STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5882	A. BUILDING: _____ B. WING _____	C 12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMINO RETIREMENT APARTMENTS	12101 LOMAS BLVD NE ALBUQUERQUE, NM 87112

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8 000	Initial Comments The following deficiencies were cited during a complaint survey completed on 12/01/25 for the state requirements of NMAC 8.370.14, Regulations for Assisted Living for Adults. Census: 93 Complaint Intake # NM [redacted] was investigated and deficiencies were not cited.	8 000	This Plan of Correct is provided to assure resident safety and quality of care, and to meet regulatory requirements. It does not necessarily indicate admission or agreement with the survey conclusions or facts cited, and is not intended to establish a standard of care.	
8 026	8 NMAC 370.14.26 Individual Service Plan An ISP shall be developed and implemented within 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 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	8 026		

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8 026	Continued From page 1 services; (8) documentation of the facility's determination that it is able to meet the needs of the resident; (9) the level of assistance that the resident will require with activities of daily living and with medications; (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. [8.370.14.26 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.26 B (1-7) Based on record review and interview, the facility failed to ensure for 1 (R #1) of 5 (R #s 1 through 5) residents whose Individual Service Plans (ISP) were reviewed for compliance that the ISP included the following: 1. A description of the identified needs as noted in the resident evaluation; 2. A written description of all services to be provided by the facility; 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. This deficient practice could likely result in residents not receiving the care and services needed if they are not documented on the ISP for Direct Care Staff (DCS) to review. The findings are: A. Record review of R #1s (date of admission [redacted] ISP dated [redacted] revealed the ISP	8 026	**8 026 Individual Service Plans.** The ISP for Resident #1 (dated [redacted] will be replaced by a new Individual Service Plan (ISP) which includes the required seven elements of that plan: 1. description of resident needs per resident evaluation. 2. 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. This ISP will be created by Camino contract RN who completed the other plans found to be in compliance during the Survey. This updated ISP will be completed by 12/29/25. The Care Coordinator will review all ISPs to identify any others that would need to be updated or replaced to meet requirements. This review will be completed by 12/29/25. If any additional ISPs are identified which do not meet all requirements, these will also be updated by the RN consultant. Care plans provided at Admission or updated by Innovage/PACE will no longer be adopted by Camino as the Individual Service Plans (ISPs) for those residents. Camino will use these plans as an input in creating our own ISP along with the resident assessment conducted by our Executive Director. The PACE service plan will be an attachment to the ISP created ans signed by the Camino Nurse Consultant to assure that the Camino care plans also meet PACE recommendations. The Executive Director will review and approval all ISPs to assure that all meet the regulatory requirements moving forward.	12/29/25

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8 026	Continued From page 2 did not include the following: 1. A description of the identified needs as noted in the resident evaluation; 2. A written description of all services to be provided by the facility; 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. B. On 11/25/25 at 12:45 pm, during an interview, the Administrator (ADM) confirmed R #1's ISP did not include the needs and interventions that would be provided by DCS.	8 026		
8 032	8 NMAC 370.14.32 Reporting of Incidents A. The facility shall insure that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 8.370.9 NMAC. (1) The facility shall also report any incident or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within 24 hours or by the next business day, if it is a weekend or a holiday. (2) The facility shall not delay a report to the complaint hotline while an internal investigation is conducted. B. The facility is responsible for conducting and documenting the investigation of all incidents within five business days and shall submit a copy of the investigation report to the licensing authority. A copy of the report and the documentation, including the date and time that it was submitted to the licensing authority, shall be	8 032		

