

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/16/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE VALENCIA	STREET ADDRESS, CITY, STATE, ZIP CODE 300 VALENCIA DRIVE SE ALBUQUERQUE, NM 87108
--	---

(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}	<p>Initial Comments</p> <p>The following deficiencies were cited during a Revisit survey completed on [REDACTED] 23 for the state requirements according to the 7.8.2 NMAC Regulations for Assisted Living Facilities for Adults.</p> <p>Census: 42</p> <p>DEFINITIONS</p> <p>ALF: Assisted Living Facility DC'd: Discontinued DCS: Direct Care Staff ED: Executive Director HWD: Health & Wellness Director IR: Incident Report lb: pound L: liter LPN: Licensed Practical Nurse O2: Oxygen OTC: Over the counter oz: ounce(s) PE: Physicians Extender POA: Power of Attorney qt: quart R: Resident</p>	{A 000}	<p>The following plan of correction for BROOKDALE VALENCIA regarding the Statement of Deficiencies dated [REDACTED] 2023. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, not have we identified mitigating factors. We remain committed to the delivery of quality healthcare services and will continue to make changes and improvement to satisfy that objective.</p>	
{A 020}	<p>7 NMAC 8.2.20 Admissions and Discharge</p> <p>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.</p> <p>A. Admission agreement. The admission</p>	{A 020}		

Division of Health Improvement
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

M. Puchan

Executive Director *M. Puchan* ^{NR}

6/14/23

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/16/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE VALENCIA	STREET ADDRESS, CITY, STATE, ZIP CODE 300 VALENCIA DRIVE SE ALBUQUERQUE, NM 87108
--	---

(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 020}	Continued From page 1 agreement shall include the following information: (1) the parties to the agreement; (2) the program narrative; (3) the facility's rules; (4) the cost of services and the method of payment; (5) the refund provision in case of death, transfer, voluntary or involuntary discharge; (6) information to formulate advance directives; (7) a written description of the legal rights of the residents translated into another language, if necessary; (8) the facility's staffing ratio; (9) written authorization for staff to assist with medications; (10) notification of rights and responsibilities pursuant to the Incident Reporting Intake, Processing and Training Requirements, 7.1.13 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	{A 020}		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/16/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE VALENCIA	STREET ADDRESS, CITY, STATE, ZIP CODE 300 VALENCIA DRIVE SE ALBUQUERQUE, NM 87108
--	---

(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 020}	<p>Continued From page 2</p> <p>the facility; or</p> <p>(iii) the safety and health of other residents and staff in the facility are endangered;</p> <p>(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</p> <p>(14) facilities representing their services as "specialized" must disclose evidence of staff specialty training to prospective residents.</p> <p>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:</p> <ol style="list-style-type: none"> (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 	{A 020}		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/16/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE VALENCIA	STREET ADDRESS, CITY, STATE, ZIP CODE 300 VALENCIA DRIVE SE ALBUQUERQUE, NM 87108
--	---

(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 020}	<p>Continued From page 3</p> <p>(11) ostomy (unless resident is able to provide self care).</p> <p>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.</p> <p>(1) Convene a team, comprised of:</p> <p>(a) the facility administrator and a facility health care professional if desired;</p> <p>(b) the resident or resident ' s surrogate decision maker; and</p> <p>(c) the hospice or home health clinician.</p> <p>(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:</p> <p>(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;</p> <p>(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);</p> <p>(c) evaluate and outline how meeting the specific needs of the resident will impact the staff and the other residents; and</p> <p>(d) include an independent advocate such as a certified ombudsman if requested by the resident, the family or the facility.</p> <p>(3) The team recommendation shall be</p>	{A 020}		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/16/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE VALENCIA	STREET ADDRESS, CITY, STATE, ZIP CODE 300 VALENCIA DRIVE SE ALBUQUERQUE, NM 87108
--	---

(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 020}	<p>Continued From page 4</p> <p>maintained on site in the resident ' s file.</p> <p>(4) When a resident is discharged, the facility shall record where the resident was discharged to and what medications were released with the resident.</p> <p>D. Coordination of care.</p> <p>(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.</p> <p>(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.</p> <p>[7.8.2.20 NMAC - Rp, 7.8.2.19 NMAC & 7.8.2.20 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.20 A (5)</p> <p>This is an uncorrected deficiency from survey dated [REDACTED]/22.</p> <p>Refer to Senate Bill (SB) 0335 - 2013</p> <p>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</p>	{A 020}		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/16/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE VALENCIA	STREET ADDRESS, CITY, STATE, ZIP CODE 300 VALENCIA DRIVE SE ALBUQUERQUE, NM 87108
--	---

