STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4003	A. BUILDING: _____ B. WING _____	C 04/18/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEIGHBORHOOD IN RIO RANCHO (THE)	900 LOMA COLORADO BLVD NE 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 during an Full-Onsite/Complaint survey completed on 04/18/22 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living Facilities. Complaint Intake #NM53252 was unsubstantiated with no deficiencies cited. Complaint Intake #NM43244 was unsubstantiated with no deficiencies cited.	A 000		
A 020	7 NMAC 8.2.20 Admissions and Discharge ADMISSIONS AND DISCHARGE: The facility shall complete an admission agreement for each resident. The administrator of the facility or a designee responsible for admission decisions shall meet with the resident or the resident ' s surrogate decision maker prior to admission. No resident shall be admitted who is below the age of eighteen (18) or for whom the facility is unable to provide appropriate care. A. Admission agreement. The admission agreement shall include the following information: (1) the parties to the agreement; (2) the program narrative; (3) the facility's rules; (4) the cost of services and the method of payment; (5) the refund provision in case of death, transfer, voluntary or involuntary discharge; (6) information to formulate advance directives; (7) a written description of the legal rights of the residents translated into another language, if necessary; (8) the facility's staffing ratio; (9) written authorization for staff to assist with medications; (10) notification of rights and responsibilities pursuant to the Incident Reporting Intake.	A 020	A020 ID PREFIX TAG ADMISSIONS AND DISCHARGE Resident to be found affected by the identified practice: All. Potential residents to be affected by identified practice. All. Corrective Action implemented so identified practice will not be repeated: The Senate Bill (SB) 0335-2013 will be included with the admission packet for the residents who are newly coming into the facility. Everything that is in SB 0335-2013 (the Act) is already a matter of practice in the facility. Every patient on service who passes away receives full compensation as agreed upon in the admissions document. SB 0335-2013 (the Act) has been added to our admissions agreement The marketing and admission departments will ensure that the Senate Bill is included in the admission packets. A copy will be given to each current resident and Power of Attorney. Monitoring: Medical records or designee will verify electronically that Senate Bill 0335-2013 is included with the admission packets. Corrective action will be completed on 6/30/2022	6/30/2022

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Christina J Salazar Alex	Administrator	05-27-2022

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A 020	Continued From page 1 Processing and Training Requirements, 7.1.13 NMAC; (11) the facility ' s bed hold policy; and (12) the admission agreement may be terminated if an appropriate placement is found for the resident, under the following circumstances: (a) there shall be a fifteen (15) day written notice of termination given to the resident or his or her surrogate decision maker, unless the resident requests the termination; (b) the resident has failed to pay for a stay at the facility as defined in the admission agreement; (c) the facility ceases to operate or is no longer able to provide services to the resident; (d) the resident ' s health has improved sufficiently and therefore no longer requires the services of the facility; (e) termination without prior notice is permitted in emergency situations for the following reasons: (i) the transfer or discharge is necessary for the resident's safety and welfare; (ii) the resident's needs cannot safely be met in the facility; or (iii) the safety and health of other residents and staff in the facility are endangered; (13) the facility shall provide a thirty (30) day written notice to residents regarding any changes in the cost or the material services provided; a new or amended admission agreement must be executed whenever services, costs or other material terms are changed; and (14) facilities representing their services as " specialized " must disclose evidence of staff specialty training to prospective residents. B. Restrictions in admission. The facility shall not admit or retain individuals that require twenty-four (24) hour continuous nursing care, refer to Subsection U of 7.8.2.7 NMAC Definitions. This rule does not apply to hospice residents who	A 020		

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A 020	Continued From page 2 have elected to receive the hospice benefit. Conditions or circumstances that usually require continuous nursing care may include but are not limited to the following: (1) ventilator dependency; (2) pressure sores and decubitus ulcers (stage III or IV); (3) intravenous therapy or injections; (4) any condition requiring either physical or chemical restraints; (5) nasogastric tubes; (6) tracheostomy care; (7) residents that present an imminent physical threat or danger to self or others; (8) residents whose psychological or physical condition has declined and placement in the current facility is no longer appropriate as determined by the PCP; (9) residents with a diagnosis that requires isolation techniques; (10) residents that require the use of a Hoyer lift; and (11) ostomy (unless resident is able to provide self care). C. Exceptions to admission, readmission and retention. If a resident requires a greater degree of care than the facility would normally provide or is permitted to provide and the resident wishes to be re-admitted or remain in the facility and the facility wishes to re-admit or retain the resident. The facility shall comply with the following requirements. (1) Convene a team, comprised of: (a) the facility administrator and a facility health care professional if desired; (b) the resident or resident ' s surrogate decision maker; and (c) the hospice or home health clinician. (2) The team shall jointly determine if the resident	A 020		

