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| A 000 | Initial Comments<br><br>The following deficiencies were cited during an Initial/Complaint survey completed on 10/08/20 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living Facilities.<br><br>Complaint Intake # NM46774 was substantiated with deficiencies cited. | A 000 | | |
| A 031 | 7 NMAC 8.2.31 Handling of Emergencies<br><br>HANDLING OF EMERGENCIES:<br>A. Upon admission, each resident or surrogate decision maker shall designate a primary care practitioner (PCP) to be called in case of a medical necessity. Each resident or representative shall also designate a concerned person to be called in case of an emergency. The facility shall establish a policy to secure medical assistance if the resident's own physician is not available. In the event of an illness or an injury to the resident, the PCP or a physician extender shall be notified by the facility.<br>B. The facility shall have a first aid kit that contains at a minimum, gauze, adhesive tape, antiseptic ointment and bandages for emergencies. The first aid kit shall be kept in a designated, easily accessible place within the facility.<br>C. An easily accessible and functional telephone shall be available in each facility for summoning help in case of an emergency. A pay telephone does not fulfill this requirement.<br>D. A list of emergency numbers including: fire department, police department, ambulance services and poison control shall be posted near each public telephone in the facility.<br>[7.8.2.31 NMAC - Rp, 7.8.2.32 NMAC, 01/15/2010] | A 031 | | |

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| A 031 | Continued From page 1<br><br>This REQUIREMENT is not met as evidenced by:<br>NMAC 7.8.2.31 D<br><br>Based on observation and interview, the facility failed to ensure that list of emergency numbers was posted near each public phone including:<br>1. Fire Department.<br>2. Police Department.<br>3. Ambulance Services.<br>4. Poison Control.<br><br>This deficient practice could likely result in 8 (R #s 1-8) residents, identified on the census provided by the Administrator on 09/23/20, to be at risk of harm, injury, or death if there was not a list of emergency numbers posted near the public phones, causing a delay in medical care and services. The findings are:<br><br>A. On 09/23/20 at 11:33 am, during observation of the common living area, no list emergency numbers was observed to be posted near the phone available for use by residents/family/visitors/staff.<br><br>B. On 09/23/20 at 11:36 am, during an interview with the Administrator, she confirmed that there was no emergency numbers posted near the phone available for use by residents/family/visitors/staff. | A 031 | | |
| A 033 | 7 NMAC 8.2.33 Resident Rights<br><br>RESIDENT RIGHTS: All licensed facilities shall understand, protect and respect the rights of all | A 033 | | |

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| A 033 | Continued From page 2<br>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 and give advance written notice of any changes;<br>(4) provide residents with a safe and sanitary living environment; | A 033 | | |

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| A 033 | Continued From page 3<br>(5) provide humane care for all residents;<br>(6) provide the right to privacy, including privacy during medical examinations, consultations and treatment;<br>(7) protect the confidentiality of the resident ' s medical record;<br>(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;<br>(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;<br>(10) prohibit the use of any and all physical and chemical restraints;<br>(11) ensure that residents:<br>(a) are free from physical and emotional abuse neglect and misappropriation/or exploitation;<br>(b) are free from financial abuse and misappropriation by facility staff or management;<br>(c) are free to participate in religious, social, community and other activities and freely associate with persons in and out of the facility;<br>(d) are free to leave the facility and return without unreasonable restriction;<br>(e) are given a fifteen (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;<br>(f) have an environment that fosters social interaction and avoids social isolation;<br>(g) or their surrogate decision makers, are informed of and consent to the services provided by the facility;<br>(h) have the right to voice grievances to the facility staff, public officials, the ombudsmen, any | A 033 | | |

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| A 033 | Continued From page 4<br>state agency, or any other person, without fear of reprisal or retaliation;<br>(i) have the right to have their complaints addressed within fourteen (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>[7.8.2.33 NMAC - Rp, 7.8.2.34 NMAC, 01/15/2010]<br><br>This REQUIREMENT is not met as evidenced by:<br>7.8.2.33 D (4)<br><br>Based on record review and interview, the facility | A 033 | | |