(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 020}	<p>Continued From page 5</p> <p>LEGISLATURE OF THE STATE OF NEW MEXICO:</p> <p>SECTION 1. A new section of the Public Health Act is enacted to read: "ASSISTED LIVING FACILITIES CONTRACTS--LIMIT ON CHARGES AFTER RESIDENT DEATH.--</p> <p>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.</p> <p>B. If a resident's belongings are not 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.</p> <p>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."</p> <p>SECTION 2. EMERGENCY.--It is necessary for the public peace, health and safety that this act</p>	{A 020}		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/16/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE VALENCIA	STREET ADDRESS, CITY, STATE, ZIP CODE 300 VALENCIA DRIVE SE ALBUQUERQUE, NM 87108
--	---

(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 020}	<p>Continued From page 6</p> <p>take effect immediately.</p> <p>Based on record review and interview the facility failed to ensure for [REDACTED] residents whose Admission/Discharge Agreements were reviewed for compliance, included a complete refund provision in case of death that is in compliance with 7 NMAC 8.2.20 Regulations for Assisted Living Facilities and a Senate Bill (SB) 0335 - 2013.</p> <p>This deficient practice could likely result in the resident's estate/legal representative to be at risk of not receiving monies owed or aware of additional charges that may be incurred upon the death of the resident.</p> <p>The findings are:</p> <p>A. Record review of R #3's Admission/Discharge Agreement (dated [REDACTED]) revealed the Admission/Discharge Agreement did not include a complete refund provision in case of death that is in compliance with 7 NMAC 8.2.20 Regulations for Assisted Living Facilities and a Senate Bill (SB) 0335 - 2013.</p> <p>B. Record review of R #4's Admission/Discharge agreement (dated [REDACTED]), revealed the Admission/Discharge Agreement did not include a complete refund provision in case of death that is in compliance with 7 NMAC 8.2.20 Regulations for Assisted Living Facilities and a Senate Bill (SB) 0335 - 2013.</p> <p>C. Record review of R #9's Admission/Discharge agreement (dated [REDACTED]) revealed the Admission/Discharge Agreement did not include a complete refund provision in case of death that is in compliance with 7 NMAC 8.2.20 Regulations</p>	{A 020}	<ol style="list-style-type: none"> 1) Community will complete addendums for all residents who moved in after April 2021. 2) Residency agreement uploaded into residency agreement system with the correct verbiage. 3) Executive director/designee is responsible for this plan 4) The community will validate signed residency agreements for accuracy for all new move in files monthly for 3 months <p>Completion date [REDACTED]</p>	

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/16/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE VALENCIA	STREET ADDRESS, CITY, STATE, ZIP CODE 300 VALENCIA DRIVE SE ALBUQUERQUE, NM 87108
--	---

(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 020}	Continued From page 7 for Assisted Living Facilities and a Senate Bill (SB) 0335 - 2013. D. On [REDACTED] 23 at 12:25 pm, during an interview with the ED, she confirmed R #s 3, 4 & 9 Admission/Discharge Agreements did not include a complete refund provision in case of death that is in compliance with 7 NMAC 8.2.20 Regulations for Assisted Living Facilities and a Senate Bill (SB) 0335 - 2013.	{A 020}		
{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; (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	{A 033}		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/16/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE VALENCIA	STREET ADDRESS, CITY, STATE, ZIP CODE 300 VALENCIA DRIVE SE ALBUQUERQUE, NM 87108
--	---