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A 020	Continued From page 3 should be admitted, readmitted or allowed to remain in the facility. Team approval shall be in writing, signed and dated by all team members and the approval shall be maintained in the resident's record and shall: (a) be based upon an individual service plan (ISP) which identifies the resident's specific needs and addresses the manner that such needs will be met; (b) ensure that if the facility is licensed for more than eight (8) residents and does not have complete fire sprinkler coverage, the facility shall maintain an evacuation rating score of prompt as determined by the fire safety equivalency system (FSES); (c) evaluate and outline how meeting the specific needs of the resident will impact the staff and the other residents; and (d) include an independent advocate such as a certified ombudsman if requested by the resident, the family or the facility. (3) The team recommendation shall be maintained on site in the resident ' s file. (4) When a resident is discharged, the facility shall record where the resident was discharged to and what medications were released with the resident. D. Coordination of care. (1) Assisted living facilities shall have evidence of care coordination on an ISP for all services that are provided in the facility by an outside health care provider, such as hospice or home health providers. (2) Residents shall be given a list of providers, including hospice and home health if applicable, and have the right to choose their provider. If applicable, the referring party shall disclose any ownership interest in a recommended or listed provider.	A 020		

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A 020	Continued From page 4 [7.8.2.20 NMAC - Rp, 7.8.2.19 NMAC & 7.8.2.20 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.20 A (5) Refer to Senate Bill (SB) 0335 - 2013 AN ACT RELATING TO HEALTH CARE; REQUIRING CONTRACTS FOR ASSISTED LIVING FACILITIES TO CONTAIN A REFUND POLICY UPON TERMINATION OF A CONTRACT DUE TO THE DEATH OF THE RESIDENT; PROVIDING FOR STORAGE OF A RESIDENT'S BELONGINGS; DECLARING AN EMERGENCY. BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO: SECTION 1. A new section of the Public Health Act is enacted to read: "ASSISTED LIVING FACILITIES CONTRACTS--LIMIT ON CHARGES AFTER RESIDENT DEATH.-- A. The contract for each resident of an assisted living facility shall include a refund policy to be implemented at the time of a resident's death. The refund policy shall provide that the resident's estate or responsible party is entitled to a prorated refund based on the calculated daily rate for any unused portion of payment beyond the termination date after all charges have been paid to the licensee. For the purpose of this section, the termination date shall be the date the unit is vacated by the resident due to the resident's death and cleared of all personal belongings.	A 020		

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A 020	Continued From page 5 B. If a resident's belongings are not removed within one week of the resident's death and the amount of belongings does not preclude renting the unit, the facility may clear the unit and charge the resident's estate for moving and storing the items at a rate equal to the actual cost to the facility, not to exceed ten percent of the regular rate for the unit; provided that the responsible party for the resident is given notice at least one week before the resident's belongings are removed. If the resident's belongings are not claimed within forty-five days after notification, the facility may dispose of them. C. For the purposes of this section, "assisted living facility" means a facility required to be licensed as an assisted living facility for adults by the department of health." SECTION 2. EMERGENCY.--It is necessary for the public peace, health and safety that this act take effect immediately. Based on record review and interview the facility failed to ensure for 5 (R #s 1-5) of 5 (R #s 1-5) residents whose Admission/Discharge Agreements were reviewed for compliance included a refund provision/policy in case of death that is in compliance with 7.8.2.20 and Senate Bill (SB) 0335 - 2013 and 7 NMAC 8.2.20 Regulations for Assisted Living Facilities. This deficient practice could likely result in the residents/resident's estate to be at risk of not receiving monies owed or are aware of additional charges that may be incurred upon the death of a resident. The findings are: A. Record review of R #1's Admission/Discharge Agreement (date of admission [redacted]21), revealed it did not include a refund upon death policy in compliance with Senate Bill (SB) 0335 -	A 020		