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| A 033 | Continued From page 5<br>failed to ensure that all facility staff used infection control practices (wearing a face mask, used to control respiratory droplets) to protect residents from a respiratory virus known as COVID-19- A mild to severe respiratory illness that is caused by a novel corona virus which is thought to be transmitted person to person chiefly by contact with infectious material (such as respiratory droplets), and is characterized especially by fever, cough, shortness of breath that may progress to pneumonia and respiratory failure. This deficient practice could likely result in all 8 (R #s 1-8) residents to be at risk of illness and/or death if all who enter the facility are not being protected and are unknowingly infected and contagious with the disease. The findings are:<br><br>A. On 09/23/20 at 8:37 am, during observation when entering the facility, that the House Manager answered the front door and was observed to not be wearing a protective mask.<br><br>B. Record review of Executive Order dated 04/17/20, established an order that all staff personnel shall wear a facemask while they are in the facility.<br><br>C. On 09/23/20 at 8:37 am, during an interview with the facility House Manager, she confirmed that she was not donning a mask when she answered the front door and that she understood the COVID 19 related policy that mandates that all staff are to don a mask and wear it when in the facility. | A 033 | | |
| A 034 | 7 NMAC 8.2.34 Custodial Drug Permits<br><br>CUSTODIAL DRUG PERMITS: A facility with two (2) or more residents that is licensed pursuant to | A 034 | | |

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| A 034 | Continued From page 6<br>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.<br>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.<br>(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.<br>(2) Internal medication shall be kept separate from external medications. Drugs to be taken by mouth shall be separated from all other delivery forms.<br>(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.<br>(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.<br>(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.<br>(6) The facility shall not require the residents to purchase medications from any particular pharmacy.<br>(7) Medical gases (oxygen) and equipment used | A 034 | | |

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| A 034 | Continued From page 7 | A 034 | | |

for the administration of inhalation therapy and for resuscitative purposes shall comply with the national fire protection association (NFPA) 99.
(8) A proof of use record shall be maintained separately for each schedule II through IV drug (controlled substances). The proof of use sheet shall document:
(a) the type and strength of the schedule II through IV drugs;
(b) the date and time staff assisted with self-administration;
(c) the resident ' s name;
(d) the prescriber ' s name;
(e) the dose;
(f) the signature of the person assisting with delivery of the medication; and
(g) the balance of medication remaining.
(9) Any remaining medication discontinued by a physician ' s order, or upon discharge or death of the resident shall be inventoried and moved to a separate locked storage container. Such discontinued medications shall be destroyed upon the next quarterly visit by the consulting pharmacist in accordance with 16.19.11.10 NMAC.
(10) The record of medication destruction shall be signed by the administrator or designee and the pharmacist and shall be kept on file at the facility.
B. Consulting pharmacist. The facility shall maintain records demonstrating that the consulting pharmacist provides the following 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

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| A 034 | Continued From page 8<br>administrator within seventy-two (72) hours.<br>(2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation.<br>(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.<br>(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.<br>[7.8.2.34 NMAC - Rp, 7.8.2.35 NMAC, 01/15/2010]<br><br>This REQUIREMENT is not met as evidenced by:<br>7.8.2.34 A (7)<br><br>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.<br><br>Refer to:<br>NFPA (National Fire Prevention Association) 99. 2012 Edition.<br>11.3 Cylinder and Container Storage Requirements.<br>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.<br>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. | A 034 | | |

