's order deems it appropriate. (6) The facility shall not require the residents to purchase medications from any particular pharmacy. (7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for	A 034			

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A 034	Continued From page 6 resuscitative purposes shall comply with the national fire protection association (NFPA) 99. (8) A proof of use record shall be maintained separately for each schedule II through IV drug (controlled substances). The proof of use sheet shall document: (a) the type and strength of the schedule II through IV drugs; (b) the date and time staff assisted with self-administration; (c) the resident ' s name; (d) the prescriber ' s name; (e) the dose; (f) the signature of the person assisting with delivery of the medication; and (g) the balance of medication remaining. (9) Any remaining medication discontinued by a physician ' s order, or upon discharge or death of the resident shall be inventoried and moved to a separate locked storage container. Such discontinued medications shall be destroyed upon the next quarterly visit by the consulting pharmacist in accordance with 16.19.11.10 NMAC. (10) The record of medication destruction shall be signed by the administrator or designee and the pharmacist and shall be kept on file at the facility. B. Consulting pharmacist. The facility shall maintain records demonstrating that the consulting pharmacist provides the following oversight and guidance. (1) Reviews the medication regimen as needed, but at least quarterly/every three (3) months, to determine that all medications and records are accurate and current. All irregularities shall be reported to the administrator of the facility and these irregularities shall be resolved by the administrator within seventy-two (72) hours.	A 034		

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A 034	Continued From page 7 (2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation. (3) Consultation shall be provided on all aspects of pharmacy services in the facility, including reference information regarding side effects and, when needed, physician consultation in cases involving the use of psychotropic medications. (4) The consulting pharmacist will be responsible for assuring that the facility meets all requirements for storage, labeling, destruction and documentation of medications as required by the state board of pharmacy, 16.19.11.10 NMAC and 7.8.2 NMAC. [7.8.2.34 NMAC - Rp, 7.8.2.35 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.34 B. (1) Based on record review and interview, the facility failed to have the Consulting Pharmacist review the medication regimen at least every 3 months for 5 of 5 (R #1 through R #5) residents that reside in the facility as identified by the resident Census List provided by the Administrator. The Consulting Pharmacist's review reports were furnished by the Administrator on 07/22/15 at 10:20 am. This widespread deficient practice could lead to medications and records not being current or accurate. The findings are: A. Record review of the Consulting Pharmacist's review reports revealed the Medication Regimen Reviews were completed on the following dates: 08/05/14, 09/30/15, 01/08/15 (4 months since last review), and 05/06/15 (4 months since last review).	A 034	the facility will have the Consulting Pharmacist review the medication regimen at least 7/15/15		

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A 034	Continued From page 8 B. On 07/22/15 at 11:15 am, in an interview with the Administrator, he acknowledged that twice in the last year there were 4 months in between Consulting Pharmacist review reports.	A 034	every quarterly/every three (3) months, to determine that all medications and records are accurate and current.	7/15/15
A 035	7 NMAC 8.2.35 Medication MEDICATIONS: Administration of medications or staff assistance with self-administration of medications shall be in accordance with state and federal laws. No medications, including over-the-counter medications, PRN (when needed) medications, or treatment shall be started, changed or discontinued by the facility without an order from the physician, physician assistant or nurse practitioner and with entry into the resident's record. A. State board of nursing licensed or certified health care professionals are responsible for the administration of medications. Administration may only be performed by these individuals. B. Facility staff may assist a resident with the self-administration of medications if written consent by the resident is given to the administrator of the facility or the administrator's designee. If the resident is incapable of giving consent, the surrogate decision maker named in accordance with New Mexico law may give written consent for assistance with self-administration of medications. All staff that assist with self-administration of medications shall have successfully completed a state approved assistance with self-administration of medication training program or be licensed or certified by the state board of nursing. C. PRN (pro re nada) medication. (1) Physician or physician extender's orders for PRN medications shall clearly indicate the	A 035		

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A 035	Continued From page 8 circumstances in which they are to be used, the number of doses that may be given in a 24-hour period and indicate under what circumstances the primary care practitioner (PCP) is to be notified. (2) The utilization of PRN medications shall be reviewed routinely. Frequent or escalating use of PRN medications shall be reported to the PCP. D. Only a licensed nurse (RN or LPN) shall administer any medications or conduct any invasive procedures provided by the following routes: intravenous (IV), subcutaneous (SQ), intramuscular (IM), vaginal or rectal. Only a licensed nurse shall administer non-premixed nebulizer treatments. E. The facility shall have medication reference material that contains information relating to drug interactions and side effects on the premises. Staff that assist in the self-administration of medications shall know interactions or possible side effects that might occur. F. Medications prescribed for one resident shall not be used for another resident. G. Medication assistance record (MAR). For residents who are not independent and require assistance with self administration, the facility shall have a MAR that documents the details of the residents' medication, including PRN and over-the-counter medication that is assisted with self-administration by qualified staff or administered to the resident by licensed or certified staff. The information in the MAR shall include: (1) the resident's name; (2) any known allergies to medication that the resident has; (3) the name of the resident's PCP or the prescriber of the medication; (4) the diagnosis or reason for the medication; (5) the name of the medication, including the drug	A 035			

