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A 000	Initial Comments The following deficiencies were cited during an Initial/Complaint survey completed on [redacted]/23 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living Facilities for Adults. Census [redacted] Complaint [redacted] was investigated with no deficiencies cited. Complaint [redacted] was investigated with deficiencies cited.	A 000		
A 016	7 NMAC 8.2.16 Staff Qualifications STAFF QUALIFICATIONS: A facility shall employ staff with the following qualifications. A. Administrator, director, operator: an assisted living facility shall be supervised by a full-time administrator. Multiple facilities that are located within a forty (40) mile radius may have one full-time administrator. The administrator shall: (1) be at least twenty-one (21) years of age; (2) have a high school diploma or its equivalent; (3) comply with the requirements of the New Mexico Caregivers Criminal History Screening Act, 7.1.9 NMAC; (4) complete a state approved certification program for assisted living administrators; (5) be able to communicate with the residents in the language spoken by the majority of the residents; (6) not work while under the influence of alcohol or illegal drugs; (7) have evidence of education and experience to prove the ability to administer, direct and operate an assisted living facility; the evidence of education and experience shall be directly related to the services that are provided at the facility;	A 016	A016 7 NMAC 8.2.16 B. (3)-The management group has addressed with the Executive Director (ED) the importance and law requiring EAR and CCHS prior to starting the position. Management has required ED to provide proof of registry and criminal history check prior to employment.Internal discipline for not completing t his function in the time frame. This is effective immediately. [redacted] 2023 B. (7)-Management group addressed the ED with the importance and requirement for all Direct Care employees to have a criminal history screen. Management has required the ED to provide proof of screening within 20 days of employment. Internal discipline for not completing functions in alloted time frame. The Director of Nursing (DoN) and Business Manager have applied to access background information through the NMDOH and are currently awaiting the needed training to be able to complete employee background checks. The DoN and Business Manager researched all employee files to verify that proper screenings and fingerprints are in place. They are waiting for a response from the Training and Developement Specialist with NMDOH for a training date for criminal history check, EAR and fingerprinting. Completed by [redacted], 2023	[redacted]/23

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A 016	Continued From page 1 (8) provide three (3) notarized letters of reference from persons unrelated to the applicant; and (9) comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC. B. Direct care staff: (1) shall be at least eighteen (18) years of age; (2) shall have adequate education, relevant training, or experience to provide for the needs of the residents; (3) shall comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC; and (4) shall comply with the current requirements of reporting and investigating incidents pursuant to Incident Reporting, Intake Processing and Training Requirements, 7.1.13 NMAC; (5) if a facility provides transportation for residents, the employees of the facility who drive vehicles and transport residents shall have copies of the following documents on file at the facility: (a) a valid New Mexico driver ' s license with the appropriate classification for the vehicle that is used to transport residents; (b) documentation of training in transportation safety for the elderly and disabled, including safe vehicle operation; (c) proof of insurance; and (d) documentation of a clean driving record; (6) any person who provides direct care who is not employed by an agency that is covered by the requirements of the Caregivers Criminal History Screening Requirements, 7.1.9 NMAC, shall provide current (within the last 6 months) proof of the caregivers criminal history screening to the facility; the facility shall maintain and have proof of such screening readily available; and (7) employers shall comply with the requirements	A 016		

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A 016	Continued From page 2 of the Caregivers Criminal History Screening Requirements, 7.1.9 NMAC. [7.8.2.16 NMAC - Rp, 7.8.2.16 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.16 B (3) (7) Refer to 7.1.12 EMPLOYEE ABUSE REGISTRY 7.1.12.8 REGISTRY ESTABLISHED; PROVIDER INQUIRY REQUIRED: Upon the effective date of this rule, the department has established and maintains an accurate and complete electronic registry that contains the name, date of birth, address, social security number, and other appropriate identifying information of all persons who, while employed by a provider, have been determined by the department, as a result of an investigation of a complaint, to have engaged in a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider. Additions and updates to the registry shall be posted no later than two (2) business days following receipt. Only department staff designated by the custodian may access, maintain and update the data in the registry. A. Provider requirement to inquire of registry. A provider, prior to employing or contracting with an employee, shall inquire of the registry whether the individual under consideration for employment or contracting is listed on the registry. B. Prohibited employment. A provider may not employ or contract with an individual to be an employee if the individual is listed on the registry	A 016		

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as having a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider.
C. Applicant's identifying information required. In making the inquiry to the registry prior to employing or contracting with an employee, the provider shall use identifying information concerning the individual under consideration for employment or contracting sufficient to reasonably and completely search the registry, including the name, address, date of birth, social security number, and other appropriate identifying information required by the registry.
D. Documentation of inquiry to registry. The provider shall maintain documentation in the employee's personnel or employment records that evidences the fact that the provider made an inquiry to the registry concerning that employee prior to employment. Such documentation must include evidence, based on the response to such inquiry received from the custodian by the provider, that the employee was not listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation.
E. Documentation for other staff. With respect to all employed or contracted individuals providing direct care who are licensed health care professionals or certified nurse aides, the provider shall maintain documentation reflecting the individual's current licensure as a health care professional or current certification as a nurse aide.
F. Consequences of noncompliance. The department or other governmental agency having regulatory enforcement authority over a provider may sanction a provider in accordance with applicable law if the provider fails to make an appropriate and timely inquiry of the registry, or fails to maintain evidence of such inquiry, in

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connection with the hiring or contracting of an employee; or for employing or contracting any person to work as an employee who is listed on the registry. Such sanctions may include a directed plan of correction, civil monetary penalty not to exceed five thousand dollars ($5000) per instance, or termination or non-renewal of any contract with the department or other governmental agency.
[7.1.12.8 NMAC - N, 01/01/2006]

