| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 4071 | A. BUILDING: _____ B. WING _____ | C 08/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BONNEY HOME | 513 WILLIAM STREET GALLUP, NM 87301 |

| (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 |
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| A 000 | Initial Comments<br><br>The following deficiencies were cited during a Complaint survey completed on 08/08/24 for the state requirements of NMAC 8.370.14, Regulations for Assisted Living Facilities for Adults.<br><br>Resident Census: [redacted]<br><br>Complaint Intake NM #[redacted] was investigated with deficiencies cited.<br>Complaint Intake NM #[redacted] was investigated with deficiencies cited. | A 000 | | |
| A 027 | 8 NMAC 370.14.27 Resident Activities<br><br>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.<br>[8.370.14.27 NMAC - N, 7/1/2024]<br><br>This REQUIREMENT is not met as evidenced by:<br>8.370.14.27<br><br>Based on record review, observation and interview the facility failed to ensure that recreational and social activities were available to residents.<br><br>This could likely result in the the[redacted] (R#'s[redacted]) of [redacted] (R #'s[redacted] residents listed on the census provided by Direct Care Staff (DCS) #4 on 08/05/24, to negatively be affected because | A 027 | Home shall have a designated employee for Activities by 30th September 2024 to ensure that the residents participate in recreational and social activities which are appropriate to the residents' abilities. The facility will provide activities which will be relevant to their psychological and physical needs. The Manager of the day shall check daily to ensure the activities are done. A checklist will be developed to be signed by both the DCS contacting the activities and the Executive Director<br><br>The Activities Calender will be posted on the facility Notice Board for all to see. The facility will encourage all the residents to participate in the facility's activities effective from 08/15/2024<br>The facility will develop a checklist to be signed by the DCS leading the Activities checked by the Administrator or the Executive Director on weekly basis | 09/30/2024<br><br>08/16/2024 |

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| A 027 | Continued From page 1<br>activities were not being conducted. The findings are:<br><br>A. Record review of the resident activities calendar for the month of August 2024, posted in the facility lobby entrance, revealed that Sewing/Crafts were scheduled from 2:00 pm - 4:00 pm on 08/05/24.<br><br>B. On 08/05/24 at 3:30 pm during an observation of the facility living and dinning room, there were no sewing or crafts being conducted with residents.<br><br>C. On 08/05/24 at 3:36 pm during an interview, R #[redacted] stated that there are no activities for residents and they just stay in their room. R[redacted] stated that [redacted] was not aware of any crafts or sewing activities offered for residents on that day.<br><br>D. On 08/06/24 at 11:37 am during an interview, the Executive Director confirmed that activities were not being conducted for residents. | A 027 | | |
| A 032 | 8 NMAC 370.14.32 Reporting of Incidents<br><br>A. The facility shall insure that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 8.370.9 NMAC.<br>(1) The facility shall also report any incident or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within 24 hours or by the next business day, if it is a weekend or a holiday.<br>(2) The facility shall not delay a report to the complaint hotline while an internal investigation is conducted. | A 032 | The facility will ensure that all suspected cases or known incidents of resident abuse, neglect or exploitation will be reported in accordance with 8.370.9 NMAC<br>All employees will be trained in Incident Reporting by 09/30/2024<br>The facility will report all incidents or unusual occurrence which has or could threaten the health, safety or welfare of the residents and staff to the licensing authority complaint hotline within 24 hours or by the next business day if it is a weekend or a holiday<br><br>The facility will not delay a report to the complaint hotline while it is conducting an internal investigation | 9/30/24<br><br>08/16/24 |