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A 035	Continued From page 10 product brand name and the generic name; (6) notation if the medication is a schedule II-IV drug; (7) the dosage of the medication; (8) the strength of the medication; (9) the frequency or how often the medication is to be taken or given; (10) the route of delivery for the medication (mouth, eye, ear, other); (11) the method of delivery for the medication (pills, drops, IM injection, other); (12) the date that the medication was started or discontinued; (13) any change in the medication order; (14) pre-medication information (i.e., pulse, respiration, blood pressure, blood sugar) as required by the medication order; (15) the date and time that the medication is self-administered, administered with assistance or is administered; (16) the initials and signature of the person assisting with or administering the medication; (17) the desired results obtained from or problems encountered with the medication (pain relieved, allergic reaction, etc.); (18) any refused dose of medication; (19) any missed dose of medication; and (20) any medication error. H. No medication shall be stopped or started without specific orders from the primary care physician. I. If a resident refuses to take a prescribed medication, it shall be documented and the facility shall report it to the prescriber. J. A suspected adverse reaction to a medication shall be documented on the MAR and reported immediately to the PCP and the resident's surrogate decision maker. If applicable, emergency medical treatment shall be arranged.	A 035			

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A 035	Continued From page 11 Documentation of the event shall be kept in the resident's record. K. Prescription medication, other than blister packs and unit dose containers, shall be kept in the original container with a pharmacy label that includes the following: (1) the resident's name; (2) the name of the medication; (3) the date that the prescription was issued; (4) the prescribed dosage and the instructions for administration of the medication; and (5) the name and title of the prescriber. L. Any medication that is removed from the pharmacy container or blister pack shall be given immediately and documented by the staff that assisted with the medication delivery. M. The facility shall report all medication errors to the physician, documentation of medication errors and the prescriber's response shall be kept in the resident's record. N. The facility shall develop and follow a written policy for unused, outdated, or recalled medications kept in the facility in accordance with 16.19.11.10 NMAC (AS AMENDED). [7.8.2.35 NMAC - Rp, 7.8.2.35 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.35 G. (4) Based on record review and interview the facility failed to document the diagnosis or reason for the medications on the Medication Administration Record (MAR) for 2 of 2 (R #1 and R #2) residents charts reviewed. The facility failed to document how often the 3 as needed narcotic	A 035			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CASA MIS ABUELOS, LLC

4916 LARCHMONT DRIVE NE
ALBUQUERQUE, NM 87111

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A035	Continued From page 12 medications could be administered for R #2 and failed to document whether the medications were given on 07/11/15 at 7:00 pm for R #2. This widespread deficient practice could lead to facility staff not knowing the desired outcome of the medication, overdose of a narcotic, and/or not knowing whether a medication was given or not given. The findings are: A. Record review of the MARs for R #1 and R #2 revealed none of the medications listed the diagnosis or reason for the medication on the MAR. The medications for R #1 were the following: Potassium, Metoprolol Tart, Furosemide, Metoclopramide, Tramadol (narcotic), Gabapentin, Stool softener, Centrum, ALP (eye drops), and Ondansetron. The medications for R #2 were the following: Furosemide, Potassium Chloride, Levothyroxine, Losartan Potassium, Omeprazole, Verapamil, Senna, Lactulose, Loperamide, Atropine (narcotic), Morphine Sulfate (narcotic), and Lorazepam (narcotic). The Atrophine, Morphine Sulfate, and Lorazepam were all prescribed "as needed" and it was not documented how often the narcotic medications could be administered. The MAR for R #2 did not document whether the medications, Verapamil, Senna, and Lactulose were given or not given on 07/11/15 at 7:00 pm. B. On 07/16/15 at 10:06 am, staff #16 acknowledged there is no diagnosis or reason for the medication information on the MARs for R #1 and R #2 and how often the 3 narcotics can be administered for R #2 was also missing. She further acknowledged there were blank spaces for medications to be given on 07/11/15 at 7:00 pm for R #2.	A035	-the Facility's MIARs for all residents will indicate the diagnosis or reason for the medication on the MAR. -THE MAR FOR R#2 HAS BEEN ALREADY IMMEDIATELY corrected on 07/12/15 there no more blank spaces -THE MAR FOR R#2 indicate now the diagnosis or reason for medication information on the MARs for R#1 and R#2	7/12/15 07/12/15