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8 032	Continued From page 3 maintained on file at the facility. The investigation shall include the following: (1) a narrative description of the incident; (2) the result of the facility's investigation shall be recorded on the state approved incident report form for the current year, pursuant to 8.370.9 NMAC; and (3) plans for further actions in response to the incident. [8.370.14.32 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.32 A (1) B REPORTING OF INCIDENTS: A. The facility shall ensure that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 8.370.9 NMAC. (1) The facility shall also report any incident or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within twenty-four (24) hours or by the next business day, if it is a weekend or a holiday. (3) All licensed health care facilities shall ensure that the reporter with direct knowledge of an incident has immediate access to the bureau incident report form to allow the reporter to respond to, report, and document incidents in a timely and accurate manner. B. The facility is responsible for conducting and documenting the investigation of all incidents within five (5) business days and shall submit a copy of the investigation report to the licensing	8 032	**8 032 Reporting of all suspected cases or known incidents of Resident Abuse, Neglect or Exploitation.** Camino failed to report a complaint of alleged theft as a suspected case of resident exploitation to the HHS regulatory authorities. Camino's internal investigation determined there was no substantiation for the complaint, but the report to state authorities is required contemporaneously with the internal investigation, and had not been made at that time. After reviewing the details of the Internal Investigation on this complaint with the Surveyor, our understanding is that no further investigation of this specific complaint is required. The complaining resident later made the statement that [redacted] had found the missing item and so withdrew [redacted] complaint. The Executive Director reviewed records to determine if any other resident complaint would have required a Self Report, and determined that there were not any other incidents requiring a current report. The Executive Director understands and will meet the requirement to make a report to state authorities of any suspected case of Resident Abuse, Neglect or Exploitation, regardless of the findings of an internal investigation. This is completed on 12/23/25. The Executive Director is responsible for on-going review of any complaint allegations and for reporting any suspected case or known incidents of resident Abuse, Neglect or Exploitation.	12/23/25

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8 032	Continued From page 4 authority. A copy of the report and the documentation, including the date and time that it was submitted to the licensing authority, shall be maintained on file at the facility. Based on record review and interview, the facility failed to ensure for 1 (R #2) of 5 (R #'s 1 through 5) residents that allegations of exploitation were reported within twenty-four (24) hours and an investigation was conducted within five (5) business days and reported to the Licensing Authority (LA). These deficient practices could impede (delay or prevent) regulatory oversight and hinder (create difficulties resulting in delay) the identification of potential exploitation of residents by Direct Care Staff (DCS). The findings are: A. Record review of NM [redacted] received on [redacted] revealed R #2 complained that Housekeeper #1 was burglarizing residents while they were gone. B. Record review of a write up/ complaint form of the facility written by DCS #3 dated on [redacted] revealed Housekeeper #1 was accused of stealing R #2 money. C. Record review of R #2's grievance written dated on [redacted] revealed R #2 was missing money. D. On 11/25/25 at 12:45 pm, during an interview, the Administrator confirmed he did not report the incident of alleged exploitation to the LA and did not submit a Follow Up Report (FUR) within 5 business days with findings of the facility's internal investigation to the LA.	8 032		

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8 034	Continued From page 5	8 034		
8 034	8 NMAC 370.14.34 Custodial Drug Permits A facility with two or more residents that is licensed pursuant to this rule and that assists with self-administration or safeguards medications for residents shall have a current custodial drug permit issued by the state board of pharmacy. A. Procurement, labeling and storage: The facility shall provide assistance to the resident in obtaining the necessary medications, treatment and medical supplies as identified in the ISP. The facility shall procure, label and store medications for residents who require assistance with self-administration of medication in compliance with state and federal laws. (1) All medications, including non-prescription drugs, shall be stored in a locked compartment or in a locked room, as approved by the board of pharmacy and the key shall be in the care of the administrator or designee. (2) Internal medication shall be kept separate from external medications. Drugs to be taken by mouth shall be separated from all other delivery forms. (3) A separate, locked refrigerator shall be provided by the facility for medications. The refrigerator temperature shall be kept in compliance with the state board of pharmacy requirements for medications. (4) All medications, including non-prescription medications, shall be stored in separate compartments for each resident and all medications shall be labeled with the resident's name. (5) A resident may be permitted to keep his or her own medication in a locked compartment in his or her room for self-administration, if the physician's order deems it appropriate. (6) The facility shall not require the residents to	8 034		

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8 034	Continued From page 6	8 034		