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| A 032 | Continued From page 2<br>B. The facility is responsible for conducting and documenting the investigation of all incidents within five business days and shall submit a copy of the investigation report to the licensing authority. A copy of the report and the documentation, including the date and time that it was submitted to the licensing authority, shall be maintained on file at the facility. The investigation shall include the following:<br>(1) a narrative description of the incident;<br>(2) the result of the facility's investigation shall be recorded on the state approved incident report form for the current year, pursuant to 8.370.9 NMAC; and<br>(3) plans for further actions in response to the incident.<br>[8.370.14.32 NMAC - N, 7/1/2024]<br><br>This REQUIREMENT is not met as evidenced by:<br>8.370.14.32 A (1) and B<br><br>REPORTING OF INCIDENTS:<br>A. The facility shall ensure (to make certain that something shall occur or be the case) that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 8.370.9 NMAC.<br>(1) The facility shall also report any incident or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within twenty-four (24) hours or by the next business day, if it is a weekend or a holiday.<br>(3) All licensed health care facilities shall ensure that the reporter with direct knowledge of an incident has immediate access | A 032 | The facility will conduct and document the investigation of all incidents within five business days and shall submit a copy of the investigation report to the licensing authority. A copy of the report and the documentation, including the date and time that it was submitted to the licensing authority, shall be maintained on file at the facility. The investigation shall include the following:<br>(1) a narrative description of the incident;<br>(2) the result of the facility's investigation shall be recorded on the state approved incident report form for the current year, pursuant to 8.370.9 NMAC; and<br>(3) plans for further actions in response to the incident.<br><br>The facility will ensure that the staff with direct knowledge of an incident has immediate access of the bureau incident report form to allow the staff to respond to, report, and document incidents in a timely and accurate manner.<br>The Incident Report Folder will be checked weekly by the Executive Director to ensure compliance. | 08/15/2024<br><br>08/15/2024 |

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| A 032 | Continued From page 3<br>to the bureau incident report form to allow the reporter to respond to, report, and document incidents in a timely and accurate manner.<br><br>B. The facility is responsible for conducting and documenting the investigation of all incidents within five (5) business days and shall submit a copy of the investigation report to the licensing authority. A copy of the report and the documentation, including the date and time that it was submitted to the licensing authority, shall be maintained on file at the facility.<br><br>Based on record review and interview, the facility failed to ensure for [redacted] (Rs [redacted] and [redacted] of [redacted] (Rs [redacted] and [redacted] residents that:<br>1. The facility reported incidents of suspected abuse that had or could threaten the health, safety, or welfare of the residents and staff to the Licensing Authority within twenty-four (24) hours or by the next business day if it is a weekend or a holiday.<br>2. Conducted an internal investigation and submitted an investigation follow-up report to the Licensing Authority (LA) within five (5) business days from when an incident occurred.<br><br>These deficient practices could likely result in the [redacted] (R #s [redacted]) residents listed on the resident census provided by Direct Care Staff (DCS) #4 on 08/06/24, to be at risk of harm, injury, and/or death if there is suspected abuse or neglect and it is not reported to the Licensing Authority.<br><br>The findings are:<br><br>R #[redacted]<br><br>A. Record review of intake NM #[redacted] received on 06/27/24 revealed on [redacted]/24 at 1:50 pm: | A 032 | The facility will train all staff in Incident reporting to ensure that all incidents of suspected abuse that had or could threaten the health, safety, or welfare of the residents and staff are reported to the Licensing Authority within twenty-four (24) hours or by the next business day if it is a weekend or a holiday. The facility will conduct an internal investigation and submit an investigation follow-up report to the Licensing Authority (LA) within five (5) business days from when an incident occurred. | 08/15/2024 |

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| A 032 | Continued From page 4<br>1. An Aging and Long-Term Services Department (ALTSD) employee was making a routine visit to the facility and came across R #[redacted] bedroom. The ALTSD employee reported there was a strong feces smell outside of the room. The ALTSD employee entered the room and observed feces on R#[redacted] walls, chair, and back of [redacted] sweatpants.<br>2. The ALTSD employee asked DCS #1 to accompany her to R[redacted] room and asked for help cleaning up the feces. The ALTSD employee reported DCS #1 replied, "Who, me?" The ALTSD employee asked DCS #1 if she was the only employee in the facility, and DCS #1 confirmed she was. The ALTSD employee told DCS #1 she would not leave the room until the feces were clean. DCS #1 stated, "What the fuck," and then left the room.<br>3. The ALTSD employee reported DCS #1 returned to R[redacted] room with cleaning supplies and as she was wiping the feces off the chair, she frowned at R[redacted] and said, "What the fuck," once again.<br><br>B. Record review of a disciplinary warning to DCS #1 dated 07/17/24 revealed:<br>1. DCS #1 received a warning for disrespectful behavior.<br>2. DCS #1 was unprofessional and rude on 06/20/24 to a New Mexico Department of Health representative and a resident (name not documented on the record).<br><br>C. On 08/07/24 at 11:37 am, during an interview, the Executive Director confirmed:<br>1. He was made aware of the incident on 06/25/24 involving R[redacted] and DCS #1 by the ALTSD employee via email. He stated he could not recall exactly when the email was sent, but that he had been out of the country, so he did not | A 032 | | |