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STREET ADDRESS, CITY, STATE, ZIP CODE

CASA MIS ABUELOS, LLC

**4916 LARCHMONT DRIVE NE
ALBUQUERQUE, NM 87111**

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A 036	7 NMAC 8.2.36 Nutrition 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 (3) meals or their equivalent each day at regular times with no more than sixteen (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 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 (1) week cycle; (e) have special menus or meal items following guidelines from the resident's physician for residents who have medically prescribed special diets;	A 036		

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A 036	Continued From page 14 (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 forty-eight (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 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 thirty (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	A 036			

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A 036	Continued From page 15 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 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	A 036			

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A 036	Continued From page 16 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, 7.6.2 NMAC. (1) The facility shall ensure that a minimum of a three (3) calendar day supply of perishables and a five (5) 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 (3) 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 thirty-five (35) - forty-one (41) degrees fahrenheit. (b) Freezer temperatures shall be maintained at zero (0) degrees fahrenheit or below. (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 (3) 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 one hundred forty (140) degrees fahrenheit is maintained.	A 036		

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A 036	Continued From page 17 (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 pursuant to Subsection B of 7.6.2.8 NMAC. (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 (6) 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 forty-one (41) degrees fahrenheit; (b) the temperature for all hot foods is maintained at one hundred forty (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. (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	A 036			

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A 036	Continued From page 18 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 [7.8.2.36 NMAC - Rp, 7.8.2.37 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.36 D. (8) (a) (b) On 07/09/15 at 8:55 am, an Immediate Jeopardy (IJ) was called for all 5 of the facility's Residents (R #1 through R #5) safety due to the facility not keeping already prepared foods at the required safe temperatures for a period of at least 2.5 hours. On 07/09/15 at 9:00 am, a plan of removal of the IJ was accepted from the facility Administrator, which included the following: 1. All food that was prepared for lunches and dinners for 07/09/15 and 07/10/15 will be destroyed. 2. The Administrator will buy frozen foods to be prepared for lunch and dinners until training of staff is completed. 3. All prepared foods will be immediately refrigerated after preparation and appropriately delivered to the facility the following day. 4. The Cook and facility staff will receive complete training on 07/09/15. Based on observation and interview the facility failed to insure the health and safety of all 5 Residents (R #1 through R #5) that reside in the facility as identified by the resident Census List provided by the Administrator by not keeping	A 036	1- HAS BEEN ALREADY DONE 2- HAS BEEN ALREADY DONE 3- HAS BEEN ALREADY ADDRESS TO THE COOK AND FACILITY STAFF 4- COOK AND FACILITY STAFF RECEIVED complete training	7/9/15 7/9/15 7/9/15 7/9/15

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A 036	Continued From page 19 prepared foods at appropriately safe temperatures. This widespread deficient practice could lead to the facility residents to contract a bacterial infection. The findings are: A. On 07/08/15 at 1:30 pm during a tour of the facility, staff #10 delivered 7 sealed plastic containers of prepared food with the following labels and at the following temperatures: 1. Beef vegetable soup, 99° (degrees) F (Fahrenheit); 2. Pineapple pork, 91° F; 3. Vegetables [mixed] 103 °F; 4. Sloppy Joe, 89°; 5. Lemon Chicken, 88°F; 6. Potatoes salad, 88° F; 7. Barbeque Chicken, 99° F; 8. Macaroni and cheese, 95° F; 9. Rice, 77° F. All 7 of the containers were observed to have dates of 07/09/15 or 07/10/15. B. On 07/08/15 at 2:14 pm, in an interview with staff #12, she acknowledged the food that was delivered at 1:30 pm, was delivered for lunch and dinners for the following 2 days 07/09/15 and 07/10/15. She also acknowledged they are cooked at a different facility and delivered to this facility. C. On 07/08/15 at 2:30 pm, 3:04 pm, 3:24 pm, and 3:45 pm during tours of the facility the 7 food containers delivered at 1:30 pm that contained the beef vegetable soup, pineapple pork, mixed vegetables, sloppy joe, lemon chicken, potatoes salad, barbeque chicken, macaroni and cheese, and the rice were observed to be sitting on the kitchen cabinet. D. On 07/08/15 at 4:00 pm, during tour of the	A 036	all food containers will be labeled with the prepared food date all prepared food will be immediately refrigerated after preparation and appropriately delivered to the facility the following day and will be immediately refrigerated after delivered.	7/9/15 7/9/15

