

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2055	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/14/2017
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NAME OF PROVIDER OR SUPPLIER BROOKDALE VALENCIA	STREET ADDRESS, CITY, STATE, ZIP CODE 300 VALENCIA DRIVE SE ALBUQUERQUE, NM 87108
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A 000	Initial Comments The following deficiencies were cited as a result of a Full-Onsite/Complaint survey completed on 12/14/17 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living Facilities. Complaint Intake NM#30419 was unsubstantiated with no deficiencies cited.	A 000		
A 020	7 NMAC 8.2.20 Admissions and Discharge ADMISSIONS AND DISCHARGE: The facility shall complete an admission agreement for each resident. The administrator of the facility or a designee responsible for admission decisions shall meet with the resident or the resident ' s surrogate decision maker prior to admission. No resident shall be admitted who is below the age of eighteen (18) or for whom the facility is unable to provide appropriate care. A. Admission agreement. The admission agreement shall include the following information: (1) the parties to the agreement; (2) the program narrative; (3) the facility's rules; (4) the cost of services and the method of payment; (5) the refund provision in case of death, transfer, voluntary or involuntary discharge; (6) information to formulate advance directives; (7) a written description of the legal rights of the residents translated into another language, if necessary; (8) the facility's staffing ratio; (9) written authorization for staff to assist with medications; (10) notification of rights and responsibilities pursuant to the Incident Reporting Intake, Processing and Training Requirements, 7.1.13 NMAC;	A 020		

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LABORATORY D RECTOR'S OR PROV DER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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A 020	<p>Continued From page 1</p> <p>(11) the facility's bed hold policy; and</p> <p>(12) the admission agreement may be terminated if an appropriate placement is found for the resident, under the following circumstances:</p> <p>(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;</p> <p>(b) the resident has failed to pay for a stay at the facility as defined in the admission agreement;</p> <p>(c) the facility ceases to operate or is no longer able to provide services to the resident;</p> <p>(d) the resident's health has improved sufficiently and therefore no longer requires the services of the facility;</p> <p>(e) termination without prior notice is permitted in emergency situations for the following reasons:</p> <p>(i) the transfer or discharge is necessary for the resident's safety and welfare;</p> <p>(ii) the resident's needs cannot safely be met in 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</p>	A 020		

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A 020	<p>Continued From page 2</p> <p>continuous nursing care may include but are not limited to the following:</p> <ul 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 (11) ostomy (unless resident is able to provide self care). <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> <ul style="list-style-type: none"> (1) Convene a team, comprised of: <ul style="list-style-type: none"> (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 	A 020		

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A 020	<p>Continued From page 3</p> <p>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 (FSSES);</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 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>	A 020		

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A 020	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.20 A (12)</p> <p>Based on record review and interview the facility failed to ensure for 2 (R #s 2 & 4) of 6 (R #s 1-6) residents whose Admission/Discharge Agreements were reviewed for compliance, contained complete and accurate information regarding, "if/when" the facility can terminate the agreement and discharge a resident. If resident/legal representatives are not provided correct and accurate information, then they are at risk of being misinformed regarding when the facility can/cannot terminate an agreement. The findings are:</p> <p>A. Record review of R #2's Admission/Discharge Agreement dated 05/01/10 revealed that the agreement does not state that the agreement may be terminated "If an appropriate placement is found for the resident."</p> <p>B. Record review of R #4's Admission/Discharge Agreement dated 09/28/16 revealed that the agreement does not state that the agreement may be terminated "If an appropriate placement is found for the resident."</p> <p>C. On 12/13/17 at 10:40 am, during an interview with the Administrator, she confirmed that R #s 2 & 4 Admission/Discharge Agreements do not state that the facility can terminate the agreement "if an appropriate placement has been found for the resident."</p>	A 020		