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| A 034 | Continued From page 9<br>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.<br>11.3.2.2 Oxidizing gases, such as oxygen and nitrous oxide, shall not be stored with any flammable gas, liquid, or vapor.<br>11.3.2.3 Oxidizing gases such as oxygen and nitrous oxide shall be separated from combustibles or materials by one of the following:<br>(1) Minimum distance of 6.1 m (20 ft)<br>(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<br>(3) Enclosed cabinet of noncombustible construction having a minimum fire protection rating of 1/2 hour<br>11.3.2.4 Gas cylinder and cryogenic liquid container storage shall comply with 5.1.3.5.12.<br>11.3.2.5 Cylinder and container storage locations shall comply with 5.1.3.3.1.7 with respect to temperature limitations.<br>11.3.2.6 Cylinder or container restraints shall comply with 11.6.2.3.<br>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.<br>11.3.2.8 Cylinder valve protection caps shall comply with 11.6.2.3.<br>11.3.2.9 Gas cylinder and liquefied gas container storage shall comply with 5.1.3.5.12.<br>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.<br>11.3.3.1 Individual cylinder storage associated | A 034 | | |

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| A 034 | Continued From page 10 | A 034 | | |

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) 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

Based on observation and interview the facility failed to ensure that:

1. Oxygen cylinder tanks were secured and stored correctly.

2. "Oxygen in Use" signs were posted outside the door of the room the oxygen was stored in.

This deficient practice could likely result in all 8 (R #s 1-8) residents identified on the census list provided by the House Manager on 09/23/20, to be at risk of harm or injury if:

1. Unsecured oxygen tanks were to be

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| A 034 | Continued From page 11<br>knocked over, leak gas, were stored with combustibles, and accelerated a fire if it occurred.<br>2. There are no "Oxygen in use" signs posted, then residents and firefighters are at an increased risk of harm, because they are not aware that oxygen tanks are stored in the room. The findings are:<br><br>A. On 09/23/20 at 9:18 am, during an observation of the Fire Suppression Room the following was observed:<br>1. (7) Seven oxygen tanks were standing unsecured on the floor and there was no "Oxygen in Use" sign posted on the door.<br>2. (1) one large unsecured oxygen tank stored in empty resident room #7 and there was no "Oxygen in use" sign on the door.<br><br>B. On 09/23/20 at 9:34 am, during an interview with the House Manager, she confirmed that there:<br>1. Were (7) large unsecured oxygen tanks stored in the Fire Suppression Room and there was no "Oxygen in use" sign on the door.<br>2. Was (1) one large unsecured oxygen tank stored in empty resident room #7 and there was no "Oxygen in use" sign on the door. | A 034 | | |
| A 037 | 7 NMAC 8.2.37 Laundry Services<br><br>LAUNDRY SERVICES:<br>A. General requirements. The facility shall provide laundry services for the residents, either on the premises or through a commercial laundry and linen service.<br>(1) On-site laundry facilities shall be located in areas separate from the resident units and shall be provided with necessary washing and drying equipment. | A 037 | | |

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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 |
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| A 037 | Continued From page 12<br>(2) Soiled laundry shall be kept separate from clean laundry, unless the laundry facility is provided for resident use only.<br>(3) Staff shall handle, store, process and transport linens with care to prevent the spread of infectious and communicable disease.<br>(4) Soiled laundry shall not be stored in the kitchen or dining areas. The building design and layout shall ensure the separation of laundry room from kitchen and dining areas. An exterior route to the laundry room is not an acceptable alternative, unless it is completely enclosed.<br>(5) In new construction or newly licensed facilities with more than fifteen (15) residents, washers shall be in separate rooms from dryers. The rooms with washers shall have negative air pressure from the other facility rooms.<br>(6) All linens shall be changed as needed and at least weekly or when a new resident is to occupy the bed.<br>(7) The mattress pad, blankets and bedspread shall be laundered as needed and at least once per month or when a new resident is to occupy the bed.<br>(8) Bath linens consisting of hand towel, bath towel and washcloth shall be changed as needed and at least weekly.<br>(9) There shall be a clean, dry, well ventilated storage area provided for clean linen.<br>(10) Facility laundry supplies and cleaning supplies shall not be kept in the same storage areas used for the storage of foods and clean storage and shall be kept in a secured room or cabinet.<br>B. Residents may do their own laundry, if it is their preference and they are capable of doing so, or if it is part of their skill-building for independent living and is documented as part of their ISP.<br>[7.8.2.37 NMAC - Rp, 7.8.2.39 NMAC, | A 037 | | |