7.1.9.8 CAREGIVER AND HOSPITAL CAREGIVER EMPLOYMENT REQUIREMENTS:
. . .
D. Application: In order for a nationwide criminal history record to be obtained and processed, the following shall be submitted to the department on forms provided by the department.
(1) A form containing personal identification which has a photograph of the person, and which meets the requirements for employment eligibility in accordance with the immigration and nationality act as amended. A reasonable xerographic copy of a driver's license photograph will suffice under Subsection D of 7.1.9.8 NMAC.
(2) A signed authorization for release of information form.
(3) Three (3) complete sets of readable fingerprint cards or other department approved media acceptable to the Department of Public Safety and the Federal Bureau of Investigation submitted using black ink.
(4) The fee specified by the department for the nationwide and statewide criminal history screening investigation shall not exceed seventy-four ($74) dollars. Of which, twenty-four ($24) dollars shall be applied for the federal bureau of investigation nationwide criminal history screening, seven ($7) dollars shall be applied for the statewide criminal history screening. The

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remaining application fee shall be applied to cover costs incurred by the Department to support activities required by the Act and these rules. The fees will not be applied to any other activity or expense undertaken by the Department.
. . .
(7) employers shall comply with the requirements of the Caregivers Criminal History Screening Requirements, 7.1.9 NMAC.

E. Fees: The federal bureau of investigation has a mandatory processing fee with no exceptions. The Department and Department of Public Safety impose a state processing and administrative fee. The fee payment must accompany the fingerprint application, or otherwise be credited to the department prior to or at the same time with the department's receipt of the application documents. The manner of payment of the fee is by bank cashier check or money order payable to the New Mexico Department of Health or other method of funds transfer acceptable to the department. Business checks will be accepted unless the business tendering the check has previously tendered a check to the department unsupported by sufficient funds. Neither cash nor personal checks will be accepted. The fee may be paid by the care provider or by the applicant, caregiver, or hospital caregiver. The department will set a fee in addition to the fees imposed by Department of Public Safety and the Federal Bureau of Investigation that will fully and completely cover costs incurred by the department to support activities required by the act and these rules.
The fees will not be applied to any other activity or expense undertaken by the department.
F. Timely Submission: Care providers shall submit all fees and pertinent application

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A 016	Continued From page 6 information for all individuals who meet the definition of an applicant, caregiver or hospital caregiver as described in Subsections B, D and K of 7.1.9.7 NMAC, no later than twenty (20) calendar days from the first day of employment or effective date of a contractual relationship with the care provider. G. Maintenance of Records: Care providers shall maintain documentation relating to all employees and contractors evidencing compliance with the act and these rules. (1) During the term of employment, care providers shall maintain evidence of each applicant, caregiver, or hospital caregiver's clearance, pending reconsideration, or disqualification. (2) Care providers shall maintain documented evidence showing the basis for any determination by the care provider that an employee or contractor performs job functions that do not fall within the scope of the requirement for nationwide or statewide criminal history screening. A memorandum in an employee's file stating "This employee does not provide direct care or have routine unsupervised physical or financial access to care recipients served by [name of care provider]," together with the employee's job description, shall suffice for record keeping purposes. [7.8.2.16 NMAC - Rp, 7.8.2.16 NMAC, 01/15/2010] Based on record review and interview, the facility failed to ensure that employees: 1. Had been cleared by the Employee Abuse Registry (EAR) prior to hire. 2. Applications and fingerprints were submitted to the Caregivers Criminal History Screening Program (CCHSP) within 20-days of hire.	A 016		

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A 016	Continued From page 7 These deficient practices could likely negatively affect the safety and welfare of the [redacted] residents identified on the census provided by the Administrator on [redacted]/23, if residents are being provided care by staff who may have a previous criminal history. The findings are: A. Record review of the Cook #1's staff file (hire date [redacted]/23) revealed no documentation that: 1. He had been cleared by the EAR prior to hire. 2. His fingerprints and application for the CCHSP were submitted within 20 days from date of hire. B. On [redacted]/23 at 9:48 am, during an interview with the Cook #1, he confirmed that he had been working at the facility for approximately 1 month. He stated that the facility had not: 1. Received his clearance through the EAR prior to hire. 2. Submitted his fingerprints and application to the CCHSP within 20-days of hire. C. On [redacted]/23 at 1:04 pm, during an interview with the Executive Director, she confirmed that the facility had not submitted for the Cook #1: 1. An application for clearance by the EAR. 2. An application and/or fingerprints for the CCHSP clearances.	A 016		
A 017	7 NMAC 8.2.17 Staff Training STAFF TRAINING: A. Training and orientation for each new employee and volunteer that provides direct care shall include a minimum of sixteen (16) hours of supervised training prior to providing unsupervised care for residents. B. Documentation of orientation and subsequent	A 017	A017 7 NMAC 8.2.17 C. (3) (a-c, e)-The ED and DoN have been directed to ensure that supervised training must occur and be properly documented. This not only includes the Nursing Staff, but also the Kitchen and other Direct Care employees.The training will include safe food handling, proper food storage, food preparation/ serving, and infectious/communicable disease control. The DoN has identified all employees who have not completed this training. This will be completed by [redacted] 2023.	[redacted]23

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A 017	Continued From page 8 trainings shall be kept in the personnel file at the facility. C. Training shall be provided at orientation and at least twelve (12) hours annually, the orientation, training and proof of competency shall include: (1) fire safety and evacuation training; (2) first aid; (3) safe food handling practices (for persons involved in food preparation), to include: (a) instructions in proper storage; (b) preparation and serving of food; (c) safety in food handling; (d) appropriate personal hygiene; and (e) infectious and communicable disease control; (4) confidentiality of records and resident information; (5) infection control; (6) resident rights; (7) reporting requirements for abuse, neglect or exploitation in accordance with 7.1.13 NMAC; (8) smoking policy for staff, residents and visitors; (9) methods to provide quality resident care; (10) emergency procedures; (11) medication assistance, including the certificate of training for staff that assist with medication delivery; and (12) the proper way to implement a resident ISP for staff that assist with ISPs. D. If a facility provides transportation to residents, employees of the facility who drive vehicles and transport residents shall have training in transportation safety for the elderly and disabled, including safe vehicle operation. [7.8.2.17 NMAC - Rp, 7.8.2.17 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.17 C (3) (a-c, e)	A 017		

