STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4098	A. BUILDING: _____ B. WING _____	C 10/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVEREST ASSISTED LIVING HOME	7524 BEAR CANYON ROAD NE ALBUQUERQUE, NM 87109

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments 7.8.2.00 The following deficiencies were cited during an Initial/Complaint survey completed on 10/29/20 for the state requirements of NMAC 7.8.2 regulations for Assisted Living Facilities. Complaint Intake #47461 was substantiated with deficiencies cited.	A 000		
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 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;	A 017		

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A 017	Continued From page 1 (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 (11) Based on record review and interview the facility failed to ensure that Direct Care Staff (DCS) had received the required Medication Administration Assistance Training, received certificates of completion from a state approved course, and that the documents/certificates were maintained onsite at the facility and a available for review. This deficient practice could likely result in harm or injury for the 5 (R #s 1-5) residents identified on the census provided by the House Manager on 10/29/20, if the DCS providing assistance with self-administration of medications have not received all required training/certificates of completion and do not know how to properly assist residents with the self-administration of medication. The findings are: A. Record review of DCS #s 1 and 2 staff files	A 017		

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A 017	Continued From page 2 revealed no Certificate of Completion from a State approved Assisting with Self-Administration of Medication course. B. On 10/29/20 at 2:27 pm, during an interview, the House Manager confirmed that DCS #s 1 and 2 did not have certificates of completion from a state approved course. Assisting with the Self-Administration of Medication course.	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,	A 020		

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A 020	Continued From page 3 Processing and Training Requirements, 7.1.13 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	A 020		

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A 020	Continued From page 4	A 020		

have elected to receive the hospice benefit.
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

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A 020	Continued From page 5	A 020		

should be admitted, readmitted or allowed to 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.

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A 020	Continued From page 6 [7.8.2.20 NMAC - Rp, 7.8.2.19 NMAC & 7.8.2.20 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.20 A (5) (12) (a) 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	A 020		

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A 020	Continued From page 7	A 020		

removed within one week of the resident's death 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 2 (R #s 3 and 4) of 2 (R #s 3 and 4) residents whose Admission/Discharge Agreement was reviewed for compliance included:

1. A Refund Upon Death policy in compliance with the regulations for Assisted Living Facilities 7 NMAC 8.2.20 and Senate Bill (SB) 0335 - 2013

2. The agreement may be terminated if an appropriated placement has been found for the resident.

3. A fifteen (15) day written notice of termination of the agreement by the facility would be given to the resident or his or her surrogate decision maker.

This deficient practice could likely result in:

1. The resident's estate to be at risk of not receiving monies owed and/or not being aware of additional charges that may be incurred, if the

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A 020	Continued From page 8 Refund Upon Death policy is missing from the Admission/Discharge Agreement. 2. Residential agreements being terminated before appropriate placement has been found. 3. The facility terminating the agreement and/or residents being discharged without proper notice. The findings are: A. Record review of R #s 3 and 4 Admission/Discharge Agreements revealed that there was no documentation: 1. Of a refund provision in case of death in compliance with NMAC 7.8.2.20 and Senate Bill (SB) 0335 - 2013. 2. That the agreement may be terminated if an appropriated placement has been found for the resident. 3. A fifteen (15) day written notice of termination of the agreement by the facility would be given to the resident or his or her surrogate decision maker. B. On 12/29/20 at 9:44 am, during an interview with the Owner/Administrator, he confirmed that R #s 3 and 4 Admission/Discharge Agreements did not include documentation that: 1. The agreement may be terminated if an appropriated placement has been found for the resident. 2. A fifteen (15) day written notice of termination of the agreement by the facility would be given to the resident or his or her surrogate decision maker. C. On 10/29/20 at 1:51 pm, during an interview with the House Manager, she confirmed that R #s 3 and 4 Admission/Discharge Agreements did not contain a Refund Upon Death policy that was in	A 020		