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| A 037 | Continued From page 13<br>01/15/2010]<br><br>This REQUIREMENT is not met as evidenced by:<br>7.8.2.37 A (10)<br><br>Based on observation and interview the facility failed to ensure that laundry and cleaning supplies were kept in a secured room, closet, or cabinet. This deficient practice has the potential for all 8 (R #s 1-8) residents identified on the census provided by the House Manager on 09/23/20, to be at risk of harm or injury if they were to ingest or spill laundry or cleaning supplies on their face or body. The findings are:<br><br>A. On 09/23/20 at 9:03 am, during observation of the unlocked facility laundry room the following laundry and cleaning supplies were observed to be unsecured and accessible to residents:<br>1. Unlocked Cabinet:<br>a. (1) 1.33 gallon bottle bug Spray<br>b. (3) gallon bottles of bleach<br>c. (1) 1 gallon bottle floor cleaner<br>d. (1) 188 oz laundry bottle detergent<br>e. (1) 255 oz laundry bottle detergent<br>2. Unsecured Shelf above the washer and dryer:<br>a. (3) ½ gallon bottles bleach<br>b. (1) 1 gallon bottle multi surface cleaner<br>c. (1) 128 oz odor bottle reducing cleaner<br>d. (1) 23 oz spray bottle window cleaner<br>e. (1) 32 oz spray bottle bleach<br>f. (1) 22 oz spray bottle stain remover<br>g. (1) 32 oz spray bottle disinfectant cleaner<br>h. (1) 32 oz spray bottle mold remover<br>i. (1) 14 oz can of bug spray<br>j. (1) 9.7 oz can of dust spray | A 037 | | |

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| A 037 | Continued From page 14<br>3. Unsecured shelf 2nd shelf above the washer and dryer:<br>1. (3) 24 oz bottles toilet bowl cleaner.<br><br>B. On 09/23/20 at 9:22 am, during an interview with the House Manager, she confirmed that the above listed laundry and cleaning supplies were stored in the unlocked laundry room, unsecured and accessible to residents. | A 037 | | |
| A 038 | 7 NMAC 8.2.38 Housekeeping Services<br><br>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.<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>[7.8.2.38 NMAC - Rp, 7.8.2.39 NMAC, 01/15/2010] | A 038 | | |

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| A 038 | Continued From page 15<br>This REQUIREMENT is not met as evidenced by:<br>7.8.2.38 C<br><br>Based on observation and interview, the facility failed to ensure that poisonous cleaning supplies were not stored in resident/food areas and accessible to residents. This deficient practice could likely result in all 8 (R #s 1-8) residents identified on the census provided by the Administrator on 09/23/20, to be at risk of harm, illness, or death if residents were to ingest or spill the poisonous cleaning supplies on themselves. The findings are:<br><br>A. On 09/23/20 at 9:35 am, during observation of an empty resident room (#3) with no locking door the following unsecured chemicals were observed to be stored in the unsecured/unlocked room:<br>1. (1) 60 oz bottle carpet cleaner<br>2. (2) 1 gallon cans of paint<br>3. (1) 1 gallon container of sheetrock patch<br>4. (1) 32 oz container of spackle<br><br>B. On 09/23/20 at 9:37 am, during an interview with the House Manger, she confirmed that the above listed poisonous cleaning supplies were stored in unsecured/unlocked resident room #3.<br><br>C. On 09/23/20 at 9:44 am, during observation of the kitchen, the following poisonous cleaning supplies were observed to be stored in an unsecured/unlocked cabinet under the kitchen sink and in a cabinet next to the kitchen sink and accessible to residents:<br>1. (1) 63 oz container of dishwasher detergent pods<br>2. (1) 10 oz bottle of stainless steel polish<br>3. (1) 1 gallon bottle of bleach<br>4. (1) 1 gallon bottle of unmarked milk jug | A 038 | | |