(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 033}	<p>Continued From page 8</p> <p>include the telephone numbers for the incident management hotline and for the state ombudsman program.</p> <p>D. To protect resident rights, the facility shall:</p> <p>(1) treat all residents with courtesy, respect, dignity and compassion;</p> <p>(2) not discriminate in admission or services based on gender, sexual orientation, resident's age, race, religion, physical or mental disability, or nationality;</p> <p>(3) provide residents written information about all services provided by the facility and their costs and give advance written notice of any changes;</p> <p>(4) provide residents with a safe and sanitary living environment;</p> <p>(5) provide humane care for all residents;</p> <p>(6) provide the right to privacy, including privacy during medical examinations, consultations and treatment;</p> <p>(7) protect the confidentiality of the resident ' s medical record;</p> <p>(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;</p> <p>(9) protect the right to communicate privately and freely with any person, including private telephone conversations and private correspondence; and the right to receive visits from family, friends, lawyers, ombudsmen and community organizations;</p> <p>(10) prohibit the use of any and all physical and chemical restraints;</p> <p>(11) ensure that residents:</p> <p>(a) are free from physical and emotional abuse neglect and misappropriation/or exploitation;</p> <p>(b) are free from financial abuse and misappropriation by facility staff or management;</p> <p>(c) are free to participate in religious, social,</p>	{A 033}		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/16/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE VALENCIA	STREET ADDRESS, CITY, STATE, ZIP CODE 300 VALENCIA DRIVE SE ALBUQUERQUE, NM 87108
--	---

(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 033}	Continued From page 9 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 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	{A 033}		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/16/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE VALENCIA	STREET ADDRESS, CITY, STATE, ZIP CODE 300 VALENCIA DRIVE SE ALBUQUERQUE, NM 87108
--	---

(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 033}	<p>Continued From page 10</p> <p>or discharge.</p> <p>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]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.33 D (4)</p> <p>Based on observation and interview the facility failed to ensure the safety and welfare of the residents by having sharps (lancets, syringes, needles) containers in a unlocked or secured place and accessible to residents, some with memory loss.</p> <p>This deficient practice could likely result in the [REDACTED] residents identified on the resident census list provided by the Administrator on [REDACTED] 23, to be at risk of harm, injury, or death if they were to stick or cut themselves with contaminated needles, syringes, or lancets. The findings are:</p> <p>A. On [REDACTED] 23 at 1:42 pm, during an observation of the unlocked chart room (ALF 2nd floor), a full sharps container, containing contaminated needle, syringes, lancets, was observed on an open/unsecured counter and accessible to residents.</p> <p>B. On [REDACTED] 23 at 11:04 am, during an interview with the ED, she confirmed that the sharps container filled with contaminated needles,</p>	{A 033}	<p>1) Staff retrained to assure that door is locked at all times.</p> <p>2) Health and Wellness director will check several times throughout the day for compliance.</p> <p>Date of completion [REDACTED]</p>	

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/16/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE VALENCIA	STREET ADDRESS, CITY, STATE, ZIP CODE 300 VALENCIA DRIVE SE ALBUQUERQUE, NM 87108
--	---

(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 033}	Continued From page 11 syringes, and lancets was located in the unlocked chart room (ALF 2nd floor) and accessible to residents.	{A 033}		
{A 034}	7 NMAC 8.2.34 Custodial Drug Permits CUSTODIAL DRUG PERMITS: A facility with two (2) 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.	{A 034}		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/16/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE VALENCIA	STREET ADDRESS, CITY, STATE, ZIP CODE 300 VALENCIA DRIVE SE ALBUQUERQUE, NM 87108
--	---

(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 034}	<p>Continued From page 12</p> <p>(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.</p> <p>(6) The facility shall not require the residents to purchase medications from any particular pharmacy.</p> <p>(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.</p> <p>(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:</p> <p>(a) the type and strength of the schedule II through IV drugs;</p> <p>(b) the date and time staff assisted with self-administration;</p> <p>(c) the resident ' s name;</p> <p>(d) the prescriber ' s name;</p> <p>(e) the dose;</p> <p>(f) the signature of the person assisting with delivery of the medication; and</p> <p>(g) the balance of medication remaining.</p> <p>(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.</p> <p>(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.</p> <p>B. Consulting pharmacist. The facility shall maintain records demonstrating that the</p>	{A 034}		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/16/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE VALENCIA	STREET ADDRESS, CITY, STATE, ZIP CODE 300 VALENCIA DRIVE SE ALBUQUERQUE, NM 87108
--	---

