STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7154	A. BUILDING: _____ B. WING _____	R 03/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SINGING ARROW AFH LLC	12904 PIRU BLVD SE ALBUQUERQUE, NM 87123

(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 000}	Initial Comments The following deficiencies were cited during an onsite Revisit/Follow-up survey completed on [redacted]/24 for the state requirements of NMAC 7.8.2, Regulations for Assisted Living for Adults. Resident Census: [redacted]	{A 000}	7.8.2.12 B 6 The licensing authority may accept, reject, or direct the plan of correction.	
{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; (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:	{A 016}	The facility will ensure that all staff are cleared by the Employee Abuse Registry (EAR) prior to hire and application and fingerprints are submitted to the Caregiver Criminal History Screening Program (CCHSP) within 20 days of hire. DCS #1 will have their EAR and CCHSP clearances completed by the Administrator and documentation placed in the employee file. All future employees will have their EAR completed prior to hire and CCHSP within 20 days of hire. The Administrator will ensure that employee clearances are completed prior to working with residents. 	[redacted]/24

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{A 016}	Continued From page 1 (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 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]	{A 016}		

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{A 016}	Continued From page 2 This REQUIREMENT is not met as evidenced by: 7.8.2.16 B (3) (7) This is an uncorrected deficiency from survey dated [redacted]/23 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 as having a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider.	{A 016}		

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{A 016}	Continued From page 3 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 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	{A 016}		

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{A 016}	Continued From page 4 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 drivers 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 remaining application fee shall be applied to cover costs incurred by the Department to support activities required by the Act and these	{A 016}		

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{A 016}	Continued From page 5 rules. The fees will not be applied to any other activity or expense undertaken by the Department. . . . 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 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.	{A 016}		

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{A 016}	Continued From page 6 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. Based on record review and interview, the facility failed to ensure the Direct Care Staff (DCS): 1. Were cleared by the Employee Abuse Registry (EAR) prior to hire. 2. Application and fingerprints were submitted to the Caregiver Criminal History Screening Program (CCHSP) within 20 days of hire. These deficient practices could likely result in the [redacted] residents listed on the census provided by the Administrator on [redacted]/24 to being at risk of harm if residents are being provided care by staff who may have a previous history of abusing, neglecting, and/or exploiting residents and may be a convicted felon. The findings are:	{A 016}		

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{A 016}	Continued From page 7 A. Record review of DCS #1's (Hire Date: [redacted]/24) employee file revealed no documentation that: 1. DCS #1's EAR clearance was received prior to hire. 2. An application and fingerprinting were completed and submitted to CCHSP within 20 days of hire. B. On [redacted]/24 at 9:38 am, during an interview, the Administrator confirmed for DCS #1 that: 1. An EAR clearance was not received prior to hire. 2. The application and fingerprints were not submitted to CCHSP within 20 days of hire.	{A 016}		
{A 019}	7 NMAC 8.2.19 Staffing Ratios STAFFING RATIOS: The following staffing levels are the minimum requirements. A. The facility shall employ the sufficient number of staff to provide the basic care, resident assistance and the required supervision based on the assessment of the residents ' needs. (1) During resident waking hours, facilities shall have at least one (1) direct care staff person on duty and awake at all times for each fifteen (15) residents. (2) During resident sleeping hours, facilities with fifteen (15) or fewer residents shall have at least one (1) direct care staff person on duty, awake and responsible for the care and supervision of the residents. (3) During resident sleeping hours, facilities with sixteen (16) to thirty (30) residents shall have at least one (1) direct care staff person on duty and awake at all times and at least one (1) additional staff person available on the premises. (4) During resident sleeping hours, facilities with	{A 019}	The facility will ensure that there are enough staff on duty for both day and night shift. During resident waking hours, facilities shall have at least one (1) direct care staff person on duty and awake at all times for each fifteen (15) residents. During resident sleeping hours, facilities with fifteen (15) or fewer residents shall have at least one (1) direct care staff person on duty, awake and responsible for the care and supervision of the residents. The Administrator will hire additional staff to ensure there is at least one Direct Care Staff on duty, awake and able to provide care and supervision to the residents. The additional staff will meet qualifications as required by NMAC7.2.16 staff qualifications. The Administrator will develop a work schedule and maintain payroll records to demonstrate adequate staff coverage for the nights and when the Administrator is not at the facility. The Administrator will hire at least one additional staff but may also hire additional staff as needed. Example: 1 staff scheduled for waking hours, Mon-Fri 1 staff scheduled for sleeping hours, Mon-Fri 1 staff scheduled for waking hours, Sat-Sun 1 staff scheduled for sleeping hours, Sat-Sun	[redacted]/24