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A 017	Continued From page 9 Based on observation and interview, the facility failed to ensure that the dietary staff who prepare and cook food for the residents exhibited competency related to the following: 1. Safe food handling practices, to include: a. instructions in proper storage; b. preparation and serving of food; c. safety in food handling; d. infectious and communicable disease control. This deficient practice could likely result in the [redacted] residents on the census list provided by the Executive Director on [redacted]/23, to be at risk for harm, illness, or injury, if kitchen staff do not know how to: 1. Properly handle and store food. 2. Record and report freezer temperature logs and be aware of dangerous temperatures which can cause food to become contaminated. 3. Properly store utensils in clean and sanitary area. A. On [redacted]/23 at 2:30 pm during an observation of the kitchen, the Dietary Assistant failed to: 1. Show competency of safe food handling practices (for persons involved in food preparation), to include: a. Instructions in proper storage b. Preparation and serving of food c. Safety in food handling d. Infectious and communicable disease control B. On [redacted]/23 at 2:40 pm, during an interview with the Dietary Assistant, he confirmed that he did not know: 1. What temperature the kitchen fridge is needed to be at or what temperature would be considered unsafe to store food in. 2. How much disinfectant was needed to be	A 017		

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A 017	Continued From page 10 poured into a cloth bucket, to effectively disinfect. 3. How to test the water to ensure proper sanitization and disinfectant of dishes was being followed. C. On [redacted]/23 at 2:50 pm, during observation of the kitchen two (2) trash cans were observed to not have a tight fitting lids. D. On [redacted]/23 at 2:50 pm, during an interview with Dietary Assistant, he confirmed that the kitchen trash cans did not have any lids on them. E. On [redacted]/23 at 2:54 pm, during an observation of the kitchen counter, knives were observed to be stored in-between an opening on the counter directly above the trash can without a lid with one inch clearance. F. On [redacted]/23 at 2:59 pm, during observation of the kitchen and interview with the Dietary Assistant, 2 red sanitization buckets were observed, one near the 3 compartment sink and one on the counter across the room. When asked how much sanitization is added to the bucket, the Dietary Assistant stated that he just adds some sanitization to the bucket and then adds hot water. The Dietary Assistant confirmed that he wasn't aware how to check the sanitization level with the test strips. Test strips were located on the wall next to the dish washing machine/above the 3 compartment sink. Surveyor tested the sanitization level and based upon looking at color scale, the Dietary Assistant confirmed there was no sanitization in the bucket. G. On [redacted]/23 at 8:04 am, during observation of the kitchen and interview, there was a trash can at the end of the food prep table with no lid and with food delivery cardboard boxes directly on the	A 017		

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A 017	Continued From page 11 floor. During interview with the Dietary Manager, she confirmed that they received their food delivery that morning. When asked how much sanitization does she put in the sanitization buckets, she stated that she fills it 1/3 with sanitization solution. She confirmed she was unfamiliar with how to test if there was enough sanitization.	A 017		
A 020	7 NMAC 8.2.20 Admissions and Discharge ADMISSIONS AND DISCHARGE: The facility shall complete an admission agreement for each resident. The administrator of the facility or a designee responsible for admission decisions shall meet with the resident or the resident ' s surrogate decision maker prior to admission. No resident shall be admitted who is below the age of eighteen (18) or for whom the facility is unable to provide appropriate care. A. Admission agreement. The admission agreement shall include the following information: (1) the parties to the agreement; (2) the program narrative; (3) the facility's rules; (4) the cost of services and the method of payment; (5) the refund provision in case of death, transfer, voluntary or involuntary discharge; (6) information to formulate advance directives; (7) a written description of the legal rights of the residents translated into another language, if necessary; (8) the facility's staffing ratio; (9) written authorization for staff to assist with medications; (10) notification of rights and responsibilities pursuant to the Incident Reporting Intake, Processing and Training Requirements, 7.1.13	A 020	A020 7 NMAC 8.2.20 A. (5)-The verbiage of Refund Upon Death has been added to the contract for new residents. An addendum has been created and placed with the contract of all current residents. This is effective [redacted] 2023.	[redacted]/23

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

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A 020	Continued From page 13 Conditions or circumstances that usually require continuous nursing care may include but are not limited to the following: (1) ventilator dependency; (2) pressure sores and decubitus ulcers (stage III or IV); (3) intravenous therapy or injections; (4) any condition requiring either physical or chemical restraints; (5) nasogastric tubes; (6) tracheostomy care; (7) residents that present an imminent physical threat or danger to self or others; (8) residents whose psychological or physical condition has declined and placement in the current facility is no longer appropriate as determined by the PCP; (9) residents with a diagnosis that requires isolation techniques; (10) residents that require the use of a Hoyer lift; and (11) ostomy (unless resident is able to provide self care). C. Exceptions to admission, readmission and retention. If a resident requires a greater degree of care than the facility would normally provide or is permitted to provide and the resident wishes to be re-admitted or remain in the facility and the facility wishes to re-admit or retain the resident. The facility shall comply with the following requirements. (1) Convene a team, comprised of: (a) the facility administrator and a facility health care professional if desired; (b) the resident or resident ' s surrogate decision maker; and (c) the hospice or home health clinician. (2) The team shall jointly determine if the resident should be admitted, readmitted or allowed to	A 020		

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remain in the facility. Team approval shall be in writing, signed and dated by all team members and the approval shall be maintained in the resident's record and shall:
(a) be based upon an individual service plan (ISP) which identifies the resident's specific needs and addresses the manner that such needs will be met;
(b) ensure that if the facility is licensed for more than eight (8) residents and does not have complete fire sprinkler coverage, the facility shall maintain an evacuation rating score of prompt as determined by the fire safety equivalency system (FSES);
(c) evaluate and outline how meeting the specific needs of the resident will impact the staff and the other residents; and
(d) include an independent advocate such as a certified ombudsman if requested by the resident, the family or the facility.
(3) The team recommendation shall be maintained on site in the resident ' s file.
(4) When a resident is discharged, the facility shall record where the resident was discharged to and what medications were released with the resident.
D. Coordination of care.
(1) Assisted living facilities shall have evidence of care coordination on an ISP for all services that are provided in the facility by an outside health care provider, such as hospice or home health providers.
(2) Residents shall be given a list of providers, including hospice and home health if applicable, and have the right to choose their provider. If applicable, the referring party shall disclose any ownership interest in a recommended or listed provider.
[7.8.2.20 NMAC - Rp, 7.8.2.19 NMAC & 7.8.2.20

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

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and the amount of belongings does not preclude renting the unit, the facility may clear the unit and charge the resident's estate for moving and storing the items at a rate equal to the actual cost to the facility, not to exceed ten percent of the regular rate for the unit; provided that the responsible party for the resident is given notice at least one week before the resident's belongings are removed. If the resident's belongings are not claimed within forty-five days after notification, the facility may dispose of them.