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| A 038 | Continued From page 16<br>filled with pink liquid<br>5. (1) 21 oz can of powdered cleaner<br>6. (1) ½ gallon bottle of bleach<br>7. (1) 24 oz bottle of bleach cleaner<br>8. (2) 8 oz bottles of furniture polish<br>9. (1) 20 oz bottle of carpet deodorizer<br><br>D. On 09/23/20 at 9:55 am, during an interview with the House Manager, she confirmed that the above listed poisonous cleaning supplies were stored in an unsecured/unlocked cabinet under the kitchen sink and accessible to residents. | A 038 | | |
| A 042 | 7 NMAC 8.2.42 Maintenance of Building and Grounds<br><br>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:<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.<br>[7.8.2.42 NMAC - Rp, 7.8.2.43 NMAC, 01/15/2010]<br><br>This REQUIREMENT is not met as evidenced by:<br>7.8.2.42 A B<br><br>Based on observation and interview the facility failed to ensure the facility grounds were | A 042 | | |

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| A 042 | Continued From page 17<br>maintained in a safe condition and free from accumulation of unused building materials that could create a safety a hazard:<br><br>This deficient practice has the potential for all 8 (R #s 1-8) residents identified on the census provided by the House Manager 09/23/20, to be at risk of harm if residents were to trip and fall on the over unused building supplies and intact/broken cinder blocks on the North side of the facility:<br><br>The findings are:<br><br>A. On 09/23/20 at 9:42 am, during observation of the gravel walk way located on the exterior North side of the building, (13) intact/broken cinder blocks were observed on the ground obscuring the walkway and creating a potential tripping and falling hazard.<br><br>B. On 09/23/20 at 11:17 am, during an interview with the Company Manager, she confirmed that the (13) intact/broken cinder blocks were laying on the ground obscuring the walkway and that they posed a potential hazard for anyone walking along the North side of the facility. | A 042 | | |
| A 049 | 7 NMAC 8.2.49 Doors<br><br>DOORS:<br>A. No door in any means of egress shall be locked against egress when the building is occupied.<br>(1) Exit doors may be provided with a night latch, dead bolt, or security chain, provided these devices are operable from the inside, by any occupant, without the use of a key, tool, or any special knowledge and are mounted at a height | A 049 | | |

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| A 049 | Continued From page 18<br>not to exceed forty-eight (48) inches above the finished floor.<br>(2) If locks are not readily operable by all occupants within the building, the locks must: 1) unlock upon activation of the fire detection or sprinkler system and 2) unlock upon loss of power in the facility. Prior to installing such locking devices, the facility shall have written approval from the building, fire and licensing authorities having jurisdiction.<br>B. All exit doors shall have a minimum width of thirty-six (36) inches.<br>(1) Facilities with a capacity of ten (10) or more residents shall have exit doors leading to the outside of the facility that open outward.<br>(2) Facilities with a capacity of fifty (50) or more residents must provide panic hardware at the exit doors.<br>(3) No door or path of travel to a means of egress shall be less than twenty-eight (28) inches wide.<br>C. All resident sleeping room doors must be at least one and three-quarters (1 3/4) inch solid core construction.<br>D. Bathroom doors may be twenty-four (24) inches wide. Facilities with four (4) or more residents shall have at least one bathroom for every eight (8) residents with a door clearance of thirty-six (36) inches for access by persons with disabilities.<br>E. Locks on doors to toilet rooms and bathrooms shall be capable of release from the outside.<br>F. All doors shall readily open from the inside.<br>G. Doors shall be provided for all resident sleeping rooms, all restrooms and all bathrooms. [7.8.2.49 NMAC - Rp, 7.8.2.50 NMAC, 01/15/2010]<br><br>This REQUIREMENT is not met as evidenced by: | A 049 | | |