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A 026	Continued From page 5	A 026		
A 026	<p>7 NMAC 8.2.26 Individual Service Plan</p> <p>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.</p> <p>A. The ISP shall address those areas of need as identified in the resident evaluation and through staff observation.</p> <p>(1) The ISP shall detail the services that are provided by the facility as well as the services to be provided by other agencies.</p> <p>(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.</p> <p>(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.</p> <p>B. The ISP shall include the following:</p> <p>(1) a description of identified needs as noted in the resident evaluation;</p> <p>(2) a written description of all services to be provided;</p> <p>(3) who will provide the services;</p> <p>(4) when or how often the services will be provided;</p> <p>(5) how the services will be provided;</p> <p>(6) where the services will be provided;</p> <p>(7) expected goals and outcomes of the services;</p> <p>(8) documentation of the facility ' s determination that it is able to meet the needs of the resident;</p> <p>(9) the level of assistance that the resident will require with activities of daily living and with medications;</p> <p>(10) a crisis prevention/intervention plan when indicated by diagnosis or behavior; and</p> <p>(11) current orders for all medications, including</p>	A 026		

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A 026	<p>Continued From page 6</p> <p>those authorized for PRN usage. [7.8.2.26 NMAC - Rp, 7.8.2.26 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.26 A (2)</p> <p>Based on record review and interview, the facility failed to ensure for 6 (R #1-6) of 6 (R #1-6) Individual Service Plans (ISPs)/Personal Service Plans (PSPs) reviewed for compliance were signed as reviewed by nurse to ensure all health needs are met for the residents. This deficient practice has the potential for the residents to not receive the appropriate care and services needed if the ISPs are not reviewed by a nurse. The findings are:</p> <p>A. Record review of R # 1's ISP/PSP dated 09/01/17 revealed, it was not signed/reviewed by a nurse.</p> <p>B. Record review of R # 2's ISP/PSP dated 09/15/17 revealed, it was not signed/reviewed by a nurse.</p> <p>C. Record review of R # 3's ISP/PSP dated 09/11/17 revealed, it was not signed/reviewed by a nurse</p> <p>D. Record review of R # 4's ISP/PSP dated 09/12/17 revealed, it was not signed/reviewed by a nurse.</p> <p>E. Record review of R # 5's ISP/PSP dated 11/21/17 revealed, it was not signed/reviewed by a nurse</p>	A 026		

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A 026	Continued From page 7 F. Record review of R # 6's ISP/PSP dated 09/12/17 revealed, it was not signed/reviewed by a nurse B. On 12/13/17 at 1:00 pm, during an interview with the administrator, she confirmed that R #1-6 ISP's were not signed by a facility representative, by the resident or their power of attorney and there was no signature or date to show the ISPs were reviewed for accuracy by a nurse.	A 026		
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	A 033		

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A 033	<p>Continued From page 8</p> <p>conspicuous public place in the facility and shall 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>	A 033		

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A 033	Continued From page 9 (c) are free to participate in religious, social, community and other activities and freely associate with persons in and out of the facility; (d) are free to leave the facility and return without unreasonable restriction; (e) are given a fifteen (15) calendar day, written notice before room transfers or discharge from the facility unless there is immediate danger to self or others in the facility; (f) have an environment that fosters social interaction and avoids social isolation; (g) or their surrogate decision makers, are informed of and consent to the services provided by the facility; (h) have the right to voice grievances to the facility staff, public officials, the ombudsmen, any state agency, or any other person, without fear of reprisal or retaliation; (i) have the right to have their complaints addressed within fourteen (14) calendar days or sooner; (j) have the right to participate in the development of their care plan/ISP; (k) have the right to choose a doctor, pharmacist and other health care provider(s); (l) have the right to participate in medical treatment decisions and formulate advance directives such as living wills and powers of 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	A 033		

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A 033	<p>Continued From page 10</p> <p>(q) are protected from unjustified room transfers 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 (11) (j)</p> <p>Based on record review and interview, the facility failed to ensure for 6 (R #s 1-6) of 6 (R #s 1-6) residents, whose Individual Service Plans (ISPs)/Personal Service Plans (PSPs) were reviewed for compliance, were informed of their right to participate in the development of their ISP. This deficient practice not only violates the residents' rights, it can cause mental and/or physical harm by not allowing the resident to make their own health care and social decisions. The findings are:</p> <p>A. During record review of R #s 1-6 ISP/PCP files, revealed that none of their ISPs/PCPSs were signed by the residents or their POA (power of attorney), and the facility failed to have signatures of the individual who completed the ISPs/PSPs.</p> <p>B. On 12/13/17 at 10:40 am, during an interview with the Administrator, she confirmed that none of the 6 residents had their ISPs signed by a nurse and/or other agency representative. Since she just started as acting Administrator, she could not</p>	A 033		