C. For the purposes of this section, "assisted living facility" means a facility required to be licensed as an assisted living facility for adults by the department of health."

SECTION 2. EMERGENCY. --It is necessary for the public peace, health and safety that this act take effect immediately.

Based on record review and interview the facility failed to ensure for [redacted] residents whose Admission/Discharge Agreements were reviewed for compliance, included a Refund Upon Death policy in compliance with NMAC 7.8.2.20 and (SB) 0335 - 2013

This deficient practice could likely result in the resident's estate/legal representative to be at risk of not receiving a refund of monies owed from the facility or being aware of potential additional charges that can occur. The findings are:

A. Record review of R #1-3's resident files revealed no documentation that the Admission/Discharge Agreements included a Refund Upon Death policy in compliance with NMAC 7.8.2.20 and (SB) 0335 - 2013.

B. On [redacted]/23 at 11:05 am, during an interview

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A 020	Continued From page 17 with the Executive Director (ED)/ Director Of Nursing (DON) she confirmed that the Admission/Discharge Agreements for R #1-3 had not been updated to include a Refund Upon Death policy in compliance with NMAC 7.8.2.20 and (SB) 0335 - 2013.	A 020		
A 026	7 NMAC 8.2.26 Individual Service Plan INDIVIDUAL SERVICE PLAN (ISP): An ISP shall be developed and implemented within ten (10) calendar days of admission for each resident residing in the facility. A. The ISP shall address those areas of need as identified in the resident evaluation and through staff observation. (1) The ISP shall detail the services that are provided by the facility as well as the services to be provided by other agencies. (2) The resident evaluation and the ISP shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or a physician extender. (3) The ISP shall be reviewed and or revised at a minimum of every six (6) months or when there is a significant change in the resident ' s health status. B. The ISP shall include the following: (1) a description of identified needs as noted in the resident evaluation; (2) a written description of all services to be provided; (3) who will provide the services; (4) when or how often the services will be provided; (5) how the services will be provided; (6) where the services will be provided; (7) expected goals and outcomes of the services; (8) documentation of the facility ' s determination	A 026	A026 7 NMAC 8.2.26 A. (3)-The DoN has identified the residents who have not had an ISP in the last 6 months. The DoN is working to update these files and will have them completed by [redacted] 2023. This process will take a couple weeks past the 30 days as she cannot rush the plans and meetings with the resident, family or PoA. The DoN will create a calendar event for every resident at 6 month intervals to create a new ISP. If a significant health issue arises, the DoN will create a new ISP and set a calendar event for a 6 month ISP review.	[redacted]/23

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A 026	Continued From page 18 that it is able to meet the needs of the resident; (9) the level of assistance that the resident will require with activities of daily living and with medications; (10) a crisis prevention/intervention plan when indicated by diagnosis or behavior; and (11) current orders for all medications, including those authorized for PRN usage. [7.8.2.26 NMAC - Rp, 7.8.2.26 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.26 A (3) Based on record review and interview, the facility failed to ensure for [redacted] residents whose Individual Service Plans (ISPs) were reviewed for compliance, that the ISPs were reviewed and revised at a minimum of every six months or when there is a significant change in the resident's health status. This deficient practice could likely result in the residents not receiving appropriate care/services if the Direct Care Staff (DCS) are not aware of what care and services the resident's needs because the ISPs were not reviewed and revised to include the current care and services needed by the residents. The findings are: A. Record review of R #2's resident file (admission date [redacted]) revealed, no documentation available for review that an updated ISP had been completed on [redacted]/22.	A 026		

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A 026	Continued From page 19 B. Record review of a fax dated [redacted]/23 sent by the Executive Director to the Surveyors, revealed that an ISP meeting had been held on [redacted]/22 to discuss the residents needs and her daughter and son's concerns, however, there was no documentation that the written ISP had been created. C. On [redacted]/23 at 8:17 am, during an interview with the Executive Director, she confirmed that a ISP meeting was held on [redacted]/22, and that the written ISP was not completed and was not available for review at that time of the survey.	A 026		
A 036	7 NMAC 8.2.36 Nutrition NUTRITION: The facility shall provide planned and nutritionally balanced meals from the basic food groups in accordance with the " recommended daily dietary allowance " of the American dietetic association, the food and nutrition board of the national research council, or the national academy of sciences. Meals shall meet the nutritional needs of the residents in accordance with the " 2005 USDA dietary guidelines for Americans. " Vending machines shall not be considered a source of snacks. A. Dietary services policies and procedures. The facility will develop and implement written policies and procedures that are maintained on the premises and that govern the following requirements. (1) Meal service. The facility shall: (a) serve at least three (3) meals or their equivalent each day at regular times with no more than sixteen (16) hours between the evening meal and morning meal with snacks freely available; (b) provide snacks of nourishing quality and post	A 036	A036 7 NMAC 8.2.36 (As a note, the Dietary Manager that was employed during the survey is no longer employed with the organization.) A. (1)(b)(d)-The new Dietary Manager has been instructed to place snacks out for the residents. He has begun purchasing yogurt, apple sauce, fruit cups, PB&J sandwiches, pretzels, etc. The snacks are easily accessible to the residents. In addition, the daily snack is placed on the menu. The menu has been placed on a sheet allowing the management group to verify it is placed on the menu. This is effective with menu beginning [redacted], 2023. B.(2)(B)(1)-A Chef was hired to create a 31 day menu. This menu will be used for each month. Effective [redacted] 2023 B.(3)-A copy of the most recent inspection by the New Mexico Environmental Health Department was requested. It is dated [redacted]/22 and a copy is attached. B.(4)-A daily log has been created for each refrigerator and freezer. This log is a monthly log and will be stored in a file cabinet in the DoN's office. A new sheet will be started each month. The log will begin [redacted] 2023 C.(1)(b)-Trashcans without lids were removed. New trashcans with lids were purchased. They are being placed in areas to eliminate the possibility of utensils being contaminated by garbage. Completed [redacted] 2023. C.(1)(c)-Kitchen walls have been repaired and painted. In addition, new flooring was installed.	