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| A 032 | Continued From page 5<br>read it until about three weeks after the incident, in July 2024.<br>2. He had a former staff who speaks [redacted] ask R[redacted] what happened, and the former staff told him that R[redacted] that DCS #1 did not shout at R[redacted] but asked [redacted] why [redacted] pooped all over [redacted].<br>3. He decided to write the disciplinary report and move DCS #1 to work at another house.<br>4. He did not report the incident to the Licensing Authority or submit a Follow-Up Report (FUR).<br><br>R[redacted]<br><br>D. Record review of a disciplinary warning to DCS #2 dated 07/17/24 revealed:<br>1. DCS #2 received a warning for disrespectful behavior.<br>2. DCS #2 was unprofessional and rude by shouting and yelling at residents (name not documented on the record).<br><br>E. On 08/07/24 at 11:49 am, during an interview, the Executive Director confirmed:<br>1. He was made aware via email that R[redacted] had confided in the ALTSD employee and stated that DCS #2 was yelling [redacted] and other residents. He stated he could not recall exactly when the email was sent, but that he had been out of the country, so he did not read it until about three weeks after the incident, in July 2024.<br>2. He decided to write the disciplinary report and move DCS #2 to work at another house.<br>3. He did not report the incident to the Licensing Authority or submit a Follow-Up Report (FUR). | A 032 | The facility will ensure that all suspected incidents of abuse by DCS will be reported to the Licensing Authority and submit a follow-up report of internal investigations and findings.<br>The facility will report any DCS and ALTSD altercations to the Licensing Authority The Executive Director will create a folder for such incidents. The report will be filed for inspection when asked and periodically checked by the Director<br><br>The facility will ensure that all suspected incidents of abuse by DCS will be reported to the Licensing Authority and submit a follow-up report of internal investigations and findings.<br>The facility will report any DCS and ALTSD altercations to the Licensing Authority. The facility will create a folder for such incidents and checked by the Director on weekly basis and as when needed. | 08/15/2024<br><br>08/15/24 |

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| A 033 | Continued From page 6 | A 033 | | |
| A 033 | 8 NMAC 370.14.33 Resident Rights<br><br>All licensed facilities shall understand, protect and respect the rights of all residents.<br>A. Prior to admission to a facility, a resident and legal representative shall be given a written description of the legal rights of the resident, translated into another language, if necessary, to meet the resident's understanding.<br>B. If the resident has no legal representative and is incapable of understanding his or her legal rights, a written copy of the resident's legal rights shall be provided to the most significant responsible party in the following order:<br>(1) the resident's spouse;<br>(2) significant other;<br>(3) any of the resident's adult children;<br>(4) the resident's parents;<br>(5) any relative the resident has lived with for six or more months before admission;<br>(6) a person who has been caring for, or paying benefits on behalf of the resident;<br>(7) a placing agency;<br>(8) resident advocate; or<br>(9) the ombudsman.<br>C. The resident rights shall be posted in a conspicuous public place in the facility and shall include the telephone numbers for the incident management hotline and for the state ombudsman program.<br>D. To protect resident rights, the facility shall:<br>(1) treat all residents with courtesy, respect, dignity and compassion;<br>(2) not discriminate in admission or services based on gender, sexual orientation, resident's age, race, religion, physical or mental disability, or nationality;<br>(3) provide residents written information about all services provided by the facility and their costs | A 033 | | |

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| A 033 | Continued From page 7 | A 033 | | |

and give advance written notice of any changes;
(4) provide residents with a safe and sanitary living environment;
(5) provide humane care for all residents;
(6) provide the right to privacy, including privacy during medical examinations, consultations and treatment;
(7) protect the confidentiality of the resident's medical record;
(8) protect the right to personal privacy, including privacy in personal hygiene; privacy during visits with a spouse, family member or other visitor; and privacy in the resident's own room;
(9) protect the right to communicate privately and freely with any person, including private telephone conversations and private correspondence; and the right to receive visits from family, friends, lawyers, ombudsmen and community organizations;
(10) prohibit the use of any and all physical and chemical restraints;
(11) ensure that residents:
(a) are free from physical and emotional abuse neglect and misappropriation/or exploitation;
(b) are free from financial abuse and misappropriation by facility staff or management;
(c) are free to participate in religious, social, community and other activities and freely associate with persons in and out of the facility;
(d) are free to leave the facility and return without unreasonable restriction;
(e) are given a 15 calendar day, written notice before room transfers or discharge from the facility unless there is immediate danger to self or others in the facility;
(f) have an environment that fosters social interaction and avoids social isolation;
(g) or their surrogate decision makers, are informed of and consent to the services provided

