ATTACHED 3/24/2017 dsg

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4013	A. BUILDING: _____ B. WING _____	12/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGE AT CASA DE PAZ SENIOR ASSISTED LI	613 OREJA DE ORO DR SE RIO RANCHO, NM 87124

(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 The following deficiencies were cited as a result of an initial survey completed on 12/19/16, for the state requirements 7 NMAC 8.2, Assisted Living Regulations.	A 000	7.8.2.27 A/B - Resident Activities we have designated a space to post the monthly activities calendar and posted it at 4pm on 12/14/16. we employ an Activities Director and have deligated this monthly responsibility to our Activities Director to post in the designated space on the first of each month. This corrective action was completed on 12/14/16.	
A 027	7 NMAC 8.2.27 Resident Activities RESIDENT ACTIVITIES: Each facility shall provide or make available recreational and social activities appropriate to the residents ' abilities that meet their psychosocial needs and are relevant to their social history; including a balance of cognitive, reminiscence, physical and social activities. The facility shall post the activities and encourage residents to participate. [7.8.2.27 NMAC - Rp, 7.8.2.28 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.27 Based on observation and interview, the facility failed to have a recreational or social activities calendar posted for all 8 (R #s 1-8) residents identified on the census list provided by the Director on 12/14/16. This deficient practice could lead to anxiety, isolation, boredom, and depression for the residents. The findings are: A. On 12/14/16 at 10:45 am, during observation, it was noted that no activities calendars were posted in any of the common areas of the facility. B. On 12/14/16 at 10:46 am, during interview with the Director, she confirmed that there were no activities calendars posted in the facility, it was in a folder. She did not know that it had to be	A 027		

Division of Health Improvement
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE Administrator — (X6) DATE 3/6/17

Adam Stanley

Division of Health Improvement

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A 027	Continued From page 1 posted so residents and visitors can view the activities.	A 027	7.8.2.34 Custodial Drug Permits A034 A./B.- we have replaced the Medication refrigerator with a Frigidaire that has a built in lock on the door to lock the unit shut when not in use. All Staff has been inserviced on the proper use of the lock and that it is to be locked when not in use. The locking refrigerator was installed and compeled on 12/15/16 at 1PM. The inservice for all employees was completed on 12/19/16.	
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 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	A 034		

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A 034	Continued From page 2 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 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	A 034		

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A 034	Continued From page 3 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. (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: 7.8.2.34 A (3) Based on observation, and interview, the facility failed to ensure that the facility had a lock on the refrigerator used to store medications requiring refrigeration. This deficient practice has the potential for all 8 (R #s 1-8) residents identified on the resident list provided by the Director on 12/14/16, to be at risk of illness, harm, or death if residents could open the medication refrigerator and take any or all stored medications. The	A 034		

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A 034	Continued From page 4 findings are: A. On 12/14/16 at 10:50 am, during observation, it was revealed that the facility did not have a lock on the medication refrigerator. B. On 12/14/16 at 10:51 am, during interview with the Director, he confirmed that the facility does not have a lock on the mediation refrigerator.	A 034	7.8.2.36 Nutrition A 036 A./B. – We have replaced the kitchen garbage container with a garbage container with a tight fitting lid. This corrective action was completed on 12/14/16 at 3:30PM.	
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	A 036		

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A 036	Continued From page 5	A 036		

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;
(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

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A 036	Continued From page 6 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 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	A 036		

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A 036	Continued From page 7 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, 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.	A 036		

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A 036	Continued From page 8 (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. (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	A 036		

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A 036	Continued From page 9 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 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: 7.8.2.36. C (4) Based on observation and interview the facility failed to ensure that the garbage container in the kitchen had a tight fitting/closing lid. This deficient practice has the potential to cause all 8 (R #s 1-8) residents listed on the resident census, provided by Director on 12/14/16 to be at risk of contracting foodborne illnesses if food is not prepared and/or served in a clean and sanitary environment. The findings are: A. On 12/14/16 at 10:50 am, during observation the garbage container in the kitchen	A 036		

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A 036	Continued From page 10 was observed to not have a lid on it. B. On 12/14/16 at 10:50 am, during interview with Director, she confirmed that there was no lid on the kitchen garbage container.	A 036	7.8.2.37 Laundry Services A037 A./B.- We had our maintenence department install a vent to the clean linen closet. This corrective action was completed on 12/15/16 at 2pm	
A 037	7 NMAC 8.2.37 Laundry Services LAUNDRY SERVICES: A. General requirements. The facility shall provide laundry services for the residents, either on the premises or through a commercial laundry and linen service. (1) On-site laundry facilities shall be located in areas separate from the resident units and shall be provided with necessary washing and drying equipment. (2) Soiled laundry shall be kept separate from clean laundry, unless the laundry facility is provided for resident use only. (3) Staff shall handle, store, process and transport linens with care to prevent the spread of infectious and communicable disease. (4) Soiled laundry shall not be stored in the kitchen or dining areas. The building design and layout shall ensure the separation of laundry room from kitchen and dining areas. An exterior route to the laundry room is not an acceptable alternative, unless it is completely enclosed. (5) In new construction or newly licensed facilities with more than fifteen (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	A 037		