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{A 019}	Continued From page 8 thirty-one (31) to sixty (60) residents shall have at least two (2) direct care staff persons on duty and awake at all times and at least one (1) additional staff person immediately available on the premises. (5) During resident sleeping hours, facilities with more than sixty-one (61) residents shall have at least three (3) direct care staff persons on duty and awake at all times and one (1) additional staff person immediately available on the premises for each additional thirty (30) residents or fraction thereof in the facility. B. Upon request of the department, the facility shall provide the staffing ratios per each twenty-four (24) hour day for the past thirty (30) days. [7.8.2.19 NMAC - Rp, 7.8.2.18 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.19 A (2) This is an uncorrected deficiency from survey dated [redacted]/23 Based on record review and interview, the facility failed to ensure that for facilities with fewer than 15 residents, that there was at least one Direct Care Staff (DCS) on duty, awake, and able to provide care and supervision to the residents This deficient practice could likely negatively affect the safety and welfare of the [redacted] residents identified on the resident census provided by the Administrator on [redacted]/24 to be at risk of harm and/or injury if inadequate staffing available to assist the residents. The findings are:	{A 019}		

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{A 019}	Continued From page 9 A. Record review of the facility's current staff census dated [redacted]/24 revealed only one employed staff (the Administrator) was on duty for the day and night shifts, working the 24 hours a day. B. On [redacted]/24 at 9:25 am, during an interview, the Administrator confirmed: 1. She (Administrator) worked at the facility 24 hours per day. 2. During the night shift, staff are not awake and on duty. 3. She (Administrator) would wake up periodically during the night shift to check on the residents.	{A 019}		
{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	{A 020}		

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{A 020}	Continued From page 10 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 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	{A 020}	The facility will create a new admission agreement template and ensure the following information is included in the agreement: 1. Information to formulate advance directives (legal documents that allow a person to make end-of-life decisions ahead of time). 2. A written description of the legal rights of the residents translated into another language, if necessary. 3. The facility's staffing ratio. 4. Notification of facilities and residents' rights and responsibilities pursuant to the reporting, processing, and training requirements (7.1.13 NMAC). 5. The Admission Agreement may be terminated if an appropriate placement is found for the resident,: a. A fifteen (15) day written notice of termination shall be given to the resident or his or her surrogate decision maker, unless the resident requests the termination. b. The facility ceases to operate or can no longer provide services to the resident. c. The resident's health has improved sufficiently and no longer requires the facility's services. 6. The facility shall provide residents with a thirty (30) day written notice to 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. The Administrator will complete a new agreement with each current resident and their POA. The Administrator will place the new signed agreements in the resident's file. The Administrator will use the new agreement template for future admissions.	[redacted]/24

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{A 020}	Continued From page 11 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. 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 020}		

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{A 020}	Continued From page 12 (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 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.	{A 020}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7154	A. BUILDING: _____ B. WING _____	R 03/26/2024