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| A 033 | Continued From page 8<br>by the facility;<br>(h) have the right to voice grievances to the facility staff, public officials, the ombudsmen, any state agency, or any other person, without fear of reprisal or retaliation;<br>(i) have the right to have their complaints addressed within 14 calendar days or sooner;<br>(j) have the right to participate in the development of their care plan/ISP;<br>(k) have the right to choose a doctor, pharmacist and other health care provider(s);<br>(l) have the right to participate in medical treatment decisions and formulate advance directives such as living wills and powers of attorney;<br>(m)have the right to keep and use personal possessions without loss or damage;<br>(n) have the right to manage and control their personal finances;<br>(o) have the right to freely organize and participate in a resident association that may recommend changes in the facility's policies, services and management;<br>(p) shall not be required to work for the facility; and<br>(q) are protected from unjustified room transfers or discharge.<br>E. The resident's rights shall not be restricted unless this restriction is for the health and safety of the resident, agreed to by the resident or the resident's surrogate decision maker and outlined in the resident's individual service plan.<br>[8.370.14.33 NMAC - N, 7/1/2024]<br><br>This REQUIREMENT is not met as evidenced by:<br>8.370.14.33 D (1) (11) (m)<br><br>Based on observation, record review, and interview, the facility failed to ensure for [redacted] (R #s [redacted] | A 033 | | |

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| A 033 | Continued From page 9<br>[redacted] and [redacted] of [redacted] (R #s [redacted] and [redacted] residents that:<br>1. Residents had the right to keep and use personal possessions (food and beverages) in their rooms.<br>2. Residents were treated with respect, dignity, and compassion.<br><br>These deficient practices could likely result in residents being at risk for harm if:<br>1. They are not able to keep their possessions (food/beverages) in their rooms to have at their leisure.<br>2. They are at risk for psychosocial harm due to not being treated with dignity, respect, compassion. The findings are:<br><br>R [redacted]<br><br>A. Record review of intake NM # [redacted] received on 06/27/24 revealed on 06/25/24 at 1:50 pm:<br>1. An Aging and Long-Term Services Department (ALTSD) employee was making a routine visit to the facility and came across R [redacted] bedroom. The ALTSD employee reported there was a strong feces smell outside of the room. The ALTSD employee entered the room and observed feces on R [redacted] walls, chair, and back of [redacted] sweatpants.<br>2. The ALTSD employee asked Direct Care Staff (DCS) #1 to accompany her to R [redacted] room and asked for help cleaning up the feces. The ALTSD employee reported DCS #1 replied, "Who, me?" The ALTSD employee asked DCS #1 if she was the only employee in the facility, and DCS #1 confirmed she was. The ALTSD employee told DCS #1 she would not leave the room until the feces were clean. DCS #1 stated, "What the fuck," and then left the room. | A 033 | The facility will allow all residents who want to keep their food and beverages in their rooms to do so. Effective 08/16/24 The Director will have periodic conversation with the residents to ensure compliance and address any concerns<br><br>The facility will retrain all the staff on Residents Rights by 09/30/24 to ensure that staff are equipped to treat all residents with respect, dignity and compassion.<br>The management will conduct frequent conversations with the residents to identify any signs or suspicions of abuse and report them to the Licensing Authority and action taken to prevent harm | 08/16/24<br><br>09/30/24 |

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| A 033 | Continued From page 10<br>3. The ALTSD employee reported DCS #1 returned to R[redacted] room with cleaning supplies and as she was wiping the feces off the chair, she frowned at R[redacted] and said, "What the fuck," once again.<br><br>B. On 08/06/24 at 11:57 am, during an interview, the ALTSD employee stated:<br>1. She visited R[redacted] at the facility on 06/25/24 at 1:50 pm. She was standing outside R[redacted] room and could smell feces and entered the room. Upon entering the room, she observed feces on the resident's sweatpants (which were hanging on a nearby chair), the chair, and on the wall. She stated the feces on the pants were wet because the resident told[redacted] just took them to the bathroom and cleaned them, and the feces on the wall and chair appeared to be dried.<br>2. ALTSD employee left the room and asked DCS #1 to help her clean up the feces, to which DCS #1 replied, "Who, me?" She asked DCS #1 if she was the only employee working, and DCS #1 said she was. She told DCS #1 she wanted her to help[redacted] clean up the feces, and DCS #1 stood there and did not budge. She told DCS #1 she could not leave the room until the feces was cleaned, and DCS #1 responded stating, "What the fuck," and then left the room.<br>3. ALTSD employee stated DCS #1 returned to the room with cleaning supplies, and she (ALTSD employee) stepped into the doorway of R[redacted] room. DCS #1 was wiping the feces off the chair, she frowned at the resident and again said, "What the fuck." ALTSD employee stated DCS #1 said that to[redacted] in a loud tone.<br>4. ALTSD employee stated R[redacted] seemed to look scared (not making eye contact and had big eyes). | A 033 | | |