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A 020	Continued From page 9 compliance with the regulations for Assisted Living Facilities 7 NMAC 8.2.20 and Senate Bill (SB) 0335 - 2013.	A 020		
A 022	7 NMAC 8.2.22 Facility Reports, Records, Rules, Policies FACILITY REPORTS, RECORDS, RULES, POLICIES AND PROCEDURES: A. Reports and records. Each facility shall keep the following reports, records, policies and procedures on file at the facility and make them available for review upon request by the licensing authority, residents, potential residents or their surrogate decision makers: (1) fire inspection report; (2) zoning approval; (3) building official approval (certificate of occupancy); (4) a copy of the approved building plans; (5) a copy of the most recent survey conducted by the licensing authority, to include adverse actions or appeals and complaints; (6) for facilities with food establishments/kitchens that require a permit from the local health authority that has jurisdiction, a copy of the current inspection report in accordance with the applicable, municipal, or federal laws and regulations and pursuant to Subsection B of 7.6.2.8 NMAC, regarding kitchen and food management; if a facility is considered a licensed private home and not required to meet specific requirements by the local health authority, a copy of that determination must also be maintained; (7) where necessary, a copy of the liquid waste disposal and treatment system permit from the local health authority that has jurisdiction; (8) thirty (30) days of menus as planned, including snacks and thirty (30) days of menus as	A 022		

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A 022	Continued From page 10 served, including snacks; (9) record of monthly fire drills conducted at the facility and the fire safety evaluation system (FSES) rating, if applicable; (10) written emergency plans, policies and procedures for medical emergencies, power failure, fire or natural disaster; plans shall include evacuation, persons to be notified, emergency equipment, evacuation routes, refuge areas and the responsibilities of personnel during emergencies; plans shall also included a list of transportation resources that are immediately available to transport the residents to another location in an emergency; the emergency preparedness plan shall address two types of emergencies: (a) an emergency that affects just the facility; and (b) a region/area wide emergency; (11) a copy of this rule, Requirements for Assisted Living Facilities for Adults, 7.8.2 NMAC); (12) for facilities with two or more residents (that are not related to the owner), a valid custodial drug permit issued by the NM board of pharmacy, that supervise administration and self-administration of medications or safeguards with regard to medications for the residents; and (13) vaccination records for pets in the facility. B. Reports and records. Each facility shall keep the following reports, records, policies and procedures on file at the facility and make them available for review upon request by the licensing authority: (1) a copy of the facility license; (2) employee personnel records, including an application for employment, training records and personnel actions: (a) caregiver criminal history screening documentation pursuant to 7.1.9 NMAC; (b) employee abuse registry documentation	A 022		

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A 022	Continued From page 11 pursuant to 7.1.12 NMAC; and (3) a copy of all waivers or variances granted by the licensing authority. C. Rules. Prior to admission to a facility a prospective resident or his or her representative shall be given a copy of the facility rules. Each facility shall have written rules pertaining to resident ' s rights and shall include the following: (1) resident use of tobacco and alcohol; (2) resident use of facility telephone or personal cell phone; (3) resident use of television, radio, stereo and cd; (4) the use and safekeeping of residents ' personal property; (5) meal availability and times; (6) resident use of common areas; (7) accommodation of resident ' s pets; and (8) resident use of electric blankets and appliances. D. Policies and procedures. All facilities shall have written policies and procedures covering the following areas: (1) actions to be taken in case of accidents or emergencies; (2) policy and procedure for updating and consolidating the residents current physician or PCP orders, treatments and diet plans every six (6) months or when a significant change occurs, such as a hospital admission; (3) policy for medication errors; (4) method of staying informed when residents are away from the facility (e.g., sign-out sheets or other record indicating where the resident will be, cell phone contact, etc.); (5) the handling of resident's funds, if the facility provides such services; (6) reporting of incidents, including abuse, neglect and misappropriation of property, injuries	A 022		