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{A 020}	Continued From page 13 (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 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.20 A (6-8) (10) (12 (a, c, d)) (13) This is an uncorrected deficiency from survey dated [redacted]/23 Based on record review and interview, the facility failed to ensure for [redacted] residents whose Admission Agreements were reviewed for compliance that the agreement included the following information: 1. Information to formulate advance directives (legal documents that allow a person to make end-of-life decisions ahead of time). 2. A written description of the legal rights of the residents translated into another language, if necessary. 3. The facility's staffing ratio. 4. Notification of facilities and residents' rights and responsibilities pursuant to the reporting, processing, and training requirements (7.1.13 NMAC). 5. The Admission Agreement may be terminated if an appropriate placement is found for the resident,: a. A fifteen (15) day written notice of termination shall be given to the resident or his or her surrogate decision maker, unless the resident	{A 020}		

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{A 020}	Continued From page 14	{A 020}		

requests the termination.

b. The facility ceases to operate or can no longer provide services to the resident.

c. The resident's health has improved sufficiently and no longer requires the facility's services.

6. The facility shall provide residents with a thirty (30) day written notice to 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.

These deficient practices could likely result in the residents unaware of the services provided, facility policies, and resident rights. The findings are:

A. Record review of R # [redacted] Admission Agreement dated [redacted]/23 revealed the agreement did not include the following:

1. Information to formulate advance directives.

2. A written description of the legal rights of the residents translated into another language, if necessary.

3. The facility's staffing ratio.

4. Notification of rights and responsibilities pursuant to the Incident Reporting Intake, Processing, and Training Requirements, 7.1.13 NMAC.

5. 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 facility ceases to operate or is no

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{A 020}	Continued From page 15	{A 020}		

longer able to provide services to the resident.

c. The resident's health has improved sufficiently and no longer requires the services of the facility.

6. 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.

B. On [redacted]24 at 12:30 pm, during an interview, the Administrator confirmed the Admission Agreement for R[redacted] did not include the following:

1. Information to formulate advance directives.

2. A written description of the legal rights of the residents translated into another language, if necessary.

3. The facility's staffing ratio.

4. Notification of rights and responsibilities pursuant to the Incident Reporting Intake, Processing and Training Requirements, 7.1.13 NMAC.

5. 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 facility ceases to operate or is no longer able to provide services to the resident.

c. The resident's health has improved sufficiently and therefore no longer requires the services of the facility.

6. 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

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{A 020}	Continued From page 16 executed whenever services, costs or other material terms are changed.	{A 020}		
{A 021}	7 NMAC 8.2.21 Resident Records RESIDENT RECORDS: A. Record contents. A record for each resident shall be maintained in accordance with the specific requirements of this section. Entries in each resident's record shall be legible, dated and authenticated by the signature of the person making the entry. Resident records shall be readily available on site and organized utilizing a table of contents. Each resident record shall include: (1) the admission agreement records, as set forth in 7.8.2.20 NMAC; (2) the resident evaluation form, that is to be completed within fifteen (15) days prior to admission and updated at a minimum of every six (6) months; (3) the current ISP, that is to be completed within ten (10) calendar days of admission and updated at a minimum of every six (6) months; (4) the physical examination report; the physical examination report shall have been completed within the past six (6) months, by a primary care physician, a nurse practitioner or a physician ' s assistant and shall be on file in the resident ' s record within ten (10) days of admission; (5) personal and demographic information for the resident, to include: (a) current names, addresses, relationship and phone numbers of family members, or surrogate decision makers updated as necessary; (b) resident's name; (c) age; (d) recent photograph; (e) marital status;	{A 021}	The facility will ensure that all resident's records includes a physical examination report completed within the past 6 months by a primary care physician, a nurse practitioner or physician's assistant. All resident's records will include progress notes, dated and signed, that includes significant information related to the resident's ISP. The Administrator will update all current resident's records to add progress notes and a current physical. The Administrator will meet with the resident's POA to coordinate an updated physical examination report. The Administrator will develop a tracking system for each resident to ensure the exams are up to date. The Administrator will ensure progress notes are completed daily for each resident and by staff for each shift.	[redacted]/24