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A 020	Continued From page 6 2013 and 7 NMAC 8.2.20. B. Record review of R #2's Admission/Discharge Agreement (date of admission [redacted]21), revealed it did not include a refund upon death policy in compliance with Senate Bill (SB) 0335 - 2013 and 7 NMAC 8.2.20. C. Record review of R #3's Admission/Discharge Agreement (date of admission 05/17/19), revealed it did not include a refund upon death policy in compliance with Senate Bill (SB) 0335 - 2013 and 7 NMAC 8.2.20. D. Record review of R #4's Admission/Discharge Agreement (date of admission 02/07/18), revealed it did not include a refund upon death policy in compliance with Senate Bill (SB) 0335 - 2013 and 7 NMAC 8.2.20. E. Record review of R #5's Admission/Discharge Agreement (date of admission 06/08/18), revealed it did not include a refund upon death policy in compliance with Senate Bill (SB) 0335 - 2013 F. On 04/18/22 at 2:07 pm, during an interview with the Administrator, she confirmed that R #s 1-5 Admission/Discharge agreements did not contain a refund provision/policy in case of death that is in compliance with Senate Bill (SB) 0335 - 2013 and 7 NMAC 8.2.20.	A 020		
A 025	7 NMAC 8.2.25 Resident Evaluation RESIDENT EVALUATION: A. A resident evaluation shall be completed by an appropriate staff member within fifteen (15) days prior to admission to determine the level of	A 025	A025 PREFIX TAG RESIDENT EVALUATION Resident to be found affected by the identified practice: Resident 1 of 5 (#5) evaluation was reviewed and found there was no documentation that an evaluation was completed within 15 days prior to admission. The facility will complete the	6/30/2022

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A 025	Continued From page 7 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 (6) 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, 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	A 025	evaluation for resident #5. Potential residents to be affected by identified practice. All. Corrective Action implemented so identified practice will not be repeated: The DON of AL or designee will complete the evaluation of Resident #5. All resident files will be reviewed for compliance by DON of AL or designee. Monitoring: The evaluations will be audited thru the medical record department or designee. Corrective action will be completed on 6/30/2022	

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A 025	Continued From page 8 and physical examination and an evaluation report by a physician or a physician extender within six (6) 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 (6) months or when a significant change in health status occurs. [7.8.2.25 NMAC - Rp, 7.8.2.25 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.25 A Based on record review and interview, the facility failed to ensure for 1 (R #5) of 5 (R #s 1-5) residents whose evaluations were reviewed for compliance that they were completed within 15 days prior to admission. This deficient practice is likely to result in residents not receiving appropriate care/services upon admission if the Direct Care Staff (DCS) are not aware of what the resident's needs are. The findings are: A. Record review of R #5's resident file, revealed that there was no documentation that an Evaluation was completed within 15 days prior to admission on [redacted] 8. B. On 04/21/22 at 12:03 pm, during an interview with Administrator and Social Services Director, they confirmed that R #5's evaluation was not	A 025		

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A 025	Continued From page 9 completed within 15-days prior to admission, and was not in the resident's file.	A 025		
A 026	7 NMAC 8.2.26 Individual Service Plan INDIVIDUAL SERVICE PLAN (ISP): An ISP shall be developed and implemented within ten (10) calendar days of admission for each resident residing in the facility. A. The ISP shall address those areas of need as identified in the resident evaluation and through staff observation. (1) The ISP shall detail the services that are provided by the facility as well as the services to be provided by other agencies. (2) The resident evaluation and the ISP shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or a physician extender. (3) The ISP shall be reviewed and or revised at a minimum of every six (6) 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;	A 026	A026 INDIVIDUAL SERVICE PLAN Resident to be found affected by the identified practice: 4 of 4 residents were found not to have ISP that included expected goals and outcomes. The facility will utilize care plans to include expected goals and outcomes. Potential residents to be affected by identified practice. All residents are affected due to how the current ISP is set up in the charting system. All residents will have a care plan to include expected goals and outcomes. Corrective Action implemented so identified practice will not be repeated and monitoring: On every new admission, medical records or designee will audit charts to ensure that all care plans are in place to state goals and outcomes. All residents will be switched to care plans which are more comprehensive. By switching from ISPs to care plans will ensure each resident has goals and outcomes identified. DON or designee will monitor by updating every 120 days or change in condition. Corrective action will be completed on 6/30/2022	6/30/2022

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A 026	Continued From page 10 (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. [7.8.2.26 NMAC - Rp, 7.8.2.26 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.26 B (7) Based on record review and interview, the facility failed to ensure for 4 (R #s 1-4) of 4 (R #s 1-4) residents whose Individual Service Plans (ISP's) were reviewed for compliance included expected goals and outcomes. This deficient practice could likely negatively effect the safety and welfare of the residents, if they do not receive the care and services needed and the Direct Care Staff (DCS) do not know what the expected goals and outcomes are. The findings are: A. Record review of R #1's [redacted] dated [redacted] 22, revealed no documentation of any expected goals and outcomes for the resident. B. Record review of R #2's [redacted] dated [redacted] 21, revealed no documentation of expected goals and outcomes for the resident. C. Record review of R #3's [redacted] dated [redacted] 21, revealed no documentation of expected goals and outcomes for the resident. D. Record review of R #4's [redacted] dated [redacted] 22, revealed no documentation of expected goals and outcomes for the resident.	A 026		