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A 036	Continued From page 20 on the daily menu; (c) develop menus enjoyed by the residents and served at normal intervals appropriate to the residents ' preferences; (d) post the weekly menu, including snacks where residents and families are able to view it; posted menus shall be followed and any substitution shall be of equivalent nutritional value and recorded on the posted menu; identical menus shall not be used within a one (1) week cycle; (e) have special menus or meal items following guidelines from the resident ' s physician for residents who have medically prescribed special diets; (f) serve all residents in a dining room except for residents with a temporary illness, or with documented specific personal preference to have meals in their room; (g) allow sufficient time for meals to enable residents to eat at a leisurely pace and to socialize; and (h) contact the resident ' s PCP within forty-eight (48) hours if a resident consistently refuses to eat. (2) Staff in-service training. The facility shall provide an in-service training program for staff that are involved in food preparation at orientation and at least annually and that includes: (a) instruction in proper food storage; (b) preparation and serving food; (c) safety in food handling; (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;	A 036	This item was completed [redacted] 2023. C.(2)(a-c)-Documentation of the sanitizer dispenser for the dishwasher has been requested. It will be provided upon receipt. Containers such as spray bottles and wash tubs have been labeled with appropriate labels and mix ratios. Additionally, test strips were ordered and are being used to check the proper mixture of products anytime new containers are made. Effective [redacted], 2023. C.(4)Containers with lids are now being used to store uneaten leftover food. The lidded container will be used until disposed properly disposed of. Effective [redacted] 2023 D.(3)Food that is stored in the refrigerator or freezer will be properly labeled, covered, and dated. In addition, leftovers will be disposed of after 3 days. Labels are now being used to date all items that are cooked or frozen. Kitchen staff has been advised of this regulation. All frozen food that has been in the freezer dated past three months or showing freezer burn has been disposed of. Effective [redacted] 2023.	06/12/23

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A 036	Continued From page 21 (2) a systematic record of therapeutic diets as prescribed by a PCP; (3) a copy of the most recent licensing inspection and for facilities with 10 or more residents, a copy of the New Mexico environment department inspection with notations made by the facility of action taken to comply with recommendations or citations; and (4) a daily log of the recorded temperatures for all facility refrigerators, freezers and steam tables maintained and available for inspection for thirty (30) calendar days. C. Clean and sanitary conditions. All practices shall be in accordance with the standards of the state environment department, pursuant to 7.6.2 NMAC. (1) Kitchen sanitation. (a) Equipment and work areas shall be clean and in good repair. Surfaces with which food or beverages come into contact shall be of smooth, impervious material free of open seams, not readily corrodible and easily accessible for cleaning. (b) Utensils shall be stored in a clean, dry place protected from contamination. (c) The walls, ceiling and floors of all rooms that food or drink is stored, prepared or served shall be kept clean and in good repair. (2) Washing and sanitizing kitchenware. (a) All reusable tableware and kitchenware shall be cleaned in accordance with procedures that include separate steps for prewashing, washing, rinsing and sanitizing. (b) Proper dishwashing procedures and techniques shall be utilized and understood by the dishwashing staff. (c) Periodic monitoring of the operation of the detergent dispenser, washing, rinsing and sanitizing temperatures shall be performed and	A 036		

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A 036	Continued From page 22	A 036		

documented.
(d) When a dishwashing machine is utilized, the cleanliness of the machine, its jets and its thermostatic controls shall be monitored and documented by the facility. A monthly log of the recorded temperature of the dishwasher shall be maintained in the facility and available for inspection.
(3) Sinks for hand washing shall include hot and cold running water, hand-washing soap and disposable towels.
(4) All garbage and kitchen refuse that is not disposed of through a garbage disposal unit shall be kept in watertight containers with close-fitting covers and disposed of daily in a safe and sanitary manner.
(5) Cooks and food handlers shall wear clean outer garments and hair nets or caps and shall keep their hands clean at all times when engaged in handling food, drink, utensils or equipment in accordance with the local health authority. Disposable gloves shall be used in accordance with the local health authority.
D. Food management. The facility shall store, prepare, distribute and serve food under sanitary conditions and in accordance with the regulations governing food establishments of local health authority having jurisdiction, 7.6.2 NMAC.
(1) The facility shall ensure that a minimum of a three (3) calendar day supply of perishables and a five (5) calendar day supply of non-perishables or canned foods is available for the residents.
(2) The facility refrigerator and freezer shall have an accurate thermometer which reads within or not more than plus or minus three (3) degrees fahrenheit of the required temperature, located in the warmest section of the refrigerator and freezer and shall be accessible and easily read.
(a) The temperature of the refrigerator shall be

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A 036	Continued From page 23 thirty-five (35) - forty-one (41) degrees fahrenheit. (b) Freezer temperatures shall be maintained at zero (0) degrees fahrenheit or below. (3) Refrigerators and freezers shall be kept clean and sanitary at all times. Food stored in refrigerators and freezers shall be covered, dated and labeled. Unused leftover food shall be discarded after three (3) calendar days. (4) Steam tables, hot food tables, slow cookers, crock pots and other hot food holding devices shall not be used in heating or reheating food. Hot food temperatures shall be checked periodically to insure that a minimum of one hundred forty (140) degrees fahrenheit is maintained. (5) Medication, biological specimens, poisons, detergents and cleaning supplies shall not be kept in the same storage areas used for storage of foods. Medications shall not be stored in the refrigerator with food; an alternate refrigerator for medication shall be used pursuant to Subsection B of 7.6.2.8 NMAC. (6) Canned or preserved foods shall be procured from sources that process the food under regulated quality and sanitation controls. This does not preclude the use of local fresh produce. The facility shall not use home-canned foods. (7) Dry or staple food items shall be stored at least six (6) inches off the floor in a ventilated room that is not subject to sewage, waste water back-flow or contamination by condensation, leakage, rodents or vermin. (8) The facility shall ensure the following: (a) all perishable food is refrigerated and the temperature is maintained no higher than forty-one (41) degrees fahrenheit; (b) the temperature for all hot foods is maintained at one hundred forty (140) degrees fahrenheit; and	A 036		