(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 034}	<p>Continued From page 13</p> <p>consulting pharmacist provides the following oversight and guidance.</p> <p>(1) Reviews the medication regimen as needed, but at least quarterly/every three (3) months, to determine that all medications and records are accurate and current. All irregularities shall be reported to the administrator of the facility and these irregularities shall be resolved by the administrator within seventy-two (72) hours.</p> <p>(2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation.</p> <p>(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.</p> <p>(4) The consulting pharmacist will be responsible for assuring that the facility meets all requirements for storage, labeling, destruction and documentation of medications as required by the state board of pharmacy, 16.19.11.10 NMAC and 7.8.2 NMAC. [7.8.2.34 NMAC - Rp, 7.8.2.35 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.34 A (1, 7 & 9)</p> <p>This is an uncorrected deficiency from survey dated [REDACTED] '22.</p> <p>Refer to: NFPA (National Fire Prevention Association) 99. 2012 Edition. 11.3 Cylinder and Container Storage Requirements. 11.3.1* Storage for nonflammable gases equal to</p>	{A 034}	<ol style="list-style-type: none"> 1) Oxygen will be moved to oxygen storage closet with the exception of one back up tank being stored in resident's apartment. 2) Staff will be retrained on proper oxygen storage. 3) Health and Wellness Director will monitor for compliance. 4) Completion date [REDACTED] 	

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 05/16/2023
NAME OF PROVIDER OR SUPPLIER BROOKDALE VALENCIA		STREET ADDRESS, CITY, STATE, ZIP CODE 300 VALENCIA DRIVE SE ALBUQUERQUE, NM 87108		
(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 034}	Continued From page 14 or greater than 85 m3 (3000 ft3) at STP shall comply with 5.1.3.3.2 and 5.1.3.3.3. 11.3.2* Storage for nonflammable gases greater than 8.5 m3 (300 ft3), but less than 85 m3 (3000 ft3), at STP shall comply with the requirements in 11.3.2.1 through 11.3.2.3. 11.3.2.1 Storage locations shall be outdoors in an enclosure or within an enclosed interior space of noncombustible or limited combustible construction, with doors (or gates outdoors) that can be secured against unauthorized entry. 11.3.2.2 Oxidizing gases, such as oxygen and nitrous oxide, shall not be stored with any flammable gas, liquid, or vapor. 11.3.2.3 Oxidizing gases such as oxygen and nitrous oxide shall be separated from combustibles or materials by one of the following: (1) Minimum distance of 6.1 m (20 ft) (2) Minimum distance of 1.5 m (5 ft) if the entire storage location is protected by an automatic sprinkler system designed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems (3) Enclosed cabinet of noncombustible construction having a minimum fire protection rating of 1/2 hour 11.3.2.4 Gas cylinder and cryogenic liquid container storage shall comply with 5.1.3.5.12. 11.3.2.5 Cylinder and container storage locations shall comply with 5.1.3.3.1.7 with respect to temperature limitations. 11.3.2.6 Cylinder or container restraints shall comply with 11.6.2.3. 11.3.2.7 Smoking, open flames, electric heating elements, and other sources of ignition shall be prohibited within storage locations and within 6.1 m (20 ft) of outside storage locations. 11.3.2.8 Cylinder valve protection caps shall comply with 11.6.2.3. 11.3.2.9 Gas cylinder and liquefied gas container	{A 034}		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/16/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE VALENCIA	STREET ADDRESS, CITY, STATE, ZIP CODE 300 VALENCIA DRIVE SE ALBUQUERQUE, NM 87108
--	---

(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 034}	<p>Continued From page 15</p> <p>storage shall comply with 5.1.3.5.12.</p> <p>11.3.3 Storage for nonflammable gases with a total volume equal to or less than 8.5 m3 (300 ft3) shall comply with the requirements in 11.3.3.1 and 11.3.3.2.</p> <p>11.3.3.1 Individual cylinder storage associated with patient care areas, not to exceed 2100 m2 (22,500 ft2) of floor area, shall not be required to be stored in enclosures.</p> <p>11.3.3.2 Precautions in handling cylinders specified in 11.3.3.1 shall be in accordance with 11.6.2.</p> <p>11.3.3.3 When small-size (A, B, D, or E) cylinders are in use, they shall be attached to a cylinder stand or to medical equipment designed to receive and hold compressed gas cylinders.</p> <p>11.3.3.4 Individual small-size (A, B, D, or E) cylinders available for immediate use in patient care areas shall not be considered to be in storage.</p> <p>11.3.3.5 Cylinders shall not be chained to portable or movable apparatus such as beds and oxygen tents.</p> <p>11.3.4 Signs.</p> <p>11.3.4.1 A precautionary sign, readable from a distance of 1.5 m (5 ft), shall be displayed on each door or gate of the storage room or enclosure.</p> <p>11.3.4.2 The sign shall include the following wording as a minimum: CAUTION: OXIDIZING GAS(ES) STORED WITHIN</p> <p>(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.</p> <p>Based on observation and interview, the facility failed to ensure that:</p> <p>1. Residents that self-administer their own</p>	{A 034}		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/16/2023
--	---	---	--