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A 036	Continued From page 20 facility, the mixed vegetables, the macaroni and cheese, the sloppy joe, and the beef vegetable soup were observed still sitting on the kitchen cabinet.	A 036		
A 065	7 NMAC 8.2.65 Fire Drills FIRE DRILLS: All facilities shall conduct monthly fire drills which are to be documented. A. There shall be at least one (1) documented fire drill per month and at a minimum, one documented fire drill each eight (8) 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. [7.8.2.65 NMAC - Rp, 7.8.2.65 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.65 A. Based on record review and interview, the facility failed to ensure fire drills were conducted at least quarterly during the 11:00 pm to 7:00 am shift for 2 consecutive quarters (3 months) in the past	A 065		

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A 065	Continued From page 21 year for 5 of 5 (R #1 through R #5) residents that reside in the facility as identified by the resident Census List provided by the Administrator. This widespread deficient practice could result in staff not being adequately prepared to exercise their duties in accordance to the facility's Fire Plan in the event of fire, which presents a risk of potential harm to all 5 residents as identified by the resident Census List provided by the Administrator. The findings are: A. Record review of the monthly fire drills for the period between July 2014 to June 2015 revealed there were no fire drills conducted on the 11:00 pm to 7:00 am shift from July 2014 through February 2015. B. On 07/22/15 at 11:15 am, in an interview with the Administrator, he acknowledged there had not been any fire drills during the 11:00 pm to 7:00 am shift from July 2014 through February 2015.	A 065	Facility will conduct fire drills at least quarterly during the 11:00pm to 7:00 am shift. Administrator will be documented fire drills every month.	7/15/15	
A 066	7 NMAC 8.2.66 Staff and Resident Fire and Safety Training STAFF AND RESIDENT FIRE AND SAFETY TRAINING: A. All staff of the facility shall know the location and the proper use of fire extinguishers and the other procedures to be followed in case of fire or other emergencies. The facility should request the local fire prevention authority to give periodic instructions in the use of fire prevention and techniques of evacuation. B. Facility staff shall be instructed as part of their duties to constantly strive to detect and eliminate potential safety hazards, such as loose handrails, frayed electrical cords, blocked exits or exit-ways and any other condition which could cause burns,	A 066		7/15/15	

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A 066	Continued From page 22 falls, or other personal injury to the residents or staff. C. Each new resident admitted to the facility shall be given an orientation tour of the facility to include the location of the exits, fire extinguishers and telephones and shall be instructed in the actions to be taken in case of fire or other emergencies. D. Fire drill procedures. The facility must conduct at least one (1) fire drill each month. (1) Fire drills shall be held at different times of the day, evening and night. (2) The fire alarm system or detector system in the facility shall be used in the fire drills. During the night, the fire drill alarm may be silenced. (3) During the fire drills, emphasis shall be placed upon orderly evacuation under proper discipline rather than upon speed. (4) A record of the conducted fire drills shall be maintained on file in the facility. The record shall show the date and time of the drill, the number of personnel participating in the drill, any problem(s) noted during the drill and the evacuation time in total minutes. (5) The local fire department may be requested to supervise and participate in the fire drills. [7.8.2.66 NMAC - Rp, 7.8.2.63 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: Refer to 7.8.2.66 A. Based on interview, the facility failed to ensure that all staff were trained in the proper use of fire extinguishers for the health and safety of 5 of 5 (R #1 through R #5) residents that reside in the facility as identified by the resident Census List	A 066		

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A 066	Continued From page 23 provided by the Administrator. This deficient practice could result in staff not being adequately prepared to exercise their duties in accordance to the facility's Fire Plan in the event of fire, which presents a risk of potential harm to all 5 residents. The findings are: A. On 07/21/15 at 2:10 pm, in an interview with staff #11, she attempted to explain the proper use of a fire extinguisher. She left out the removal of the plastic tie and the pin. When the surveyor pointed to the plastic tie and the pin and ask her what they were for, she acknowledged she had not been trained in the proper use of a fire extinguisher. B. On 07/22/15 at 11:15 am, in an interview with the Administrator, when asked if the staff had been taught the proper use of a fire extinguisher, he confirmed they had not.	A 066	Facility staff has been trained on how to use Fire extinguisher Facility staff now has to use of a fire extinguisher. Administrator will monitor the corrective action and ensure ongoing compliance	7/15/15 7/15/15 7/15/15	