Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2200	A. BUILDING: _____ B. WING _____	C 03/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CIELOS ABIERTOS ASSISTED LIVING	3111 TOREADOR NE ALBUQUERQUE, NM 87111

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A 000	Initial Comments The following deficiencies were cited during a Full-Onsite/Complaint survey completed on 03/16/22 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living Facilities. Complaint Intake #NM46882 was unsubstantiated with deficiencies cited. Complaint Intake #NM40922 was unsubstantiated with no deficiencies cited.	A 000		
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	A 034		

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A 034	Continued From page 1 requirements for medications. (4) All medications, including non-prescription medications, shall be stored in separate compartments for each resident and all medications shall be labeled with the resident's name. (5) A resident may be permitted to keep his or her own medication in a locked compartment in his or her room for self-administration, if the physician's order deems it appropriate. (6) The facility shall not require the residents to purchase medications from any particular pharmacy. (7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for 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.	A 034		

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A 034	Continued From page 2 (10) The record of medication destruction shall be signed by the administrator or designee and the pharmacist and shall be kept on file at the facility. B. Consulting pharmacist. The facility shall maintain records demonstrating that the consulting pharmacist provides the following oversight and guidance. (1) Reviews the medication regimen as needed, but at least quarterly/every three (3) months, to determine that all medications and records are accurate and current. All irregularities shall be reported to the administrator of the facility and these irregularities shall be resolved by the administrator within seventy-two (72) hours. (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 (1) (7) Reference NFPA 99 (Healthcare Facilities Code) 2012 Edition NFPA 99.	A 034		

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A 034	Continued From page 3 11.3 Cylinder and Container Storage Requirements. 11.3.1* Storage for nonflammable gases equal to or greater than 85 m3 (3000 ft3) at STP shall comply with 5.1.3.3.2 and 5.1.3.3.3. 11.3.2* Storage for nonflammable gases greater than 8.5 m3 (300 ft3), but less than 85 m3 (3000 ft3), at STP shall comply with the requirements in 11.3.2.1 through 11.3.2.3. 11.3.2.1 Storage locations shall be outdoors in an enclosure or within an enclosed interior space of noncombustible or limited combustible construction, with doors (or gates outdoors) that can be secured against unauthorized entry. 11.3.2.2 Oxidizing gases, such as oxygen and nitrous oxide, shall not be stored with any flammable gas, liquid, or vapor. 11.3.2.3 Oxidizing gases such as oxygen and nitrous oxide shall be separated from combustibles or materials by one of the following: (1) Minimum distance of 6.1 m (20 ft) (2) Minimum distance of 1.5 m (5 ft) if the entire storage location is protected by an automatic sprinkler system designed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems (3) Enclosed cabinet of noncombustible construction having a minimum fire protection rating of 1?2 hour 11.3.2.4 Gas cylinder and cryogenic liquid container storage	A 034		

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A 034	Continued From page 4 shall comply with 5.1.3.5.12. 11.3.2.5 Cylinder and container storage locations shall comply with 5.1.3.3.1.7 with respect to temperature limitations. 11.3.2.6 Cylinder or container restraints shall comply with 11.6.2.3. 11.3.2.7 Smoking, open flames, electric heating elements, and other sources of ignition shall be prohibited within storage locations and within 6.1 m (20 ft) of outside storage locations. 11.3.2.8 Cylinder valve protection caps shall comply with 11.6.2.3. 11.3.2.9 Gas cylinder and liquefied gas container storage shall comply with 5.1.3.5.12. 11.3.3 Storage for nonflammable gases with a total volume equal to or less than 8.5 m3 (300 ft3) shall comply with the requirements in 11.3.3.1 and 11.3.3.2. 11.3.3.1 Individual cylinder storage associated with patient care areas, not to exceed 2100 m2 (22,500 ft2) of floor area, shall not be required to be stored in enclosures. 11.3.3.2 Precautions in handling cylinders specified in 11.3.3.1 shall be in accordance with 11.6.2. 11.3.3.3 When small-size (A, B, D, or E) cylinders are in use, they shall be attached to a cylinder stand or to medical equipment designed to receive and hold compressed gas cylinders. 11.3.3.4 Individual small-size (A, B, D, or E)	A 034		

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A 034	Continued From page 5 cylinders available for immediate use in patient care areas shall not be considered to be in storage. 11.3.3.5 Cylinders shall not be chained to portable or movable apparatus such as beds and oxygen tents. 11.3.4 Signs. 11.3.4.1 A precautionary sign, readable from a distance of 1.5 m (5 ft), shall be displayed on each door or gate of the storage room or enclosure. 11.3.4.2 The sign shall include the following wording as a minimum: CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING 2012 Edition Based on observation and interview, the facility failed to ensure that: 1. All medications, including non-prescription drugs, were stored in a locked compartment or in a locked room, as approved by the board of pharmacy. 2. Oxygen cylinder tanks were stored securely, not in a room with combustibles (towels, sheets and other bedding) and protected from accidental damage or dislocation. These deficient practices could likely result in the 6 (R #s 1-6) residents identified on the resident census list provided by the Administrator on 03/10/22, to be at risk of harm, injury, or death if the: 1. Residents medications were lost, stolen, or taken in error, if the unlocked medications were	A 034		