NAME OF PROVIDER OR SUPPLIER BROOKDALE VALENCIA	STREET ADDRESS, CITY, STATE, ZIP CODE 300 VALENCIA DRIVE SE ALBUQUERQUE, NM 87108
---	---

(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 034}	<p>Continued From page 16</p> <p>medications had them secured in their room in a locked compartment.</p> <p>2. All discontinued medications were inventoried and stored in a separate locked storage container pending destruction.</p> <p>4. Oxygen cylinder tanks were stored securely and protected from accidental damage.</p> <p>These deficient practices could likely result in the [REDACTED] residents identified on the resident census list provided by the Administrator on [REDACTED]/23, to be at risk of harm, injury, or death if:</p> <p>1. Resident's medications were misused or stolen.</p> <p>2. Discontinued medications were stolen or erroneously given to a resident after being discontinued.</p> <p>3 The oxygen cylinder tanks were to fall over, causing them to depressurize (release pressure of the oxygen gas inside) during a fire, and cause the fire to spread faster and/or the cylinder tanks act like missiles and hit a resident/staff/rescuer during a fire.</p> <p>The Findings are:</p> <p>A. On [REDACTED]/23 at 1:37 pm, during an observation of the unlocked and unventilated chart room (ALF 2nd floor), the following was observed:</p> <p>1. Four (4) large unsecured oxygen cylinder tanks were observed between a wall and a plastic bin.</p> <p>2. Discontinued medications pending destruction had not been inventoried. They were observed to be in an unsecured bin, in the unlocked room.</p> <p>B. On [REDACTED]/23 at 1:48 pm, during observation of [REDACTED], three (3) large oxygen cylinder tanks, three (3) small oxygen cylinder tanks, and a small (bagged/portable) oxygen tank, were</p>	{A 034}	<ol style="list-style-type: none"> 1) All residents who self medicate have medication locked in lock box or cabinet in room. 2) Upon admission if self medicate will let new admits know about need for lock box 3) Locking container purchased for storage of discontinued medications. 4) Health and Wellness Director will assure medications are inventoried before placing in locked container. 5) Health and Wellness Director and Executive Director to monitor for compliance. 6) Completion date [REDACTED] 	

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/16/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE VALENCIA	STREET ADDRESS, CITY, STATE, ZIP CODE 300 VALENCIA DRIVE SE ALBUQUERQUE, NM 87108
--	---

(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 034}	<p>Continued From page 17</p> <p>observed being stored in the resident's room near combustible materials.</p> <p>C. On [REDACTED] 23 at 1:59 pm, during an interview with the ED and the HWD/LPN, they both confirmed that:</p> <ol style="list-style-type: none"> 1. Discontinued medications pending destruction had not been inventoried were observed to be in an unlocked container, in the unlocked chart room (ALF 2nd floor). 2. Four (4) large oxygen cylinder tanks were observed to be unsecured and located in the unlocked chart room (ALF 2nd floor). <p>D. On [REDACTED] 23 at 2:12 pm, during an observation of R #1's [REDACTED] the following was revealed:</p> <ol style="list-style-type: none"> 1. Five large oxygen tanks were observed to be unsecured in a crate, adjacent to the front door, and near combustible materials stacked on the couch and throughout the room. 2. In R #1's (who self-administers his/her own medications) room, medications were observed to be strewn (untidily scattered) about: on an upturned cardboard box top, within an over-the-door bathroom rack, on a side table, and in baggies, and not kept in a separate locked container. <p>E. On [REDACTED] 23 at 12:25 pm, during an interview with the ED, she confirmed that:</p> <ol style="list-style-type: none"> 1. Five large oxygen cylinder tanks were unsecured and near stacks of combustible materials stacked on the couch and throughout in R #1's [REDACTED] 2. Medications for R #1 (who self-administers their own medications) were unsecured and strewn throughout the resident's room, and not kept in a separate locked container. 3. Three large, three small, and one portable/bagged unsecured oxygen cylinder tanks 	{A 034}		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/16/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE VALENCIA	STREET ADDRESS, CITY, STATE, ZIP CODE 300 VALENCIA DRIVE SE ALBUQUERQUE, NM 87108
--	---