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A 036	Continued From page 24 (c) all displayed or transported food is protected from environmental contamination and maintained at proper temperatures in clean containers, cabinets or serving carts. E. Milk. (1) Raw milk shall not be used. (2) Condensed, evaporated, or dried milk products that are nationally recognized may be employed as " additives " in cooked food preparation but shall not be substituted or served to residents in place of milk. F. Collateral requirements. Compliance with this rule does not relieve a facility from the responsibility of meeting more stringent municipal regulations, ordinances or other requirements of state or federal laws governing food service establishments. Local health authority having jurisdiction means municipal, county, state or federal agency(s) that have laws and regulations governing food establishments, liquid waste disposal, treatment facilities and private wells. [7.8.2.36 NMAC - Rp, 7.8.2.37 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.36 A (1) (b) (d) B (1, 3- 4) C (1) (b, c) (2) (a-c) (4) D (3) Based on record review, observation, and interview, the facility failed to ensure, that: 1. Nourishing snacks were provided and posted on the daily/weekly menu. 2. A systematic record of all menu and revisions, including snacks was stored for a minimum of thirty days. 3. There was a copy of the most recent New Mexico Environment Department Inspection.	A 036		

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A 036	Continued From page 25 4. The facility maintained a daily log of the recorded temperatures for all facility refrigerators, freezers and steam tables and it was available for inspection for thirty (30) calendar days. 5. Utensils were stored in a clean area protected from contamination. 6. Walls and floors of all rooms that food or drink is stored, prepared or served was kept clean and in good repair. 7. All reusable tableware and kitchenware shall be cleaned in accordance with procedures that include separate steps for prewashing, washing, rinsing and sanitizing. 8. Proper dishwashing procedures and techniques shall be utilized and understood by the dishwashing staff. 9. Periodic monitoring of the operation of the detergent dispenser, washing, rinsing and sanitizing temperatures shall be performed and documented. 10. 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. 11. Food stored in refrigerators and freezers were covered, dated, and labeled and any unused leftover foods were discarded after three (3) calendar days. These deficient practices could likely result in the [redacted] residents listed on the census provided by the Administrator on [redacted]/23, to be at risk of: 1. Not knowing when and what snacks are available and/or if they provide adequate nourishment. 2. Malnutrition, if residents are not receiving nourishing meals and snacks, if the facility does not maintain a proper system record of all menus	A 036		

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and revisions of their menus as served, including substitutions, and snacks for a minimum of 30-days.
3. Contracting foodborne illnesses if:
a. There is no oversite by the NM Department of Environment to ensure that food served to residents is being prepared in a clean/sanitary environment and is being stored/served properly to prevent contamination from bacteria and germs.
b. Food was not stored/served at the proper temperatures and becomes contaminated with germs and bacteria, and if refrigerator and freezer are not kept clean and sanitary at all times.
c. Trash cans do not have tight fitting lids exposing food and utensils to contamination.
d. Contamination of utensils are stored above uncovered trash cans.
e. The walls are not kept clean and in good repair.
f. Periodic monitoring of sanitizing temperatures are not performed and documented.

The findings are:

Findings related snacks

A. On [redacted]/23 at 11:30 am, during an observation of the weekly menu dated [redacted]/23 through [redacted]6/23, posted in facility's dining room, revealed there were no snacks listed on the menu.

B. On [redacted]/23 at 10:12 am, during observation of the facility snack refrigerator, it was observed to only contained one half of sandwich and one open yogurt.

C. On [redacted]/23 at 10:12 am, during an interview

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with the Executive Director, she confirmed that available snacks were not listed in the weekly menu and the findings listed above, in the snack refrigerator.

Findings related to meals not being served as listed on the menus

D. On [redacted]/23 at 11:30 am, during an interview with the Cook, he confirmed that the menus are not always being followed because they run out of ingredients.

E. On [redacted]/23 at 2:38 pm, during an interview, the Dietary Assistant confirmed that according to the menu, they were supposed to serve turkey sliders for the dinner meal, however they didn't have any turkey so he instead made split pea soup, steamed broccoli and cookies. The Dietary Assistant also confirmed that he doesn't follow a menu, the Dietary Manager just tells him what to make and how to make it.

F. On [redacted]/23 at 3:30 pm, during an interview with the Executive Director (ED) when asked about the menus, she stated that the Dietary Manager has been putting together the menus for the last 2-3 weeks by looking up sample menus. The ED stated "We look for a variety. That there is a protein and a vegetable." When asked if the kitchen ever runs out of ingredients, the ED stated "Yes. We talk about it almost every day in stand up. They ran out of eggs this morning.