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| A 049 | Continued From page 19<br>7.8.2.49 A (1) F<br><br>Based on observation and interview, the facility failed to ensure that no door in any means of egress shall be locked against egress when the building is occupied and that the front exit door locks (turning lock handle, deadbolt, slide lock) could be operated by all residents/occupants of the facility.<br><br>This deficient practice could likely result for all 8 (R #s 1-8) residents identified on the census, provided by the House Manager on 09/23/20 to be at risk of harm, injury, or death, if the front exit door is unable to be unlocked by all residents of the facility, if a fire or other emergency that required evacuation were to occur. The findings are:<br><br>A. On 09/23/20 at 9:58 am, during observation the front emergency exit door was observed to be locked with the following locks, in a manner that requires more than (1) single motion to unlock and open the door;<br>1. (1) locking round door knob<br>2. (1) dead bolt lock,<br>3. (1) metal sliding lock located at the top right corner of the door<br><br>B. On 9/23/20 at 9:59 am, during an interview with the Company Manager, she confirmed that the front emergency exit door was locked in a manner that requires more than (1) single motion to unlock, and could not be opened by all residents of the facility. | A 049 | | |
| A 065 | 7 NMAC 8.2.65 Fire Drills<br><br>FIRE DRILLS: All facilities shall conduct monthly | A 065 | | |

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| A 065 | Continued From page 20<br>fire drills which are to be documented.<br>A. There shall be at least one (1) documented fire drill per month and at a minimum, one documented fire drill each eight (8) hours (day, evening, night) per quarter that employs the use of the fire alarm system or the detector system in the facility.<br>B. A record of the monthly fire drills shall be maintained on file in the facility and readily available. Fire drill records shall show:<br>(1) the date of the drill;<br>(2) the time of the drill;<br>(3) the number of staff participating in the drill;<br>(4) any problem noted during the drill; and<br>(5) the evacuation time in total minutes.<br>C. If applicable, the local fire department may be requested to supervise and participate in fire drills.<br>[7.8.2.65 NMAC - Rp, 7.8.2.65 NMAC, 01/15/2010]<br><br>This REQUIREMENT is not met as evidenced by:<br>7.8.2.65 A B (3)<br><br>Based on record review and interview, the facility failed to ensure that fire drills were:<br>1. Conducted monthly on each eight (8) hour shift (day, evening, night) per quarter, 2. Included the number of staff participating in the drill.<br><br>This deficient practice could likely result for all 8 (R #s 1-8) residents identified on the census, provided the House Manager on 09/23/20, to be at risk of harm, injury, or death if Direct Care Staff (DCS) do not know how to safely evacuate the residents from the building if a fire were to occur. | A 065 | | |

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| A 065 | Continued From page 21<br>The findings are<br><br>A. Record review of the facility's emergency fire drill records dated January 2020 thru September 2020, revealed the following that;<br>1. There was no documentation that emergency fire drills were conducted in January, June, July, August, or September of 2020.<br>2. The emergency fire drills conducted in February, March, April, and May of 2020:<br>a. Were not conducted during each 8 hour shift per quarter.<br>b. Did not include the number of residents/staff participating in each monthly drill.<br><br>B. On 09/23/20 at 11:17 am, during an interview with the Company Manager, she confirmed that:<br>1. There was no documentation provided that emergency fire drills were conducted for January, July, August, or September of 2020.<br>2. The emergency fire drills conducted in February, March, April, and May of 2020:<br>a. Were not conducted during each 8 hour shift per quarter.<br>b. Did not include the number of residents/staff participating in each monthly drill. | A 065 | | |