(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
<p>{A 034}</p> <p>A 038</p>	<p>Continued From page 18</p> <p>oxygen cylinder tanks were stored in R #7's [REDACTED] near combustibles materials.</p> <p>7 NMAC 8.2.38 Housekeeping Services</p> <p>HOUSEKEEPING SERVICES. The facility shall maintain the interior and exterior of the facility in a safe, clean, orderly and attractive manner. The facility shall be free from offensive odors, safety hazards, insects and rodents and accumulations of dirt, rubbish and dust.</p> <p>A. All common living areas and all bathrooms shall be cleaned as often as necessary to maintain a clean and sanitary environment.</p> <p>B. Combustibles such as cleaning rags or flammable substances shall be stored in closed metal containers in approved areas that provide adequate ventilation. Combustibles shall be stored away from the food preparation areas and away from the resident rooms.</p> <p>C. Poisonous or flammable substances shall not be stored in residential areas, food preparation areas or food storage areas. If hazardous chemicals are stored on the property, material safety data sheets shall be maintained and stored in the same area as the chemicals, pursuant to state environment department requirements, 11.5.2.9 NMAC. [7.8.2.38 NMAC - Rp, 7.8.2.39 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.38 C</p> <p>Based on observation and interview, the facility failed to ensure that:</p> <p>1. Poisonous or flammable substances were</p>	<p>{A 034}</p> <p>A 038</p>	<p>1) Retrain housekeeping and maintenance staff on proper chemical storage.</p> <p>2) All chemicals cleaned up and put in locked areas.</p> <p>3) Maintenance Director and Executive Director to monitor for compliance.</p> <p>4) Completion date [REDACTED]</p>	

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/16/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE VALENCIA	STREET ADDRESS, CITY, STATE, ZIP CODE 300 VALENCIA DRIVE SE ALBUQUERQUE, NM 87108
--	---

(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 038	<p>Continued From page 19</p> <p>kept in a secure room or cabinet.</p> <p>2. Food was not stored near poisonous or flammable substances and medications.</p> <p>These deficient practices could likely result in the [REDACTED] residents listed on the resident census list provided by the Administrator on [REDACTED]/23, to be at risk of harm, injury, or death if, the facility does not secure poisonous or flammable substances from residents accessing them, there is a potential for ingesting chemicals, inhaling fumes, or being exposed to chemicals spills.</p> <p>The findings are:</p> <p>A. On [REDACTED]/23 at 1:16 pm, during an observation of the unlocked trash room, the following unsecured chemicals were observed:</p> <ol style="list-style-type: none"> 1. (1) 3 lb. container of professional grade fertilizer and mulch 2. (4) 17.4 L containers of elastomeric coating paint 3. (3) 3.66 L cans of paint 4. (1) 16 oz, can of water displacement formula 5. (1) 17.5 oz can of motor vehicle cleaning wax 6. (1) 64 oz. container of professional strength drain opener <p>B. On [REDACTED]/23 at 1:25 pm, during an observation of the laundry room, the following unsecured chemicals were observed:</p> <ol style="list-style-type: none"> 1. (1) spray bottle (unknown volume) of pine-scented cleanser 2. (1) bottle of liquid fabric odor eliminator spray (unknown volume). <p>C. On [REDACTED]/23 at 1:40 pm, during an observation of the unlocked Chart Room (ALF 2nd floor), the following unsecured chemicals were observed:</p>	A 038		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/16/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE VALENCIA	STREET ADDRESS, CITY, STATE, ZIP CODE 300 VALENCIA DRIVE SE ALBUQUERQUE, NM 87108
--	---