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{A 021}	Continued From page 17 (f) date of birth; (g) sex; (h) address prior to admission; (i) religion (optional); (j) personal physician; (k) dentist; (l) social history; (m) surrogate decision maker or other emergency contact person; (n) language spoken and understood; (o) legal documentation relevant to commitment or guardianship status; (p) current medications list; and (q) required diet; (6) unless included in the admission agreement, a separate written agreement between the facility and the resident relating to the resident's funds, in accordance with the facility's policy and procedures; (7) entries by direct care staff, appropriate health care professionals and others authorized to care for the resident; entries shall be dated and signed by the person making the entry and shall include significant information related to the ISP; (8) entries that provide a written account of all accidents, injuries, illnesses, medical and dental appointments, any problems or improvements observed in the resident, any condition that would indicate a need for alternative placement or medical attention and entries reflecting appropriate follow-up; the maintenance of such written documentation in the resident record may be by copy of an incident or accident report, if the original incident or accident report is maintained elsewhere by the facility; (9) the medication assistance record (MAR); the MAR is the document that details the resident's medication; the MAR shall include all of the information pursuant to Subsection G of 7.8.2.35	{A 021}		

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{A 021}	Continued From page 18 NMAC of this rule; (10) progress notes completed by any contract agency (e.g., hospice, home health); the progress notes shall include the date, time and type of health services provided; (11) copies of all completed and signed transfer forms from the accepting facility when a resident is transferred to a hospital or another health care facility and when the resident is transferred back to the facility; and (12) upon the death or transfer of a resident, documentation of the disposition of the resident's personal effects and money or valuables that are deposited with the assisted living facility. B. Resident records maintenance. (1) Current resident records shall be maintained on-site and stored in an organized, accessible and permanent manner. (2) The facility shall establish a policy to maintain and ensure the confidentiality of resident records, including the authorized release of information from the resident records. (3) Non-current resident records shall be maintained by the facility against loss, destruction and unauthorized use for a period of not less than five (5) years from the date of discharge and readily available within twenty-four (24) hours of request. (4) There shall be a policy and procedure in place for record retention in the event of facility closure. (5) Failure to follow facility policies is grounds for sanctions. [7.8.2.21 NMAC - Rp, 7.8.2.22 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.21 A (4) (7)	{A 021}		

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{A 021}	Continued From page 19 This is an uncorrected deficiency from survey dated [redacted]/23. Based on record review and interview, the facility failed to ensure for [redacted] residents that each resident record included: 1. The physical examination report completed within the past six (6) months by a primary care physician, a nurse practitioner or a physician's assistant. 2. Entries (written information) by the Direct Care Staff (DCS), appropriate health care professionals, and others authorized to care for the resident that: a. Are dated and signed. b. Includes significant information related to the resident's Individual Service Plan (ISP) that would affect the care and services needed by the resident. These deficient practices could likely negatively affect the health, safety, and welfare of the residents if the information is not readily available, and the DCS does not know the current status of the resident's health and any change in the resident's condition, if: 1. Residents do not have regular medical examinations by their physicians or medical professionals. 2. The DCS does not document any changes in condition that could affect the type of care and services the resident requires. The findings are: Findings for R[redacted] A. Record review of R[redacted] resident file	{A 021}		

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{A 021}	Continued From page 20 (admission date 1[redacted]) revealed the following was not completed and/or included in the resident's record. 1. The physical examination report completed within the past six (6) months by a primary care physician, a nurse practitioner or a physician's assistant. 2. Entries (written information) by DCS, appropriate health care professionals, and others authorized to care for the resident. B. On [redacted]/24 at 10:23 am, during an interview, the Administrator confirmed R[redacted] file did not include the following: 1. The physical examination report completed within the past six (6) months by a primary care physician, a nurse practitioner, or a physician's assistant. 2. Entries (written information) by the DCS, appropriate health care professionals, and others authorized to care for the resident. Findings for R[redacted] C. Record review of R[redacted] resident file (admission date [redacted]) revealed the following was not completed and/or included in the resident file: 1. The physical examination report completed within the past six (6) months by a primary care physician, a nurse practitioner, or a physician's assistant. 2. Entries (written information) by the DCS, appropriate health care professionals, and others authorized to care for the resident. D. On [redacted]/24 at 10:19 am, during an interview, the Administrator confirmed R[redacted] resident file did not include the following required information and could negatively affect the care and services	{A 021}		