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A 022	Continued From page 12 of unknown cause, environmental hazards and law enforcement interventions in accordance with 7.1.13 NMAC; (7) reporting and investigating internal complaints; (8) reporting and investigating complaints to the incident management bureau; (9) staff and resident fire and safety training; (10) smoking policy for staff, residents and visitors; (11) the facility's bed hold policy; (12) admission agreement; (13) admission records; (14) resident records including maintenance and record retention if the facility closes; (15) program narrative; (16) resident's rights with regard to making health care decisions and the formulation of advance directives; (17) personnel policies; (18) identifying and safeguarding resident possessions; (19) securing medical assistance if a resident's own physician is not available; (20) staff training appropriate to staff responsibilities; (21) staff training for employees who provide assistance to residents with boarding or alighting from motor vehicles and safe operation of motor vehicles to transport residents; (22) witnessed destruction of unused, outdated or recalled medication by the facility administrator with the consulting pharmacist present; and (23) mealtimes, daily snacks, menus, special diets, resident ' s personal preference for eating alone or in the dining room setting. [7.8.2.22 NMAC - Rp, 7.8.2.23 NMAC, 01/15/2010]	A 022		

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A 022	Continued From page 13 This REQUIREMENT is not met as evidenced by: 7.8.2.22 A (10) (a) Based on record request and interview, the facility failed to ensure that there was an emergency evacuation /map was posted in the facility. This deficient practice could likely result in the 5 (R #s 1-5) residents listed on the census provided by the House Manager 10/29/20 to be at risk of harm, injury, or death if there was an emergency and they were unable to safely evacuate the facility. The findings are: A. On 10/29/20 at 8:45, during observation of the facility common areas and hallways the facility failed to post emergency evacuation plan/map of the evacuation routes leading to the exit doors so that residents would know how to safely evacuate the facility in case of a fire or other emergency. B On 10/29/20 at 9:41 am, during an interview with the House Manger, she confirmed that the facility did not have emergency evacuation plans that included maps of the evacuation routes posted in the facility.	A 022		
A 031	7 NMAC 8.2.31 Handling of Emergencies HANDLING OF EMERGENCIES: A. Upon admission, each resident or surrogate decision maker shall designate a primary care practitioner (PCP) to be called in case of a medical necessity. Each resident or representative shall also designate a concerned	A 031		

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	4098	A. BUILDING: _____ B. WING _____	C 10/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 031	Continued From page 14 person to be called in case of an emergency. The facility shall establish a policy to secure medical assistance if the resident's own physician is not available. In the event of an illness or an injury to the resident, the PCP or a physician extender shall be notified by the facility. B. The facility shall have a first aid kit that contains at a minimum, gauze, adhesive tape, antiseptic ointment and bandages for emergencies. The first aid kit shall be kept in a designated, easily accessible place within the facility. C. An easily accessible and functional telephone shall be available in each facility for summoning help in case of an emergency. A pay telephone does not fulfill this requirement. D. A list of emergency numbers including: fire department, police department, ambulance services and poison control shall be posted near each public telephone in the facility. [7.8.2.31 NMAC - Rp, 7.8.2.32 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: NMAC 7.8.2.31 D Based on observation and interview, the facility failed to ensure that list of emergency numbers was posted near each public phone including: 1. Fire Department. 2. Police Department. 3. Ambulance Services. 4. Poison Control. This deficient practice could likely result in the 5 (R #s 1-5) residents, identified on the census	A 031		

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A 031	Continued From page 15 provided by the House Manager on 10/29/20, to be at risk of harm, injury, or death if there was not a list of emergency numbers posted near the public phones, causing a delay in medical care and services. The findings are: A. On 10/29/20 at 11:33 am, during observation of the common living area, a list emergency numbers was not observed to be posted near the phone available for use by residents/family/visitors/staff. B. On 10/29/20 at 11:36 am, during an interview with the Administrator, she confirmed that a list of emergency numbers was not posted near the phone in the common living area available for use by residents/family/visitors/staff.	A 031		
A 032	7 NMAC 8.2.32 Reporting of Incidents 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 7.1.13 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. (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 (5) business days and shall submit a copy of the investigation report to the licensing authority. A copy of the report and the	A 032		