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A 037	Continued From page 11 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. [7.8.2.37 NMAC - Rp, 7.8.2.39 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.37 A (9) Based on observation and interview the facility failed to ensure that the clean linens were stored in a well ventilated closet. This deficient practice has the potential to affect the 8 (R #1-8) residents identified on the resident census list provided by the Director on 12/14/16 to become ill from bacteria contaminated linens if the clean linens are not stored in a well ventilated closet. The findings are: A. On 12/14/16 at 10:45 am, during observation, the clean linen closet was observed to not be ventilated. B. On 12/14/16 at 10:46 am, during interview	A 037		

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A 037	Continued From page 12 with the Director, she confirmed that the linen closet was not ventilated.	A 037	7.8.2.45 Water A045 A.-F.- The Administrator and Director had the Maintenence Department ajust the water temperature lower on the hot water heater, then retested water temperature in all resident bathrooms and community bathrooms to a temperature of 105.8 degrees fahrenheit. This corrective Action was Completed on 12/14/16 at 5PM And retested again on 12/15/16 at 12pm, and again on 1/15/16 at 2pm.	
A 045	7 NMAC 8.2.45 Water WATER: Pursuant to the current New Mexico drinking water requirements, 7.6.2.9 NMAC. A. The water supply system shall be constructed, protected, operated and maintained in conformance with applicable local, state and federal laws, ordinances and regulations. B. Where a facility is supplied by its own water system, the system shall meet the sampling and construction requirement of a non-community water system as defined by the current New Mexico drinking water requirements. C. All water that is not piped into the facility directly from a public water supply system shall be from an approved source, disinfected, transported, handled, stored and dispensed in a sanitary manner. Such water shall be prevented from entering potable water systems by appropriate cross connection and backflow prevention devices. D. Hot and cold running water, under pressure shall be provided in all areas where food is prepared and where equipment and utensils are washed, sinks, lavatories, washrooms and laundries. E. The hot water temperature that is accessible to residents shall be maintained at a minimum of ninety-five (95) degrees fahrenheit and a maximum of one hundred ten (110) degrees fahrenheit. Hot water in excess of one hundred ten (110) degrees fahrenheit is permitted in kitchen and laundry areas, provided that residents are supervised in order to prevent injury. [7.8.2.45 NMAC - Rp, 7.8.2.46 NMAC,	A 045		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4013	A. BUILDING: _____ B. WING _____	12/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGE AT CASA DE PAZ SENIOR ASSISTED LI	613 OREJA DE ORO DR SE RIO RANCHO, NM 87124

(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 045	Continued From page 13 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.45 E Based on observation and interview, the facility failed to ensure that the hot water temperatures were maintained within the range of 95 degrees Fahrenheit (F) and 110 degrees F for 7 (#s 1, 2, 3, 5, 7, 8 and guest) of 9 (#s 1-8 and guest) bathrooms checked for water temperature. This deficient practice has the potential for all 8 (R #s 1-8) residents identified on the resident census list provided by the Director on 12/14/16, to be at risk of being burned by hot water. The findings are: A. On 12/14/16 at 10:28 am, during observation of R # 5's bathroom, the hot water temperature in both the sink and shower was observed to be at 124.3 degrees F. B. On 12/14/16 at 10:30 am, during observation of the guest bathroom, the hot water temperature in the sink was observed to be at 118 degrees F. C. On 12/14/16 at 10:35 am, during observation of R #1's bathroom, the hot water temperature in both the sink and shower was observed to be at 126 degrees F. D. On 12/14/16 at 10:40, am, during observation of R #7 & 8's bathroom the hot water temperature in both the sink and shower was observed to be at 128.3 degrees F. E. On 12/14/16 at 10:42 am, during observation of R #2's bathroom the hot water temperature in both the sink and shower was observed to be at	A 045		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4013	A. BUILDING: _____ B. WING _____	12/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGE AT CASA DE PAZ SENIOR ASSISTED LI	613 OREJA DE ORO DR SE RIO RANCHO, NM 87124

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A 045	Continued From page 14 130.5 degrees F. F. On 12/14/16 at 10:45 am, during observation of R #3's bathroom, the hot water temperature in both the sink and shower was observed to be at 129.4 degrees F. F. On 12/14/16 at 10:48 am, during interview with the Director, she confirmed that the water temperature in residents' bedrooms were hotter then normal and immediately called the Administrator to adjust water heater.	A 045		