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{A 021}	Continued From page 21 received by the residents if: 1. The physical examination report completed within the past six (6) months, by a primary care physician, a nurse practitioner or a physician's assistant. 2. Entries (written information) by the Direct Care Staff (DCS), appropriate health care professionals, and others authorized to care for the resident that: a. Are dated and signed. b. This includes significant information related to the resident's Individual Service Plan (ISP), that would affect the care and services needed by the resident.	{A 021}		
A 025	7 NMAC 8.2.25 Resident Evaluation RESIDENT EVALUATION: A. A resident evaluation shall be completed by an appropriate staff member within fifteen (15) days prior to admission to determine the level of assistance that is needed and if the level of services required by the resident can be met by the facility. B. The initial resident evaluation shall establish a baseline in the resident ' s functional status and thereafter assist with identifying resident changes. The resident evaluation shall be reviewed and updated at a minimum of every six (6) months or when there is a significant change in the resident ' s health status. C. The resident ' s evaluation shall be documented on a resident evaluation form and at a minimum include the following abilities, behaviors or status: (1) activities of daily living; (2) cognitive abilities; reasoning and perception; the ability to articulate thoughts, memory function or impairment, etc;	A 025		

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	7154	A. BUILDING: _____ B. WING _____	R 03/26/2024

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A 025	Continued From page 22 (3) communication and hearing; ability to communicate needs and understand instructions, etc; (4) vision; (5) physical functioning and skeletal problems; (6) incontinence of bowel/bladder; (7) psychosocial well-being; (8) mood and behavior; (9) activity interests; (10) diagnoses; (11) health conditions; (12) nutritional status; (13) oral or dental status; (14) skin conditions; (15) medication use and level of assistance needed with medications; (16) special treatments and procedures or special medical needs such as hospice; and (17) safety needs/high risk behaviors; history of falls agitation, wandering, fire safety issues, etc. D. The resident evaluation shall include a history and physical examination and an evaluation report by a physician or a physician extender within six (6) months of admission. A resident shall have a medical evaluation by a physician or a physician extender at least annually. E. The resident evaluation shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or physician extender at the time the individual service plan is reviewed, at a minimum of every six (6) months or when a significant change in health status occurs. [7.8.2.25 NMAC - Rp, 7.8.2.25 NMAC, 01/15/2010]	A 025	The facility will ensure that resident evaluations are completed within 15 days prior to admission and reviewed/updated at a minimum of every six months or significant change in residents health status. The Administrator will ensure that the resident evaluations also contain a history and physical examination, resident's mood and behavior, activity interests and are reviewed/revised by a Licensed Practical Nurse (LPN), Registered Nurse (RN) or Physician Extender (PE) at a minimum of every six months or significant change in the resident's status. The Administrator will conduct an audit of all resident records and complete an updated evaluation for each resident. The Administrator will contract with a LPN, RN, or PE to review each resident's evaluation and document with a signature and date. The Administrator will meet with the resident's POA to coordinate an updated physical examination report. The physical examination report will be placed in the residents file. The Administrator will develop a tracking system for each resident to ensure the exams and evaluations are up to date and updated regularly as required.	[redacted]/24