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A 032	Continued From page 16 documentation, including the date and time that it was submitted to the licensing authority, shall be maintained on file at the facility. The investigation shall include the following: (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 7.1.13 NMAC; and (3) plans for further actions in response to the incident. [7.8.2.32 NMAC - Rp, 7.8.2.32 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.32 A (1) B 7.1.13 INCIDENT REPORTING, INTAKE, PROCESSING AND TRAINING REQUIREMENTS Refer to 7.1.13.7 W & 8 B (2) W. " Reportable incident " means possible abuse, neglect, exploitation, injuries of unknown origin and other events including but not limited to falls which cause injury, unexpected death, elopement, medication error which causes or is likely to cause harm, failure to follow a doctor ' s order or an ISP or any other incident which may evidence abuse, neglect, or exploitation. B. (2) Division incident report form and notification by licensed health care facilities: The licensed health care facility shall report incidents utilizing the division's incident report form consistent with the requirements of the division ' s	A 032		

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A 032	Continued From page 17	A 032		

incident management system guide and CMS regulations as applicable. The licensed health care facility shall ensure that all incident report forms alleging abuse, neglect, exploitation, injuries of unknown origin or other reportable incidents are submitted by a reporter with direct knowledge of an incident, are completed on the bureau ' s incident report form and received by the division within twenty-four (24) hours of an incident or allegation of an incident or the next business day if the incident occurs on a weekend or a holiday. The licensed health care facility shall ensure that the reporter with the most direct knowledge of the incident assists with the preparation of the incident report form.

Based on record review and interview, the facility failed to ensure for 2 (R #s 3 & 5) of 2 (R #s 3 & 5) residents identified as being involved in a incident of unusual occurrence (right to privacy/dignity) on 10/03/20 which has or could likely threaten the health, safety, or welfare of the residents:

1. Were reported to the Licensing Authority within 24 hours or the next business day if a holiday or weekend.

2. That a follow-up investigation report was submitted to the Licensing Authority within 5 business days from the date of the incident.

This deficient practice could likely result in the residents to be at risk of harm, injury, and/or death, if there is no oversight by the Licensing Authority. The findings are:

A. Record Review of facility video footage recorded dated 10/03/20-10/04/20 provided by the Administrator on 10/29/20 concerning an incident that occurred on [redacted]/20 involving a [redacted] resident (R #3) taking cell phone photos of

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A 032	Continued From page 18 an unaware and incapacitated [redacted] resident (R #5), as [redacted] was laying on a mat in the living room floor of the facility while the House Manager waited for the resident's physician to come to the facility and examine the resident who had a health related incident in the living room a short time earlier revealed that: [redacted] B. On 10/29/20 at 11:33 am, during an interview, the House Manager stated that R #5 was ill, nearing the end of life, and was left on the mat on the floor until [redacted] physician arrived to examine [redacted] During the time [redacted] was on the floor R #3 was observed taking pictures of [redacted] without [redacted] being able to give permission to have [redacted] picture taken. The HM stated that she asked R #3 to put [redacted] phone away and stop taking pictures several times, but [redacted] continued to take the photos. C. On 10/29/20 at 2:16 pm, during an interview, the Administrator stated that he saw R #3 taking photos of the [redacted] resident (R #5), asked R #3 to put [redacted] phone away and to stop taking pictures multiple times however, R #3 ignored [redacted] requests and continued taking photos. D. Record Review of the facility's Incident Reports provided by the House Manager on 10/29/20 revealed that the facility failed to:	A 032		