G. On [redacted]/23 at 7:56 am, during an interview with the Dietary Manager, she confirmed that she would be serving peanut butter and jelly sandwiches for breakfast with orange slices and eggs. When asked how she develops the menu, she stated that she reviews books and other

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A 036	Continued From page 28 sources. When asked about portion sizes, she referred to a drawer of serving scoops and pointed to one size and stated "We use this one." She also reported that she refers to a picture of a plate divided into (4) sections with food to determine portion size. The photo was posted on the side of the refrigerator. When asked if residents are involved in food planning, she confirmed that they were not. H. On [redacted]/23 at 10:22 pm, during an interview with the ED, she confirmed that the menu books being referenced to create the menus were not USDA approved. I. On [redacted]/23 at 11:00 am, during observation of the menu dated [redacted]/23, the menu stated that the lunch meal would be meatloaf, mashed potatoes, and mixed vegetables. The actual meal served was lentil soup. Findings related to records and documentation J. Record review of the kitchen dietary records, revealed that the following documents were not available for review: 1. A systematic record of all menus and revisions, including snacks for the last 30-days. 2. The most recent inspection report by the New Mexico Environment Department. 3. A daily log of recorded temperatures for all facility refrigerators, freezers, and steam tables for the past thirty calendar days. K. On [redacted]/23 at 11:00 am, during an interview with the ED, she confirmed that the facility: 1. Did not have record of all menus with revisions and including snacks for the last 30-days. 2. Did not have the New Mexico Environment Inspection report readily available for review.	A 036		

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A 036	Continued From page 29 3. Was not keeping a daily temperature log for the facility refrigerators and freezers. Findings related to food storage L. On [redacted]/23 at 12:13 pm, during observation of the kitchen freezer, the following was observed: 1. One (1) bag labeled cake mix, but actually containing six frozen, battered chicken patties was not dated or sealed 2. One (1) bag, containing one frozen hamburger patty was not dated, sealed, or labeled. 3. One (1) bag containing seven frozen battered pieces (unknown of what) was not dated, sealed, or tabled. 4. One (1) frozen piece of sausage with the cut end uncovered, was not dated labeled, or sealed. 5. One (1) bag of 12 frozen manicotti dated "08/18" which appeared to have freezer burn. M. On [redacted]/23 at 2:50 pm, during interview with Dietary Assistant, he confirmed that freezer food findings listed above, and stated that the frozen food items were "too old and should be thrown away". Findings related to kitchen cleanliness and sanitation N. On [redacted]/23 at 2:50 pm, during observation of the kitchen two (2) trash cans were observed to not have a tight fitting lids. O. On [redacted]/23 at 2:50 pm, during an interview with Dietary Assistant, he confirmed that the kitchen trash cans did not have any lids on them. P. On [redacted]/23 at 2:54 pm, during an observation of the kitchen counter, knives were	A 036		

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A 036	Continued From page 30 observed to be stored in-between an opening on the counter directly above the trash can without a lid with one inch clearance. Q. On [redacted]/23 at 2:59 pm, during observation and interview with the Dietary Assistant, 2 red sanitization buckets were observed, one near the 3 compartment sink and one on the counter across the room. When asked how much sanitization is added to the bucket, the Dietary Assistant stated that he just adds some sanitization to the bucket and then adds hot water. The Dietary Assistant confirmed that he wasn't aware how to check the sanitization level with the test strips. Test strips were located on the wall next to the dish washing machine/above the 3 compartment sink. Surveyor tested the sanitization level and based upon looking at color scale, the Dietary Assistant confirmed there was no sanitization in the bucket. R. On[redacted]/23 at 8:04 am, during observation and interview, there was a trash can at the end of the food prep table with no lid and with food delivery cardboard boxes directly on the floor. During interview with the Dietary Manager, she confirmed that they received their food delivery that morning. When asked how much sanitization does she put in the sanitization buckets, she stated that she fills it 1/3 with sanitization solution. She confirmed she was unfamiliar with how to test if there was enough sanitization.	A 036		
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	A 038	A038 7 NMAC 8.2.38 A point of entry for ants into the facility was identified and treated. Treatment will occur monthly and ant traps are placed throughout areas of concern. Additionally, staff has been notified that spills of any type shall be cleaned up immediately to prevent food and sugar attraction for the ants. Effective [redacted], 2023.	[redacted]/23

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A 038	Continued From page 31 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 Based on observation, record review and interview, the facility failed to ensure the facility was free from insects. This deficient practice could likely result in the [redacted] residents listed on the resident census list provided by the Administrator on [redacted]/23, to be at risk of harm, illness, or injury if the residents were to get bitten from insects. The findings are: A. On [redacted]/23 at 9:48 am, during observation of	A 038		

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A 038	Continued From page 32 the facility's kitchen ants were observed on the floor in the pantry. B. Record review of pest control invoices identified the last pest control products were bought on [redacted]/23 online and on [redacted]/22 from a local hardware store. C. On [redacted]/23 at 9:52 am during an interview with the Executive Director (ED) when asked if they've had a problem with ants, she confirmed that they were concerned that ants were biting R #2 because [redacted] "little red marks on [redacted] buttocks" and they observed ants in [redacted] room. the ED, stated they solved the problem, they had someone come out to spray the entire building, and they bought pest control products as well. D. On [redacted]/23 at 10:00 am, during an interview with the Cook, he confirmed that there are ants in the kitchen, that he uses sanitizer spray when they see them, and they also have ant bait traps set out.	A 038		
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 furniture, old newspapers or other items that create a fire hazard. B. Floors. Floors shall be maintained stable, firm	A 042	A042 7 NMAC 8.2.42 A. The communal shower floor with missing tiles and a loose drain cover has been addressed by replacing with a properly fit cover. The shower floor will be replaced the week of [redacted], 2023. The door to the sprinkler control room has been locked, allowing only authorized persons access. Completed on [redacted] 3023.	[redacted]/23

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A 042	Continued From page 33 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 B Based on observation and interview the facility failed to ensure that the: 1. Facility communal shower tile floor was maintained in a safe condition and free from damage that could create a safety hazard. 2. The closet to the sprinkler control valve was locked and only the appropriate staff had access. These deficient practices has the potential for all [redacted] residents identified on the census provided by the Executive Director (ED) on [redacted]/23, to be at risk of harm if residents were: 1. To step into shower and potentially cut their foot on the rigged edge of the tile shower floor and metal drain which could also cause a fall/tripping hazard and trauma to the foot. 2. If the sprinkler control valve were to accidentally be turned off and the system did not work properly if a fire occurred. The findings are: A. On [redacted]/23 at 10:10 am, during observation of the communal shower, the shower unit was observed to have broken tiles and a loose metal drain on the floor, which could cause injury to feet or be a potential fall/tripping hazard. B. On [redacted]/23 at 10:36 am during observation of R #2's room, there was a small closet with the sprinkler control valve which was unlocked.	A 042		