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

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8 034	Continued From page 7 reported to the administrator of the facility and these irregularities shall be resolved by the administrator within 72 hours. (2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation. (3) Consultation shall be provided on all aspects of pharmacy services in the facility, including reference information regarding side effects and, when needed, physician consultation in cases involving the use of psychotropic medications. (4) The consulting pharmacist will be responsible for assuring that the facility meets all requirements for storage, labeling, destruction and documentation of medications as required by the state board of pharmacy, 16.19. 11.10 NMAC and 8.370.14 NMAC. [8.370.14.34 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.34 A (5) Based on observation and interview, the facility failed to ensure for 1 (R #3) of 1 (R #3) residents who self-administer medications that their medications were stored in a locked compartment or locked room. This deficient practice could likely result in residents being able to access or ingest (take [food, drink, or another substance] into the body by swallowing or absorbing it) medications they are not prescribed, or medications being lost or stolen if they are not stored securely. The findings are: A. On 11/24/25 at 11:03 am, during an interview and observation of R #3's room, on the table	8 034	**8 034 Storage of Medications for Residents who self Administer Medications.** Any resident who self-administers their own medication is required to keep these medications in locked storage when not actively in use. Resident #3 failed to return [redacted] medications to the locked storage area in [redacted] apartment after taking these medications. The Care Coordinator met with Resident #3 to remind [redacted] of the requirement to keep [redacted] medications in the locked drawer when not in use, and warned him that failure to meet this requirement could result in the loss of [redacted] rights to self administer [redacted] own medications. The resident indicated that [redacted] understood and agreed to use the locked storage space in the future. The care coordinator will review the storage practices of all other residents who self administer Medications to assure they are aware of the requirement to keep all medications in a locked container when not in use. This will be completed by 12/30/25. The initial Resident Service Agreement Addendum for Self Administration of Medications will be amended to more clearly state the requirement for locked storage of medications. The checklist used to re-certify residents for self administration of medications will also be amended to add review of the requirement to keep medications in locked storage. This will be completed by 12/30/25. The Assistant Care Coordinator will be responsible for administering the self administration recertification including this requirement on an ongoing basis.	12/30/25

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8 034	Continued From page 8 beside [redacted] chair, there were the following unsecured medications: [redacted] B. On 11/25/25 at 9:12 am, during an interview, Administrator confirmed the medications in R #3's room were not secured in a locked compartment.	8 034		
8 035	8 NMAC 370.14.35 Medication Administration of medications or staff assistance with self-administration of medications shall be in accordance with state and federal laws. No medications, including over-the-counter medications, PRN (when needed) medications, or treatment shall be started, changed or discontinued by the facility without an order from the physician, physician assistant or nurse practitioner and with entry into the resident's record. A. State board of nursing licensed or certified health care professionals are responsible for the administration of medications. Administration may only be performed by these individuals. B. Facility staff may assist a resident with the self-administration of medications if written consent by the resident is given to the administrator of the facility or the administrator's designee. If the resident is incapable of giving consent, the surrogate decision maker named in accordance with New Mexico law may give written consent for assistance with self-administration of medications. All staff that assist with self-administration of medications shall have successfully completed a state	8 035		

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8 035	Continued From page 9 approved assistance with self-administration of medication training program or be licensed or certified by the state board of nursing. C. PRN (pro re nada) medication: (1) Physician or physician extender's orders for PRN medications shall clearly indicate the circumstances in which they are to be used, the number of doses that may be given in a 24-hour period and indicate under what circumstances the primary care practitioner (PCP) is to be notified. (2) The utilization of PRN medications shall be reviewed routinely. Frequent or escalating use of PRN medications shall be reported to the PCP. D. Only a licensed nurse (RN or LPN) shall administer any medications or conduct any invasive procedures provided by the following routes: intravenous (IV), subcutaneous (SQ), intramuscular (IM), vaginal or rectal. Only a licensed nurse shall administer non-premixed nebulizer treatments. E. The facility shall have medication reference material that contains information relating to drug interactions and side effects on the premises. Staff that assist in the self-administration of medications shall know interactions or possible side effects that might occur. F. Medications prescribed for one resident shall not be used for another resident. G. Medication assistance record (MAR): For residents who are not independent and require assistance with self-administration, the facility shall have a MAR that documents the details of the residents' medication, including PRN and over-the-counter medication that is assisted with self-administration by qualified staff or administered to the resident by licensed or certified staff. The information in the MAR shall include: (1) the resident's name;	8 035		