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A 032	Continued From page 19 1. File an Incident Report with the Licensing Authority to self report this incident in which R #5's privacy/dignity was violated by R #3 who took pictures of R #5 during a health crisis. 2. Conducted an internal investigation and submitted an internal investigation follow-up report to the Licensing Authority within 5 business days after the incident. E. On 10/29/20 11:33 am during an interview with the House Manager, she confirmed that the 10/03/20 incident of unusual occurrence where R #3 violated R #5's right to privacy/dignity by taking pictures of R #5 during a health crisis did occur and that the facility did not: 1. Self-Report to the Licensing Authority within 24 hours or the next business day if holiday or weekend. 2. Conduct an internal investigation and submit a 5-day investigation follow-up report to the Licensing Authority within 5 business days from the date of the incident.	A 032		
A 033	7 NMAC 8.2.33 Resident Rights RESIDENT RIGHTS: All licensed facilities shall understand, protect and respect the rights of all residents. A. Prior to admission to a facility, a resident and legal representative shall be given a written description of the legal rights of the resident, translated into another language, if necessary, to meet the resident ' s understanding. B. If the resident has no legal representative and is incapable of understanding his or her legal rights, a written copy of the resident's legal rights shall be provided to the most significant responsible party in the following order: (1) the resident's spouse;	A 033		

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A 033	Continued From page 20 (2) significant other; (3) any of the resident's adult children; (4) the resident's parents; (5) any relative the resident has lived with for six or more months before admission; (6) a person who has been caring for, or paying benefits on behalf of the resident; (7) a placing agency; (8) resident advocate; or (9) the ombudsman. C. The resident rights shall be posted in a conspicuous public place in the facility and shall include the telephone numbers for the incident management hotline and for the state ombudsman program. D. To protect resident rights, the facility shall: (1) treat all residents with courtesy, respect, dignity and compassion; (2) not discriminate in admission or services based on gender, sexual orientation, resident's age, race, religion, physical or mental disability, or nationality; (3) provide residents written information about all services provided by the facility and their costs and give advance written notice of any changes; (4) provide residents with a safe and sanitary living environment; (5) provide humane care for all residents; (6) provide the right to privacy, including privacy during medical examinations, consultations and treatment; (7) protect the confidentiality of the resident ' s medical record; (8) protect the right to personal privacy, including privacy in personal hygiene; privacy during visits with a spouse, family member or other visitor; and privacy in the resident's own room; (9) protect the right to communicate privately and freely with any person, including private	A 033		

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A 033	Continued From page 21	A 033		

telephone conversations and private correspondence; and the right to receive visits from family, friends, lawyers, ombudsmen and community organizations;
(10) prohibit the use of any and all physical and chemical restraints;
(11) ensure that residents:
(a) are free from physical and emotional abuse neglect and misappropriation/or exploitation;
(b) are free from financial abuse and misappropriation by facility staff or management;
(c) are free to participate in religious, social, community and other activities and freely associate with persons in and out of the facility;
(d) are free to leave the facility and return without unreasonable restriction;
(e) are given a fifteen (15) calendar day, written notice before room transfers or discharge from the facility unless there is immediate danger to self or others in the facility;
(f) have an environment that fosters social interaction and avoids social isolation;
(g) or their surrogate decision makers, are informed of and consent to the services provided by the facility;
(h) have the right to voice grievances to the facility staff, public officials, the ombudsmen, any state agency, or any other person, without fear of reprisal or retaliation;
(i) have the right to have their complaints addressed within fourteen (14) calendar days or sooner;
(j) have the right to participate in the development of their care plan/ISP;
(k) have the right to choose a doctor, pharmacist and other health care provider(s);
(l) have the right to participate in medical treatment decisions and formulate advance directives such as living wills and powers of