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| A 033 | Continued From page 11<br>C. On 08/07/24 at 8:47 am, during an interview, R [redacted] stated:<br>1. DCS #1 helped [redacted] clean up feces from an accident in [redacted] room on 06/25/24.<br>2. When asked if DCS #1 got upset with [redacted] nodded [redacted] head yes (vertically up and down, affirmative).<br>3. When asked what DCS #1 told [redacted] did not respond. When asked if DCS #1 told [redacted] "What the fuck," [redacted] nodded [redacted] head yes, and said [redacted] remembered that.<br><br>D. Record review of a disciplinary warning to DCS #1 dated 07/17/24 revealed:<br>1. DCS #1 received a warning for disrespectful behavior.<br>2. DCS #1 was unprofessional and rude on 06/20/24 to a New Mexico Department of Health representative and a resident (name not documented on the record).<br><br>E. On 08/07/24 at 11:37 am, during an interview, the Executive Director confirmed:<br>1. He had a former staff who speaks Navajo ask R [redacted] what happened, and the employee told [redacted] that R [redacted] said that DCS #1 did not shout at R [redacted] but asked [redacted] why [redacted] pooped all over [redacted]<br>2. He decided to write the disciplinary report and move DCS #1 to work at another house.<br><br>F. On 08/07/24 at 4:40 pm, during an interview, DCS #1 stated:<br>1. On 06/25/24 at 1:50 pm, she was approached by an ALTSD employee while she was preparing a meal for the residents and was on the phone with a doctor regarding a matter with another resident. She stated the ALTSD employee told her she saw feces on the wall in R | A 033 | | |

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| A 033 | Continued From page 12<br>[redacted] room and wanted her to clean it right away. She stated she told the ALTSD employee that she was busy, and would help [redacted] clean the feces when she finished her phone call with the doctor. She stated the ALTSD employee said she would not leave until the feces were cleaned up, and waited for her (DCS #1) to finish her phone call with the doctor.<br>2. DCS #1 stated after she got off the phone, the ALTSD employee went into R[redacted] room and said there were feces on the wall and that it smelled and asked her if she could clean it. DCS #1 told the ALTSD employee that she was cooking right now and the ALTSD employee told her, "No, now." DCS #1 stated she went to the kitchen, turned off the stove, got cleaning supplies, and came back and started scrubbing the wall and the chair.<br>3. DCS #1 stated while she was cleaning, she was mumbling to herself, "What the fuck, what the hell." She stated she did not frown at R[redacted] and did not say it to [redacted] but mumbled it to herself. She confirmed that the ALTSD employee heard her say, "What the fuck, what the hell."<br><br>R #[redacted]<br><br>G. On 08/07/24 at 10:33 am, during an observation of the facility kitchen, the pantry had individual bins for R #s[redacted] and [redacted] to hold each resident's snacks (bins were labeled with resident names).<br><br>H. On 08/07/24 at 1:41 pm, during an interview, the ALTSD employee reported the residents at the facility were not allowed to have their own snacks or beverages kept in their rooms.<br><br>I. On 08/08/24 at 10:05 am, during an interview, | A 033 | The facility will train all DCS on the Activities of Daily Living to ensure that all DCS know their roles. 09/30/24<br><br>The facility will design a Housekeeping check list with an hourly check of all residents' rooms and half an hour check of the Restrooms. 09/15/24<br><br>The facility has also spoken with the ALTSD employee to arrange for time to speak to the DCS and train them on the role of the Ombudsman The Director will coordinate to ensure the training happens. 09/30/24 | |