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8 035	Continued From page 10 (2) any known allergies to medication that the resident has; (3) the name of the resident's PCP or the prescriber of the medication; (4) the diagnosis or reason for the medication; (5) the name of the medication, including the drug product brand name and the generic name; (6) notation if the medication is a schedule II-IV drug; (7) the dosage of the medication; (8) the strength of the medication; (9) the frequency or how often the medication is to be taken or given; (10) the route of delivery for the medication (mouth, eye, ear, other); (11) the method of delivery for the medication (pills, drops, IM injection, other); (12) the date that the medication was started or discontinued; (13) any change in the medication order; (14) pre-medication information (i.e., pulse, respiration, blood pressure, blood sugar) as required by the medication order; (15) the date and time that the medication is self-administered, administered with assistance or is administered; (16) the initials and signature of the person assisting with or administering the medication; (17) the desired results obtained from or problems encountered with the medication (pain relieved, allergic reaction, etc.); (18) any refused dose of medication; (19) any missed dose of medication; and (20) any medication error. H. No medication shall be stopped or started without specific orders from the primary care physician. I. If a resident refuses to take a prescribed medication, it shall be documented and the facility	8 035		

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8 035	Continued From page 11 shall report it to the prescriber. J. A suspected adverse reaction to a medication shall be documented on the MAR and reported immediately to the PCP and the resident's surrogate decision maker. If applicable, emergency medical treatment shall be arranged. Documentation of the event shall be kept in the resident's record. K. Prescription medication, other than blister packs and unit dose containers, shall be kept in the original container with a pharmacy label that includes the following: (1) the resident's name; (2) the name of the medication; (3) the date that the prescription was issued; (4) the prescribed dosage and the instructions for administration of the medication; and (5) the name and title of the prescriber. L. Any medication that is removed from the pharmacy container or blister pack shall be given immediately and documented by the staff that assisted with the medication delivery. M. The facility shall report all medication errors to the physician, documentation of medication errors and the prescriber's response shall be kept in the resident's record. N. The facility shall develop and follow a written policy for unused, outdated, or recalled medications kept in the facility in accordance with 16.19.11.10 NMAC. [8.370.14.35 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.35 Based on record review, observation, and interview, the facility failed to ensure for 1 (R #3) of 5 (R #1 through R #5) residents that there were	8 035	**8 035 Doctor's orders are required for Over the Counter Medications for residents who self Administer Medications.** Any resident who self-administers their own medication is required to have doctor's orders for all medications, including over-the-counter (OTC) medications that due not require prescriptions. Resident #3 had obtained OTC items for which [redacted] had not a doctor order. The Care Coordinator met with Resident #3 to [redacted] of the requirement to obtain doctor's orders for all medications including OTC items, and warned [redacted] that failure to meet this requirement could result in the loss [redacted] rights to self administer [redacted] own medications. The resident indicated [redacted] understood and agreed to discuss OTC items [redacted] doctor and obtain an order prior to using OTC items. A consultation with the resident's NP was scheduled to obtain orders for the OTC medications already in use by this resident. The Assistant Care Coordinator will review the practices of all other residents who self administer Medications to assure they are aware of the requirement for a doctor's order for OTC medications as well as prescription medications. This will be completed by 12/30/25. The initial Resident Service Agreement Addendum for Self Administration of Medications will be amended to more clearly state the requirement for doctor's orders for OTC medications. The checklist used to re-certify residents for self administration of medications will also be amended to add review of the requirement for doctor's orders for both prescription and OTC medications. This will be completed by 12/30/25.	12/30/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5882	A. BUILDING: _____ B. WING _____	C 12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMINO RETIREMENT APARTMENTS	12101 LOMAS BLVD NE ALBUQUERQUE, NM 87112

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8 035	Continued From page 12 physician orders for over the counter (OTC) medications. This deficient practice could likely result in the residents to be at risk of a possible medication contraindications if the resident's physician does not prescribe all medications they are taking. The findings are: A. On 11/24/25 at 11:03 am, during an observation of R #3's room, the following medications were unsecured on a table next to [redacted]: [redacted] B Record review of R #3 resident file revealed the file did not include physician orders for the [redacted] C. On 11/25/05 at 12:45 pm, during an interview, the Administrator confirmed there was no physicians order for R #3's file.	8 035	Continued from page 12 The Assistant Care Coordinator will be responsible for administering the self administration recertification including this requirement on an ongoing basis.	