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A 026	Continued From page 11 E. On 04/18/22 at 2:07 pm, during an interview with the Social Services Director, he confirmed that ISPs for R #s 1-4 did not include expected goals and outcomes.	A 026		
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	A 034	A034 CUSTODIAL DRUG PERMITS Resident to be found affected by the identified practice: Resident 1 of 4 did not have all physician ordered medications available for use. The facility obtained all medications for resident 1. Potential residents to be affected by identified practice. All. Corrective Action implemented so identified practice will not be repeated: The facility completed an audit on all residents to ensure that all medications on the MAR were in the medication carts. An in-service of staff on review of PRN medication need was completed. Monitoring: The facility will monitor performance by conducting MAR/medication audit monthly by the DON of AL or designee. Corrective action will be completed on 6/30/2022	6/30/2022

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(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 034	Continued From page 12	A 034		

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 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

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	4003	A. BUILDING: _____ B. WING _____	C 04/18/2022

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A 034	Continued From page 13 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. (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 - Based on record review, observation, and interview the facility failed to ensure for 1 (R #3) of 4 (R #s 1-4) residents that all physician ordered medications were available for use. This deficient practice could likely result in the residents being at risk of harm, if physician ordered medications are not available to be given as prescribed. The findings are:	A 034		

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A 034	Continued From page 14 A. Record review of R #3's Medication Administration Record (MAR) dated 04/01/22 through 04/15/22, revealed that the following 2 medications ((2 prescriptions dated 02-02-22) were on the MAR, but not in the medication compartment: [redacted] B. On 04/15/22 at 1:45 pm, during observation of the medication cart for R #3, the two (2) medications listed above were on the MAR , but were not found in the medication compartment. C. On 04/15/22 at 1:50 pm, during an interview, DCS #1 confirmed the medications listed on R #3's MAR were not available in medication compartment.	A 034		
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.	A 036	A036 NUTRITION Resident to be found affected by the identified practice: All residents could be at the risk of contracting foodborne illness and needing medical attention if residents consume foods that are not kept at safe temperatures. Potential residents to be affected by identified practice. All. Corrective Action implemented so identified practice will not be repeated: An in-service was done on 5/23/2022 for all dining employees. The in-service included understanding the correct temperatures for the freezers and the importance of notifying a supervisor if the temperature is below or above the mandated temperatures. Staff have been	6/30/2022

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A 036	Continued From page 15 (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; (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;	A 036	educated on how to monitor the temperatures as the deliveries are put away so the freezer goes back to the correct temperature. Monitoring: The Director of Dining or Designee will monitor the temperature logs as well as safety crew when on their daily rounds. If the temperatures are reading too high, maintenance will be notified immediately. Monitoring: On-going training will continue throughout 6/30/2022. Cleaning schedule will be implemented to ensure all coils and filters are checked on a monthly basis. Corrective action will be completed on 6/30/2022	

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A 036	Continued From page 16 (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 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,	A 036		

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A 036	Continued From page 17 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 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.	A 036		

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A 036	Continued From page 18 (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 inthe 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. (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.	A 036		

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A 036	Continued From page 19 (8) The facility shall ensure the following: (a) all perishable food is refrigerated, and thetemperature 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 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 D (3) (b) Based on record review and interview the facility failed to ensure that the temperatures in the facility freezers were kept at zero (0) degrees	A 036		

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A 036	Continued From page 20 Fahrenheit (F) or below, plus or minus three (3) degrees. This deficient practice could likely result in 24 (R #s 1-24) residents identified on the census provided by Administrator on 04/13/22, to be at risk of contracting foodborne illness and needing medical attention if residents consume foods that are not kept at safe temperatures. The findings are: A. Record review of the facility kitchen walk-in freezer temperature log for the month of February 2022, revealed that the temperatures were not recorded to be at zero (0) degrees F or below, plus or minus 3 degrees, for eighteen (18) out of the twenty-eight (28) days. B. Record review of the facility kitchen walk-in freezer temperature log for the month of March 2022, revealed that the temperatures were not recorded to be at zero (0) degrees F or below, plus or minus 3 degrees, for seventeen (17) out of the thirty-one (31) recorded days, C. Record review of the facility kitchen walk-in freezer temperature logs for 04/01/22 through 04/14/22, revealed that the temperatures were not recorded to be at zero (0) degrees F or below, plus or minus 3 degrees, for six (6) out or fourteen (14) days. D. On 04/18/22 at 2:07 pm, during an interview with the Administrator, she confirmed the findings listed above on the temperature logs for February, March and 04/01/22 through 04/14/22.	A 036		