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A 033	Continued From page 22 attorney; (m) have the right to keep and use personal possessions without loss or damage; (n) have the right to manage and control their personal finances; (o) have the right to freely organize and participate in a resident association that may recommend changes in the facility's policies, services and management; (p) shall not be required to work for the facility; and (q) are protected from unjustified room transfers or discharge. E. The resident's rights shall not be restricted unless this restriction is for the health and safety of the resident, agreed to by the resident or the resident ' s surrogate decision maker and outlined in the resident ' s individual service plan. [7.8.2.33 NMAC - Rp, 7.8.2.34 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.33 D (4) Based on record review and interview, the facility failed to ensure that all facility staff used infection control practices (wearing a face mask, used to control respiratory droplets) to protect residents from a respiratory virus known as COVID-19, a mild to severe respiratory illness that is caused by a novel corona virus which is thought to be transmitted person to person chiefly by contact with infectious material (such as respiratory droplets), and is characterized especially by fever, cough, shortness of breath that may progress to pneumonia and respiratory failure.	A 033		

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	4098	A. BUILDING: _____ B. WING _____	C 10/29/2020

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A 033	Continued From page 23 This deficient practice could likely result in the 5 (R #s 1-5) residents, identified on the census provided by the House Manager on 10/29/20 to be at risk of illness and/or death if all who enter the facility are not being protected and are unknowingly infected with the virus. The findings are: A. Record Review of facility video footage recorded dated on 10/03/20-10/04/20 provided by the Administrator on 10/29/20 at 2:31 pm, revealed that the Administrator, House Manger, and Direct Care Staff (DCS #1 and #2) failed to wear protective face masks inside the facility while providing care for the 5 (R #s 1-5) residents identified on the census. B Record review of Executive Order dated 04/17/20, established an order that all staff personnel shall wear a protective face mask while they are in the facility. C. On 11/13/20 at 1:22 am, during an interview, the House Manager confirmed that the 10/03/20-10/04/20 video footage from the facility showed that the DCS, House Manager, and Administrator did not wear a face masks at all times while in the facility working and providing care for the residents.	A 033		
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	A 042		

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	4098	A. BUILDING: _____ B. WING _____	C 10/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 042	Continued From page 24	A 042		

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 and free of tripping hazards.
[7.8.2.42 NMAC - Rp, 7.8.2.43 NMAC, 01/15/2010]

This REQUIREMENT is not met as evidenced by:
7.8.2.42 A B

Based on observation and interview the facility failed to ensure that the grounds were free from safety hazards and in presentable condition.

This deficient practice could likely result in all 5 (R #s 1-5) residents identified on the census provided by the House Manager 10/29/20, to be at risk of injury if the residents were to trip and fall due to debris including gardening supplies, unused building materials, broken plastic containers along the backyard cement pathway along the North side of the facility. The findings are:

A. On 10/29/20 at 9:15 am, during an observation of the facility backyard it was observed that used/broken gardening and building supplies were stacked against the North side of the house along the egress pathway which present a tripping, falling, and general safety hazard for residents when in the yard and using the pathway on the North side of the facility including:

1. (1) 15 lb bag of dirt
2. (1) 25 lb bag of gravel

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	4098	A. BUILDING: _____ B. WING _____	C 10/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVEREST ASSISTED LIVING HOME	**7524 BEAR CANYON ROAD NE ALBUQUERQUE, NM 87109**

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A 042	Continued From page 25 3. (3) used and broken pieces of wood (approx. 10 inches x 30 inches) 4. (1) used piece sheetrock approx. (approx. 4 inches x 24 inches) 5. (1) hanging plant basket 6. (1) 14 inches x 4 inches plastic bucket 7. (4) flower pots of various sizes 8. (1) 12 x 30 piece of foam board 9. (2) pieces of wood 2 inches x 6 inches x 4 feet 10. (4) 5 foot steel fence posts 11. (1) Cracked and Broken 40 gallon plastic trash can B. On 10/29/20 at 4:03 pm, during an interview with the Administrator, she confirmed the debris, garden, and building supplies findings in the backyard along the egress pathway on the North side of the building created safety and tripping hazards.	A 042		