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A 042	Continued From page 34 C. On [redacted]/23 at 10:10 am, during an interview with the (ED), she confirmed that the Tile shower floor was broken and cracked with rigged edges of tile and a loose metal drain which posed a potential injury and fall hazard for residents or anyone who stepped in the shower. D. On [redacted]/23 at 10:36 am, during an interview with the (ED), she confirmed that the small closet with the sprinkler control valve was unlocked.	A 042		
A 055	7 NMAC 8.2.55 Toilet and Bathing Facilites TOILET AND BATHING FACILITIES: Toilet and bathing facilities shall be located appropriately to meet the needs of residents. A. A minimum of one (1) toilet, one (1) sink and one (1) bathing unit shall be provided for every eight (8) residents or fraction there of. (1) The facility shall provide at least one tub and one shower or combination unit to allow for residents bathing preference. (2) Facilities with four (4) or more residents shall provide a handicap accessible bathroom for every thirty (30) residents that allows for a bathing preference. B. Facilities with four (4) or more residents must comply with accessibility requirements for the disabled. C. Toilet, sink and bathing facilities shall be readily available to the residents. No passage through a resident room by another resident to reach a toilet, bathing unit or sink facility shall be permitted. D. The combination type tub and shower shall be permitted. E. A facility with four (4) or more residents that has live-in staff shall provide a separate toilet,	A 055	A055 7NMAC 8.2.55 K. The communal shower was scrubbed to remove soap scum and mold. The drain was replaced with the correct size cover and screwed down (see A042 7 NMAC 8.2.42.) The missing tiles were covered temporarily with an anti-slip mat on [redacted], 2023. As previously stated, the communal shower floor will be replaced the week of [redacted] 2023. The covered tub was replaced with a walk-in tub/shower combination and completed on [redacted] 2023.	[redacted]/23

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A 055	Continued From page 35 sink and bathing facility for staff. F. Toilets, tubs and showers shall be provided with grab bars. G. Tubs and showers shall have a slip resistant surface. H. The floors of bathrooms and bathing facilities shall have smooth, waterproof and slip-resistant surfaces. I. Toilet paper and soap shall be provided in each toilet room. J. The use of a common towel shall be prohibited. K. Bathrooms and lavatories shall be cleaned as often as necessary to maintain a clean and sanitary condition. [7.8.2.55 NMAC - Rp, 7.8.2.56 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.55 A (1) K Based on observation and interview, the facility failed to ensure that there was a working bathtub available for use by the residents and communal shower room was maintained, cleaned, and sanitized. This deficient practice prevents all [redacted] residents identified on the census provided by the Executive Director (ED) on [redacted]/23, from having a choice to take a bath instead of a shower. The findings are: A. On [redacted]/23 at 10:10 am, during observation of the facility, there was a bathtub, however, it was covered with plywood in the communal shower room. B. On [redacted]/23 at 10:10 am, during observation of the facility, the communal shower was observed to have had soap scum and black mold	A 055		

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A 055	Continued From page 36 on the bottom corners and between the wall tiles. The shower unit had broken tiles and a loose metal drain on the floor, which could cause injury to feet or be a potential fall/tripping hazard. C. On [redacted]/23 at 10:10 am, during an interview with the (ED), she confirmed that the Tile shower floor was broken and cracked with rigged edges of tile and a loose metal drain which posed a potential injury and fall hazard for residents or anyone who stepped in the shower. D. On [redacted]/23 at 10:20 am, during an interview with the (ED), she confirmed there was not a functioning bathtub in the facility and that the shower was not clean. She stated they are looking into renovating the communal shower room and installing a walk-in bathtub.	A 055		
A 059	7 NMAC 8.2.59 Windows WINDOWS: A. Each sleeping room shall be provided with an exterior window. (1) The window shall be operable, screened and have a clear operable area of 5.7 square feet minimum; measured twenty (20) inches wide minimum and measured twenty-four (24) inches high minimum. (2) The top of the window sill shall not be more than forty-four (44) inches above the finished floor. B. Screens shall be provided on all operable windows. C. The proposed use of bars, grilles, grates or similar devices shall be reviewed and approved by the licensing authority prior to installation. D. Sleeping rooms, living rooms, activity room areas and dining room areas shall have a window	A 059	A059 7 NMAC 8.2.59 Torn and/or missing window screens have all been replaced. The screens were replaced the week of [redacted] 2023. Staff will report damage to property when it is noticed.	[redacted]/23

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 059	Continued From page 37 area of at least one tenth (1/10) of the floor area with a minimum of ten (10) square feet. [7.8.2.59 NMAC - Rp, 7.8.2.52 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.59 B Based on observation and interview the facility failed to ensure that all of the facility's operational windows had properly fitted screens. This deficient practice could likely result in the [redacted] residents identified on the census provided by the Executive Director (ED) on [redacted]/23, to be at risk of injury or illness if the window screens are damaged and or do not fit properly exposing residents to bugs/insects, allergens, or debris coming in through the windows. The findings are: A. On [redacted]/23 at 7:56 am, during observation of the exterior of the facility, it was observed that the window outside of : 1. Room [redacted] did not have a properly fitted screen, it was damaged on the bottom left side, and had a tear on the bottom right corner. 2. Room [redacted], did not have a properly fitted screen, it was damaged/torn on the bottom left corner and top left corner. 3. Room [redacted], had rusted nails holding the screen in place was not properly fitted. 4. Room [redacted], had tape holding the screen in place is not properly fitted. 5. Room [redacted] did not have a properly fitted screen and was damaged on the top left corner. 6. Room [redacted] was missing a screen. 7. Room [redacted] the screen was damaged/torn at the	A 059		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7194	A. BUILDING: _____ B. WING _____	C 05/04/2023

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A 059	Continued From page 38 bottom. 8. Room [redacted] the screen was damaged/torn at the bottom. 9. The leasing office the screen was damaged at the bottom. 10. The copy room is missing a screen. B. On [redacted]/23 at 8:11 am, during an interview with the (ED), she confirmed that all of the window screen findings listed above.	A 059		