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A 033	Continued From page 11 say if the residents were asked if they wanted to participate in the development of their ISPs. C. On 12/14/17 at 8:15 am, during an interview with R #5, [REDACTED] was not aware that [REDACTED] could participate in the development of [REDACTED] ISP and did not know when the next revision would be so [REDACTED] could participate in developing it. D. On 12/14/17 at 8:30 am, during an interview with R #2, [REDACTED] was not aware that [REDACTED] could participate in the development of [REDACTED] ISP and did not know when the next revision would be so [REDACTED] could participate in developing it. E. On 12/14/17 at 8:40 am, during an interview with R #3, [REDACTED] was not aware that [REDACTED] could participate in the development of [REDACTED] ISP and did not know when the next revision would be so [REDACTED] could participate in developing it. F. On 12/14/17 at 8:45 am, during an interview with R #1, [REDACTED] was not aware that [REDACTED] could participate in the development of [REDACTED] ISP and did not know when the next revision would be so [REDACTED] could participate in developing it. G. On 12/14/17 a 9:00 am, during an interview with R #4, [REDACTED] was not aware that [REDACTED] could participate in the development of [REDACTED] ISP and did not know when the next revision would be so [REDACTED] could participate in developing it.	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	A 034		

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A 034	<p>Continued From page 12</p> <p>have a current custodial drug permit issued by the state board of pharmacy.</p> <p>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.</p> <p>(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.</p> <p>(2) Internal medication shall be kept separate from external medications. Drugs to be taken by mouth shall be separated from all other delivery forms.</p> <p>(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.</p> <p>(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.</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</p>	A 034		

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A 034	<p>Continued From page 13</p> <p>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 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</p>	A 034		

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A 034	<p>Continued From page 14</p> <p>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 (7)</p> <p>Reference (NFPA) National Fire Protection Association 99 (Healthcare Facilities Code) 2012 Edition NFPA 99. 11.3 Cylinder and Container Storage Requirements. 11.3.1* Storage for nonflammable gases equal to 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</p>	A 034		

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A 034	<p>Continued From page 15</p> <p>nitrous oxide, shall not be stored with any flammable gas, liquid, or vapor.</p> <p>11.3.2.3 Oxidizing gases such as oxygen and nitrous oxide shall be separated from combustibles or materials by one of the following:</p> <p>(1) Minimum distance of 6.1 m (20 ft)</p> <p>(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</p> <p>(3) Enclosed cabinet of noncombustible construction having a minimum fire protection rating of 1/2 hour</p> <p>11.3.2.4 Gas cylinder and cryogenic liquid container storage shall comply with 5.1.3.5.12.</p> <p>11.3.2.5 Cylinder and container storage locations shall comply with 5.1.3.3.1.7 with respect to temperature limitations.</p> <p>11.3.2.6 Cylinder or container restraints shall comply with 11.6.2.3.</p> <p>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.</p> <p>11.3.2.8 Cylinder valve protection caps shall comply with 11.6.2.3.</p> <p>11.3.2.9 Gas cylinder and liquefied gas container 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>	A 034		

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A 034	<p>Continued From page 16</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:</p> <p>CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING 2012 Edition</p> <p>Based on observation and interview, the facility failed to ensure that oxygen cylinder tanks were secured and stored correctly. This deficient practice has the potential for all 53 (R #s 1-53) residents identified on the census provided by the Administrator on 12/12/17, to be at risk of harm or injury if oxygen cylinder tanks were to be knocked over and may act like a missile, and if a fire occurs, oxygen cylinder tanks stored with combustibles accelerates the fire. The findings are:</p> <p>A. On 12/12/17 at 1:15 pm, during observation of the laundry room, it was observed that 8 (eight) oxygen cylinder tanks were free standing on the floor, they were not stored in a crate and could</p>	A 034		

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A 034	Continued From page 17 easily be knocked over by residents doing their laundry. B. On 12/12/17 at 1:30 pm, during interview with the Administrator, she confirmed that 8 oxygen cylinder tank were free standing on the floor, they were not stored in a crate and could easily be knocked over by residents doing their laundry.	A 034		
A 047	7 NMAC 8.2.47 Lighting and Lighting Fixtures LIGHTING AND LIGHTING FIXTURES: A. All areas of the facility, including storerooms, stairways, hallways, and interior and exterior entrances shall be lighted to make the area clearly visible. 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. C. Lighting fixtures shall be selected and located to accommodate the needs and activities of the residents, with the comfort and convenience of the residents in mind. 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. 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. 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]	A 047		