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| A 033 | Continued From page 13<br>the Executive Director stated the residents are allowed to eat in their rooms, but they cannot keep the food in their rooms. He stated there are a few residents with a [redacted] diagnosis, and he was worried about them eating too much [redacted]<br><br>R #3<br><br>J. Record review of a disciplinary warning to DCS #2 dated 07/17/24 revealed:<br>1. DCS #2 received a warning for disrespectful behavior.<br>2. DCS #2 was unprofessional and rude by shouting and yelling at residents (name not documented on the record).<br><br>K. On 08/07/24 at 11:49 am during an interview, the Executive Director stated that it was brought to his attention that DCS #2 had yelled at other residents prior in the year to include R[redacted] and two other residents that no longer reside at the facility.<br><br>L. On 08/07/24 at 3:53 pm during an interview, R[redacted] confirmed that DCS #2 yelled at [redacted] and other residents for a period of about one month. R[redacted] did not say specifically what DCS #2 yelled but stated that [redacted] felt that it was wrong of DCS #2 to do that.<br><br>M. On 08/08/24 at 8:52 am during an interview, DCS #2 confirmed that she received a written warning for yelling at residents. DCS #2 stated that she did not get an explanation of the write up and did not identify which residents she yelled at. DCS #2 then stated, "it seems like its always me." related to receiving disciplinary warnings. | A 033 | The facility will retrain all staff on Residents' Rights, staff responsibilities, residents' abuse and neglect by 09/30/24 to protect both staff and residents and prevent abuse and neglect. The training will be conducted by the Director using State approved training materials<br><br>All incidents of abuse and suspicion of abuse will be reported to the Licensing Authority immediately and appropriate action taken by the facility. DCS was disciplined by the facility by the Director | 09/30/24<br><br>08/16/24 |
| A 036 | 8 NMAC 370.14.36 Nutrition | A 036 | | |

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| A 036 | Continued From page 14<br>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.<br>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.<br>(1) Meal service: The facility shall:<br>(a) serve at least three meals or their equivalent each day at regular times with no more than 16 hours between the evening meal and morning meal with snacks freely available;<br>(b) provide snacks of nourishing quality and post on the daily menu;<br>(c) develop menus enjoyed by the residents and served at normal intervals appropriate to the residents' preferences;<br>(d) post the weekly menu, including snacks where residents and families are able to view it; posted menus shall be followed and any substitution shall be of equivalent nutritional value and recorded on the posted menu; identical menus shall not be used within a one week cycle;<br>(e) have special menus or meal items following guidelines from the resident's physician for residents who have medically prescribed special diets;<br>(f) serve all residents in a dining room except for residents with a temporary illness, or with documented specific personal preference to have | A 036 | | |

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| A 036 | Continued From page 15 | A 036 | | |

meals in their room;
(g) allow sufficient time for meals to enable residents to eat at a leisurely pace and to socialize; and
(h) contact the resident's PCP within 48 hours if a resident consistently refuses to eat.
(2) Staff in-service training: The facility shall provide an in-service training program for staff that are involved in food preparation at orientation and at least annually and that includes:
(a) instruction in proper food storage;
(b) preparation and serving food;
(c) safety in food handling;
(d) appropriate personal hygiene; and
(e) infectious and communicable disease control.
B. Dietary records: The facility shall maintain the following documentation onsite:
(1) a systematic record of all menus and revisions, including snacks, for a minimum of thirty
(30) calendar days;
(2) a systematic record of therapeutic diets as prescribed by a PCP;
(3) a copy of the most recent licensing inspection and for facilities with 10 or more residents, a copy of the New Mexico environment department inspection with notations made by the facility of action taken to comply with recommendations or citations; and
(4) a daily log of the recorded temperatures for all facility refrigerators, freezers and steam tables maintained and available for inspection for 30 calendar days.
C. Clean and sanitary conditions: All practices shall be in accordance with the standards of the state environment department, pursuant to 7.6.2 NMAC.
(1) Kitchen sanitation:

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| A 036 | Continued From page 16<br>(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.<br>(b) Utensils shall be stored in a clean, dry place protected from contamination.<br>(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.<br>(2) Washing and sanitizing kitchenware:<br>(a) All reusable tableware and kitchenware shall be cleaned in accordance with procedures that include separate steps for prewashing, washing, rinsing and sanitizing.<br>(b) Proper dishwashing procedures and techniques shall be utilized and understood by the dishwashing staff.<br>(c) Periodic monitoring of the operation of the detergent dispenser, washing, rinsing and sanitizing temperatures shall be performed and documented.<br>(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.<br>(3) Sinks for hand washing shall include hot and cold running water, hand-washing soap and disposable towels.<br>(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.<br>(5) Cooks and food handlers shall wear clean | A 036 | | |

