

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5796	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/01/2022
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NAME OF PROVIDER OR SUPPLIER KINGSTON RESIDENCE OF SANTA FE	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 LEGACY COURT SANTA FE, NM 87507
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A 000	Initial Comments The following deficiencies were cited during a Full Onsite/Complaint survey conducted 02/01/22, for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living. Complaint NM #45358 was unsubstantiated with no deficiencies cited. Complaint NM #45455 was unsubstantiated with no deficiencies cited. Complaint NM#53116 was unsubstantiated with deficiencies cited. Complaint NM #48235 was unsubstantiated with no deficiencies cited. Complaint NM #56461 was unsubstantiated with no deficiencies cited.	A 000	This plan of correction is prepared and executed because it is required for the provision of the state and federal regulations and not because Kingston Residence of Santa Fe agrees with the citations listed on this statement of deficiencies. Kingston Residence of Santa Fe maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by the regulation. By submitting this plan of correction, Kingston Residence of Santa Fe does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standards of care, contract, obligation or positions and Kingston Residence of Santa Fe reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.	
A 017	7 NMAC 8.2.17 Staff Training STAFF TRAINING: A. Training and orientation for each new employee and volunteer that provides direct care shall include a minimum of sixteen (16) hours of supervised training prior to providing unsupervised care for residents. B. Documentation of orientation and subsequent trainings shall be kept in the personnel file at the facility. C. Training shall be provided at orientation and at least twelve (12) hours annually, the orientation, training and proof of competency shall include: (1) fire safety and evacuation training; (2) first aid; (3) safe food handling practices (for persons involved in food preparation), to include: (a) instructions in proper storage; (b) preparation and serving of food; (c) safety in food handling; (d) appropriate personal hygiene; and (e) infectious and communicable disease control;	A 017	New staff and volunteers that provide direct care have documented proof of 16 hours of supervised training prior to providing unsupervised care for residents. Documentation of completion placed in staff personnel file and/or volunteer file. New Hire/Volunteer Checklist amended to ensure 16 hours supervised training completed prior to providing unsupervised care for the residents. Completed checklist signed-off by human resource staff and/or clinical staff and placed in staff personnel file and/or volunteer file. Current employees have documented proof of 12 hours annual training and orientation. Documentation of completed orientation and annual training filed in staff personnel file. Annual Training and Competency Tracking Checklist created to ensure education completed annually. The quality assurance nurse/or human resource staff member will audit Quarterly to ensure annual education requirement is in compliance.	2/15/22 2/15/22 4/30/22 4/30/22

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

Cheryl Choman

TITLE

Executive Director

(X6) DATE

3/11/2022

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A 017	<p>Continued From page 1</p> <p>(4) confidentiality of records and resident information; (5) infection control; (6) resident rights; (7) reporting requirements for abuse, neglect or exploitation in accordance with 7.1.13 NMAC; (8) smoking policy for staff, residents and visitors; (9) methods to provide quality resident care; (10) emergency procedures; (11) medication assistance, including the certificate of training for staff that assist with medication delivery; and (12) the proper way to implement a resident ISP for staff that assist with ISPs.</p> <p>D. If a facility provides transportation to residents, employees of the facility who drive vehicles and transport residents shall have training in transportation safety for the elderly and disabled, including safe vehicle operation. [7.8.2.17 NMAC - Rp, 7.8.2.17 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.17 (A) (C)</p> <p>Based on record review and interview, the facility failed to ensure that the Direct Care Staff (DCS) completed and there was documentation of completion onsite at the facility and available for review for the following required trainings:</p> <ol style="list-style-type: none"> 1. 16 hours of supervised training prior to providing unsupervised care. 2. 12 hours of orientation/annual training. <p>These deficient practices could likely result in the 71 (R #s 1-71) residents listed on the resident census, provided by the Administrator on 01/24/22, to be at risk of harm if they are being</p>	A 017		