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A 034	Continued From page 6 accessible to residents, staff, or visitors. 2. Oxygen cylinder tanks were to fall over damaging the valve, causing them to depressurize during a fire, the oxygen feeds the fire, causing it to spread faster and/or the cylinder tanks act like missiles and hit a resident/staff/rescuer during a fire. The findings are: Findings related to storage of medications: A. On 03/10/22 at 9:05 am, during an observation of the facility, two overhead medication cabinets, and single file cabinet containing medications were unlocked. B. On 03/10/22 at 2:40 pm, during an interview with the Administrator, he confirmed that the two overhead and single file cabinets containing medications were unlocked. Findings related to oxygen: C. On 03/10/22 at 9:41 am, during an observation of the external grounds, 1 oxygen tank was observed to be unsecured laying on the ground near the northside gate. D. On 03/10/22 at 9:59 am, during an observation of the garage, 12 large and 7 small unsecured oxygen tanks were observed to be stored with combustibles (towels, sheets and other bedding) E. On 03/10/22 at 10:08 am, during an interview with DCS #1, she confirmed the findings of the unsecured oxygen tank outside and the unsecured tanks in the garage stored with combustibles.	A 034	Facility completed staff re-education on medication administration requirements to include, but not limited to the importance of locking cabinets and safety of the residents. Employees signed aknowledgement of understanding. In addition, sign has been posted to staff "DO NOT LEAVE MEDICINE CABINETS UNLOCKED" On daily basis facility supervisor will monitor the medication cabinets are locked and secure. Also facility administrator will monitor employee compliance weekly. New staff will receive education with new hire training. The facility administrator contacted the local oxygen company to request security base for oxygen tanks. The oxygen company deliveried bases immdiately & understand this is a requirement. Designated area for Oxygen tanks storaage away from combustible or flammable material. Posted "OXYGEN IN USE" sign to alert oxygen is being stored, handled or used. Local oxygen company removed tanks not neing used and/or designated to a patient. House supervisor will check The facility supervisor will monitor employee compliance once a week and every new oxygen tanks are delivery.	3/14/2022 3/14/2022

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A 038	7 NMAC 8.2.38 Housekeeping Services HOUSEKEEPING SERVICES. The facility shall maintain the interior and exterior of the facility in a safe, clean, orderly and attractive manner. The facility shall be free from offensive odors, safety hazards, insects and rodents and accumulations of dirt, rubbish and dust. A. All common living areas and all bathrooms shall be cleaned as often as necessary to maintain a clean and sanitary environment. B. Combustibles such as cleaning rags or flammable substances shall be stored in closed metal containers in approved areas that provide adequate ventilation. Combustibles shall be stored away from the food preparation areas and away from the resident rooms. C. Poisonous or flammable substances shall not be stored in residential areas, food preparation areas or food storage areas. If hazardous chemicals are stored on the property, material safety data sheets shall be maintained and stored in the same area as the chemicals, pursuant to state environment department requirements, 11.5.2.9 NMAC. [7.8.2.38 NMAC - Rp, 7.8.2.39 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.38 C Based on observation and interview, the facility failed to ensure harmful/poisonous chemicals were stored in secure manner and not accessible to residents. This deficient practice could likely result in the 6 (R #s 1- 6) residents listed on the census	A 038		

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A 038	Continued From page 8 provided by the Administrator 03/10/22 to be at risk of harm, injury, or death if residents were to ingest chemicals from unsafe items. The findings are: A. On 03/10/22 at 9:57 am, during observation, the laundry room was observed to be open and the following chemicals were found in unlocked cabinets: 1. One (1) 17 oz (ounce) bug spray 2. One (1) 32 oz liquid glass cleaner 3. One (1) 24 oz liquid insect spray 4. One (1) 24 oz liquid bleach 5. One (1) 32 oz liquid laundry detergent B. On 03/10/22 at 10:07 am, during observation, the following chemicals were found unlocked under the kitchen sink: 1. One (1) 71 oz bottle of liquid bleach 2. One (1) 17 oz bottle of stainless steel cleaner C. On 03/10/22 at 10:08 am, during an interview with Direct Care Staff (DCS) #1, she confirmed all findings listed above.	A 038	The laundry room and individual cabinets have been secured to prevent access; to ensure harmful/poisonous chemicals are stored in a secure maner and not accessible to residents. Facility supervisor will monitor employee complaince on daily basis.	3/14/2022
A 042	7 NMAC 8.2.42 Maintenance of Building and Grounds MAINTENANCE OF BUILDING AND GROUNDS: The building(s) shall be maintained in good repair at all times. Such maintenance shall include, but is not limited to, the following areas: 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	A 042		

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A 042	Continued From page 9 furniture, old newspapers or other items that create a fire hazard. B. Floors. Floors shall be maintained stable, firm and free of tripping hazards. [7.8.2.42 NMAC - Rp, 7.8.2.43 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.42 A B Based on observation and interview the facility failed to ensure that: 1. The living room ceiling was maintained in good order. 2. The patio/porch located at the back of the home was maintained in a safe, and presentable condition; free from tripping, falling, and other hazards. This deficient practice could likely result in the 6 (R #s 1-6) residents listed on the census, provided by the Administrator on 03/10/22, to be at risk of harm, injury, and/or death, if they were to trip and fall or the leaking ceiling were to fall on them. The findings are: A. On 03/10/22 at 8:58 am, during an observation of the facility the following was revealed, the: 1. Living room ceiling appeared to be wet and sagging. 2. Patio/back porch had a large build up of ice on the cemented floor. 3. Patio/porch ceiling directly off the living room was leaking and the ceiling had partially collapse.	A 042	Winter storm property damage; leaks to roof have been repaired. 1.- Living Room Celiling----repairs complete 2.- Ice on Patio / back cement floor---removed, cleaned, & free from hazards. 3.- Patio /back porch-----repairs complete Facility administrator will superviser monthly: MAINTENANCE OF BUILDING AND GROUNDS.	3/19/2022 3/11/2022 3/23/2022

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A 042	Continued From page 10 B. On 03/10/22 at 9:50 am, during an interview, the Administrator confirmed the findings listed above and stated that he would get someone to fix them right away.	A 042		