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| A 036 | Continued From page 17 | A 036 | | |

outer garments and hair nets or caps and shall keep their hands clean at all times when engaged in handling food, drink, utensils or equipment in accordance with the local health authority. Disposable gloves shall be used in accordance with the local health authority.
D. Food management: The facility shall store, prepare, distribute and serve food under sanitary conditions and in accordance with the regulations governing food establishments of local health authority having jurisdiction.
(1) The facility shall ensure that a minimum of a three calendar day supply of perishables and a five calendar day supply of non-perishables or canned foods is available for the residents.
(2) The facility refrigerator and freezer shall have an accurate thermometer which reads within or not more than plus or minus three degrees fahrenheit of the required temperature, located in the warmest section of the refrigerator and freezer and shall be accessible and easily read.
(a) The temperature of the refrigerator shall be 35 - 41 degrees fahrenheit.
(b) Freezer temperatures shall be maintained at zero degrees fahrenheit or below.
(3) Refrigerators and freezers shall be kept clean and sanitary at all times. Food stored in refrigerators and freezers shall be covered, dated and labeled. Unused leftover food shall be discarded after three calendar days.
(4) Steam tables, hot food tables, slow cookers, crock pots and other hot food holding devices shall not be used in heating or reheating food. Hot food temperatures shall be checked periodically to insure that a minimum of 140 degrees fahrenheit is maintained.
(5) Medication, biological specimens, poisons, detergents and cleaning supplies shall not be kept in the same storage areas used for storage

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| A 036 | Continued From page 18 | A 036 | | |

of foods. Medications shall not be stored in the refrigerator with food; an alternate refrigerator for medication shall be used.
(6) Canned or preserved foods shall be procured from sources that process the food under regulated quality and sanitation controls. This does not preclude the use of local fresh produce. The facility shall not use home-canned foods.
(7) Dry or staple food items shall be stored at least six inches off the floor in a ventilated room that is not subject to sewage, waste water back-flow or contamination by condensation, leakage, rodents or vermin.
(8) The facility shall ensure the following:
(a) all perishable food is refrigerated and the temperature is maintained no higher than 41 degrees fahrenheit;
(b) the temperature for all hot foods is maintained at 140 degrees fahrenheit; and
(c) all displayed or transported food is protected from environmental contamination and maintained at proper temperatures in clean containers, cabinets or serving carts.
E. Milk:
(1) Raw milk shall not be used.
(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

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| A 036 | Continued From page 19<br>disposal, treatment facilities and private wells. [8.370.14.36 NMAC - N, 7/1/2024]<br><br>This REQUIREMENT is not met as evidenced by:<br>8.370.14.36 D (3)<br><br>Based on observation and interview, the facility failed to ensure that food was stored in safe, clean, and sanitary conditions. This deficient practice could likely cause harm to residents if they were to ingest food that was unsanitary and caused foodborne illness (illness resulting in the consumption of contaminated or toxic food). The findings are:<br><br>A. On 08/07/24 at 10:31 am, during observation of the facility refrigerator in the kitchen, revealed the following:<br>1. In the crisper drawer, one clear bag contained two brown, rotten (decayed, spoiled) heads of lettuce.<br>2. In the crisper drawer, one brown, rotten head of lettuce, unbagged sat in the drawer.<br>3. In the crisper drawer, one bagged head of rotten, blackened (rotten) cauliflower.<br>4. In the crisper drawer, one clear bag contained three rotten, red tomatoes.<br>5. In the crisper drawer, one clear bag contained one rotten zucchini.<br>6. Two bags of rotten and moldy grapes (dust-like, blue and black colored fungal material).<br><br>B. On 08/07/24 at 10:32 am, during an interview, Direct Care Staff (DCS) #3 confirmed the fruits and vegetables in the refrigerator was rotten in the crisper drawer. She confirmed the rotten grapes were going to be served to the residents for lunch that day and proceeded to throw the | A 036 | The facility will design a checklist for food check in all the refrigerators, pantry and the kitchen cabinets, signed by both the Supervisor and DCS daily to prevent expired and rotten food been served to the residents. Management will conduct visual food checks randomly to ensure compliance.<br>The facility will ensure that food is stored in safe clean and sanitary conditions. The facility has already provided thermometers for all the freezers and refrigeration. Fresh produce and fruits will be provided on day of use instead of the weekly supply to ensure freshness immediately 08/15/24.<br><br>All DCS handling food will attend Servsafe Food Handling course by 09/30/24 and certification will be posted on the facility Notice Board. | 08/15/24<br><br>09/30/24 |