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A 025	Continued From page 23 This REQUIREMENT is not met as evidenced by: 7.8.2.25 A B C (8-9) D E Based on record review and interview, the facility failed to ensure for [redacted] residents whose evaluations were reviewed for compliance that the evaluations were: 1. Completed by an appropriate staff member within fifteen (15) days before admission to determine the level of assistance needed and if the facility can meet the level of services required by the resident. 2. Reviewed and updated at a minimum of every six (6) months or when there is a significant change in the resident's health status. 3. The resident's evaluation shall be documented on a resident evaluation form and include the following abilities, behaviors, or status: a. Mood and behavior b. Activity interests 4. Included a history and physical examination and an evaluation report by a Physician or Physician Extender (PE) within six (6) months of admission and/or a medical evaluation by a Physician or a PE at least annually. 5. Reviewed and if needed revised by a Licensed Practical Nurse (LPN), Registered Nurse (RN) or PE at the time the Individual Service Plan (ISP) is reviewed, at a minimum of every six (6) months or when a significant change in health status occurs. These deficient practices could likely result in the residents to be at risk of not getting the care and services needed, if the Direct Care Staff (DCS) do not know what the residents' specific needs	A 025		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 025	Continued From page 24 are. The findings are: Findings for R[redacted] A. Record review of R[redacted] undated and incomplete resident evaluation (admission date [redacted] revealed the evaluation: 1. Was not completed within fifteen (15) days before admission. 2. Reviewed and updated at a minimum of every six (6) months, or when there is a significant change in the resident's health status. 3. Included the following: a. Mood and behavior b. Activity interests 4. Included a history and physical examination and an evaluation report by a Physician or a PE within six (6) months of admission and/or a medical evaluation by a Physician or a PE at least annually. 5. Reviewed and, if needed, revised by a LPN, RN or PE. B. On[redacted]24 at 10:23 am, during an interview, the Administrator confirmed R[redacted] resident evaluation was not dated, completed prior to admission, and did not include all required information. Findings for R[redacted] C. Record review of R[redacted] resident file (admission date[redacted], revealed the most recent resident evaluation for R[redacted] was dated [redacted]/22. D. On[redacted]/24 at 10:19 am, during an interview, the Administrator confirmed since she took ownership of the facility approximately two years ago, the resident evaluations have not been	A 025		

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A 025	Continued From page 25 updated.	A 025		
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 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	A 026	The facility will ensure that residents Individual Service Plans (ISP) are completed within 10 days of admission and reviewed and or revised at a minimum of every 6 months or when there is a significant change in the resident's health status. The Administrator will conduct an audit of all resident records and complete an updated ISP for each resident and place in the resident's file. The Administrator will complete an ISP for new residents within 10 days of admission. The Administrator will develop a tracking system to ensure the ISP's are reviewed at a minimum of every six months or significant change in the resident's health status.	[redacted] 24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7154	A. BUILDING: _____ B. WING _____	R 03/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SINGING ARROW AFH LLC	12904 PIRU BLVD SE ALBUQUERQUE, NM 87123

(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 026	Continued From page 26 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: 1. Developed and implemented within ten (10) calendar days of admission for each resident residing in the facility. 2. 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. These deficient practices could likely result in the residents not receiving appropriate care/services if the Direct Care Staff (DCS) are unaware of the current level of assistance the resident requires or who will provide care and services identified on the ISPs. The findings are: Findings for R[redacted] A. Record review of R[redacted] resident file (admission date [redacted] revealed the record did not contain any documentation that an ISP was: 1. Developed and implemented within ten (10) calendar days of admission. 2. Reviewed and or revised at a minimum of every six (6) months or when there is a significant	A 026		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 026	Continued From page 27 change in the resident's health status. B. On [redacted]24 at 10:23 am, during an interview, the Administrator confirmed there was not a completed ISP for R[redacted] Findings for R[redacted] C. Record review of R[redacted] resident file (admission date [redacted] revealed the most recent ISP for R #2 was dated [redacted]/22. D. On [redacted]/24 at 10:19 am, during an interview, the Administrator confirmed R[redacted] ISP had not been updated since she took ownership of the facility, approximately two (2) years ago.	A 026		