(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 038	<p>Continued From page 20</p> <ol style="list-style-type: none"> 1. (1) qt. of peroxide multi-surface cleaner/disinfectant. 2. (1) qt. of heavy-duty alkaline bathroom cleaner/disinfectant. 3. (1) qt. disinfectant cleanser, tuberculocidal, virucide, fungicide 4. (1) pt. malodor neutralizer 5. (1) 32 oz. professional surface disinfectant <p>D. On [REDACTED] 23 at 1:42 pm, during an observation of the unlocked Chart Room (ALF 2nd floor), resident food/snack items were observed near the following unsecured chemicals:</p> <ol style="list-style-type: none"> 1. (1) qt. of peroxide multi-surface cleaner/disinfectant. 2. (1) qt. of heavy-duty alkaline bathroom cleaner/disinfectant. 3. (1) qt. disinfectant cleanser, tuberculocidal, virucide, fungicide 4. (1) pt. malodor neutralizer 5. (1) 32 oz. professional surface disinfectant <p>E. On [REDACTED] 23 at 1:59 pm, during an interview with the LPN/HWD and ED, they confirmed the findings listed above.</p>	A 038		
{A 047}	<p>7 NMAC 8.2.47 Lighting and Lighting Fixtures</p> <p>LIGHTING AND LIGHTING FIXTURES:</p> <p>A. All areas of the facility, including storerooms, stairways, hallways, and interior and exterior entrances shall be lighted to make the area clearly visible.</p> <p>B. Exits, exit-access ways and other areas used at night by residents and staff shall be illuminated by night lights or other continuous lighting.</p> <p>C. Lighting fixtures shall be selected and located to accommodate the needs and activities of the residents, with the comfort and convenience of</p>	{A 047}		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/16/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE VALENCIA	STREET ADDRESS, CITY, STATE, ZIP CODE 300 VALENCIA DRIVE SE ALBUQUERQUE, NM 87108
--	---

(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 047}	<p>Continued From page 21</p> <p>the residents in mind.</p> <p>D. Lamps and lighting fixtures shall be shaded to prevent glare to the eyes of residents and staff, and protected from accidental breakage or shattering.</p> <p>E. Facilities with four (4) or more residents shall have emergency lighting to light exit passageways and the exterior area near the exits that activates automatically upon disruption of electrical service.</p> <p>F. Facilities with three (3) or fewer residents shall have a flashlight that is immediately available for use in lieu of electrically interconnected emergency lighting. [7.8.2.47 NMAC - Rp, 7.8.2.48 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.47 E</p> <p>This is an uncorrected deficiency from survey dated [REDACTED]/22.</p> <p>Based on observation and interview the facility failed to ensure that all emergency lights in the facility were in working order.</p> <p>This deficient practice could likely result in the [REDACTED] residents identified on the census provided by the Executive Director on [REDACTED]/23 to be at risk of harm, injury, or death, if there is a power outage or other emergency requiring evacuation and the residents cannot see to safely exit the building.</p> <p>The findings are:</p> <p>A. On [REDACTED] 23 at 1:12 pm, during observation</p>	{A 047}		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2055	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 05/16/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BROOKDALE VALENCIA	STREET ADDRESS, CITY, STATE, ZIP CODE 300 VALENCIA DRIVE SE ALBUQUERQUE, NM 87108
--	---

(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 047}	<p>Continued From page 22</p> <p>and testing of the facilities emergency lights, the emergency light near the B-West exit (1st floor) failed to light up when tested.</p> <p>B. On [REDACTED]/23 at 1:19 pm, during observation and testing of the facilities emergency lights, the emergency light across from the first floor laundry room failed to light up when tested.</p> <p>C. On [REDACTED]/23 at 1:23 pm, during observation and testing of the facilities emergency lights, the emergency light outside of [REDACTED] failed to light up when tested.</p> <p>D. On [REDACTED]/23 at 12:25 pm, during an interview with the ED, she confirmed all the emergency light findings listed above.</p>	{A 047}	<ol style="list-style-type: none"> 1) Emergency lights have been replaced with working lights. 2) Maintenance Director to check all emergency lights monthly. 3) Executive Director to monitor for Compliance. 4) Completion date [REDACTED] 	
---------	--	---------	--	--