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| A 036 | Continued From page 20<br>grapes in the garbage. | A 036 | | |
| A 038 | 8 NMAC 370.14.38 Housekeeping Services<br><br>The facility shall maintain the interior and exterior of the facility in a safe, clean, orderly and attractive manner. The facility shall be free from offensive odors, safety hazards, insects and rodents and accumulations of dirt, rubbish and dust.<br>A. All common living areas and all bathrooms shall be cleaned as often as necessary to maintain a clean and sanitary environment.<br>B. Combustibles such as cleaning rags or flammable substances shall be stored in closed metal containers in approved areas that provide adequate ventilation. Combustibles shall be stored away from the food preparation areas and away from the resident rooms.<br>C. Poisonous or flammable substances shall not be stored in residential areas, food preparation areas or food storage areas. If hazardous chemicals are stored on the property, material safety data sheets shall be maintained and stored in the same area as the chemicals, pursuant to state environment department requirements, 11.5.2.9 NMAC.<br>[8.370.14.38 NMAC - N, 7/1/2024]<br><br>This REQUIREMENT is not met as evidenced by:<br>8.370.14.38 A<br><br>Based on observation and interview the facility failed to ensure that bathrooms were cleaned to maintain a clean and sanitary environment.<br><br>This deficient practice could likely result in the [redacted] (R #'s [redacted] residents listed on the resident census | A 038 | | |

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| A 038 | Continued From page 21<br>provided by Direct Care Staff (DCS) #4 on 08/06/24 to be at risk of contracting illness if the bathrooms are not clean and sanitary. The findings are:<br><br>A. On 08/07/24 at 8:46 am, during an observation of the community bathroom, there were feces on the floor, the toilet was not completely flushed and there was feces around the rim of the toilet.<br><br>B. On 08/07/24 at 10:57 am, during an observation of the community bathroom, feces was still in the toilet and around the rim of the toilet. There was remnants of feces on the floor that had not been completely cleaned. In a second stall, there were feces on the front of the toilet tank.<br><br>C. On 08/07/24 at 11:42 am during an interview with the Executive Director, he confirmed that there was feces on the floor and toilet in the community bathroom. | A 038 | The facility will design a Housekeeping check list with an hourly check of all residents' rooms and half an hour check of the Restrooms daily to ensure a clean and sanitary environment for the residents. All DCS will be trained on Housekeeping by the Director using State approve training materials | 08/22/24 |
| A 042 | 8 NMAC 370.14.42 Maintenance of Building and Grounds<br><br>The building(s) shall be maintained in good repair at all times. Such maintenance shall include, but is not limited to, the following areas:<br>A. Storage areas/grounds: Storage areas and grounds shall be maintained in a safe, sanitary and presentable condition at all times. Storage areas and grounds shall be kept free from accumulation of refuse, weeds, discarded furniture, old newspapers or other items that create a fire hazard.<br>B. Floors: Floors shall be maintained stable, firm and free of tripping hazards. | A 042 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 4071 | A. BUILDING: _____ B. WING _____ | C 08/08/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BONNEY HOME | 513 WILLIAM STREET GALLUP, NM 87301 |

| (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 042 | Continued From page 22<br>[8.370.14.42 NMAC - N, 7/1/2024]<br><br>This REQUIREMENT is not met as evidenced by:<br>8.370.14.42<br><br>Based on observation and interview, the facility failed to ensure window screens were in good repair. This deficient practice could put the[redacted] (R #s [redacted]) of [redacted] residents identified on the resident census provided by Direct Care Staff (DCS) #4 on 08/06/24, to be at risk of harm if the facility is not in good repair and the residents are subjected to insects, rodents, dust or debris entering through the bent frames, torn or missing window screens. The findings are:<br><br>A. On 08/07/24 at 8:46 am, during an observation of the community bathroom #7, the window screen was torn completely off with only a small section of the screen remained.<br><br>B. On 08/07/24 at 11:42 am, during an interview, the Executive Director observed the window screen in the community bathroom #7 and confirmed it was torn completely off with only a small section of the screen remained. | A 042 | The window screen was replaced on 08/17/24<br>The Supervisor will conduct a daily facility walk to identity any maintenance issues and repaired to avoid injury | 08/17/24 |