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A 047	<p>Continued From page 18</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.47 E</p> <p>Based on observation and interview, the facility failed to ensure that 3 of the 15 emergency lights tested in the facility were working. This deficient practice has the potential to cause harm to all 53 (R #s 1-53) residents identified on the resident census list provided by the Administrator on 12/12/17, if there were a fire or power outage, then the residents could not safely see where they were walking because the emergency lighting would not turn on. The findings are:</p> <p>A. On 12/12/17 at 9:30 am, during observation, three emergency lights did not turn on when tested. The three broken emergency lights were located:</p> <ol style="list-style-type: none"> 1. On the 1st floor between the laundry and medication station 2. On the 2nd floor between rooms #227 & 225 3. On the 3rd floor next to room #350. <p>B. On 12/12/17 at 10:00 am, during interview with Maintenance Worker #1, he confirmed that the emergency lights did not work/turn on when tested.</p>	A 047		
A 059	<p>7 NMAC 8.2.59 Windows</p> <p>WINDOWS:</p> <p>A. Each sleeping room shall be provided with an exterior window.</p> <p>(1) The window shall be operable, screened and have a clear operable area of 5.7 square feet minimum; measured twenty (20) inches wide</p>	A 059		

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A 059	<p>Continued From page 19</p> <p>minimum and measured twenty-four (24) inches high minimum. (2) The top of the window sill shall not be more than forty-four (44) inches above the finished floor. B. Screens shall be provided on all operable windows. C. The proposed use of bars, grilles, grates or similar devices shall be reviewed and approved by the licensing authority prior to installation. D. Sleeping rooms, living rooms, activity room areas and dining room areas shall have a window area of at least one tenth (1/10) of the floor area with a minimum of ten (10) square feet. [7.8.2.59 NMAC - Rp, 7.8.2.52 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.59 A (1) B</p> <p>Based on observation and interview, the facility failed to ensure that all operable windows had screens on them and that they were in good repair. If the windows do not have screens that are in good condition and fit properly, then the 53 (R #s 1-53) residents listed on the resident census, provided by the Administrator on 12/12/17 are at risk of harm by disease from insect infestation if the insects gain access to resident rooms through openings of the bent or missing screens. The findings are:</p> <p>A. On 12/12/17 at 1:50 pm, during observation in the courtyard, it was observed that there were 15 missing screens and at least 12 bent screens on windows.</p> <p>B. On 12/12/17 at 2:15 pm, during an interview</p>	A 059		

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A 059	Continued From page 20 with the Administrator, she confirmed the missing and bent screens in the facility. When asked for the room numbers of missing and bent screens, she replied that there is probably more missing and bent screens in the facility, but the facility has a work order in to replace all windows and screens in the beginning of the year.	A 059		
A 060	7 NMAC 8.2.60 Fire Clearance and Inspections FIRE CLEARANCE AND INSPECTIONS: A. Written documentation of a facility's compliance with applicable fire prevention codes shall be obtained from the state fire marshal's office or the fire prevention authority with jurisdiction and shall be submitted to the licensing authority prior to the issuance of an initial license. B. The facility shall request an annual fire inspection from the local fire prevention authorities. If the policy of the local fire department does not provide an annual inspection of the facility, the facility will document the date the request was made and to whom and then contact licensing authorities. If the local fire prevention authorities do make annual inspections, a copy of the latest inspection must be kept on file in the facility. [7.8.2.60 NMAC - Rp, 7.8.2.59 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.60 B Based on record review and interview, the facility failed to ensure that an annual fire inspection by the Local Fire Authority (having jurisdiction) had been conducted. This deficient practice has the	A 060		

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A 060	<p>Continued From page 21</p> <p>potential for all 53 (R #s 1-53) residents identified on the resident census list provided by the Administrator on 12/12/17, to be at risk of injury or death if a fire occurs. The findings are:</p> <p>A. Record request of the annual fire inspection by the Local Fire Authority revealed that they could not provide any and/or find the last fire inspection done by the Local Fire Authority.</p> <p>B. On 12/12/17 at 3:00 pm, during interview with the Administrator, she confirmed that they could not find the last annual fire inspection by the Local Fire Authority.</p>	A 060		