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A 017	<p>Continued From page 2</p> <p>provided care and services by DCS who have not received the required supervised and orientation trainings. The findings are:</p> <p>A. Record review of DCS #4's employee file (hire date 07/18/09), revealed the following:</p> <ol style="list-style-type: none"> 1. No documentation of the 16 hours of supervised training prior to providing unsupervised care. 2. No documentation of the 12 hours of orientation and annual training. <p>B. Record review of DCS #6's employee file (date of hire 02/28/20), revealed the following:</p> <ol style="list-style-type: none"> 1. No documentation of the 16 hours of supervised training prior to providing unsupervised care. 2. No documentation of the 12 hours of orientation and annual training. <p>C. On 02/01/22 at 1:00 pm, during an interview with the Administrator, she confirmed the facility did not have documentation that DCS #s 4 & 6 had received/completed, the required:</p> <ol style="list-style-type: none"> 1. 16 hours of side-by-side training prior to providing unsupervised care. 2. 12 hours of orientation and annual training. 	A 017		
A 032	<p>7 NMAC 8.2.32 Reporting of Incidents</p> <p>REPORTING OF INCIDENTS:</p> <p>A. The facility shall insure that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 7.1.13 NMAC.</p> <p>(1) The facility shall also report any incident or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and</p>	A 032	The Quality Assurance nurse or / Designee will reeducate the direct care staff on what a reportable incident is and the reporting procedure and timeline to ensure Incident Reporting compliance. A monthly audit will be done by the DON/ designee to ensure reportable incidents have been reported timely.	4/30/22

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A 032	<p>Continued From page 3</p> <p>staff to the licensing authority complaint hotline within twenty-four (24) hours or by the next business day, if it is a weekend or a holiday. (2) The facility shall not delay a report to the complaint hotline while an internal investigation is conducted.</p> <p>B. The facility is responsible for conducting and documenting the investigation of all incidents within five (5) business days and shall submit a copy of the investigation report to the licensing authority. A copy of the report and the documentation, including the date and time that it was submitted to the licensing authority, shall be maintained on file at the facility. The investigation shall include the following: (1) a narrative description of the incident; (2) the result of the facility's investigation shall be recorded on the state approved incident report form for the current year, pursuant to 7.1.13 NMAC; and (3) plans for further actions in response to the incident. [7.8.2.32 NMAC - Rp, 7.8.2.32 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.32 A (1)</p> <p>7.1.13 INCIDENT REPORTING, INTAKE, PROCESSING AND TRAINING REQUIREMENTS</p> <p>Refer to 7.1.13.7 W. & 8 B. (2)</p> <p>W. " Reportable incident " means possible abuse, neglect, exploitation, injuries of unknown origin and other events including but not limited to</p>	A 032		

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A 032	<p>Continued From page 4</p> <p>falls which cause injury, unexpected death, elopement), medication error which causes or is likely to cause harm, failure to follow a doctor's order or an ISP or any other incident which may evidence abuse, neglect, or exploitation .</p> <p>B. (2) Division incident report form and notification by licensed health care facilities: The licensed health care facility shall report incidents utilizing the division's incident report form consistent with the requirements of the division's incident management system guide and CMS regulations as applicable. The licensed health care facility shall ensure that all incident report forms alleging abuse, neglect, exploitation, injuries of unknown origin or other reportable incidents are submitted by a reporter with direct knowledge of an incident, are completed on the bureau's incident report form and received by the division within twenty-four (24) hours of an incident or allegation of an incident or the next business day if the incident occurs on a weekend or a holiday. The licensed health care facility shall ensure that the reporter with the most direct knowledge of the incident assists with the preparation of the incident report form.</p> <p>Based on record review and interview, the facility failed to ensure for 2 (R # 1 & 5) of 5 (R #s 1-5) residents whose Internal Incident Reports were reviewed for compliance, that incidents of possible abuse, neglect, or exploitation, were reported to the Licensing Authority within 24 hours or the next business day, if it is a weekend or a holiday.</p> <p>This deficient practice could likely result in the residents to be at risk of harm, injury, and/or death, if incidents occur and there is no oversight by the Licensing Authority.</p>	A 032		

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A 032	<p>Continued From page 5</p> <p>The findings are:</p> <p>A. Record review of R #1's Internal Incident Report dated 06/20/21 at 07:59 am, revealed the following:</p> <ol style="list-style-type: none"> 1. R #1 had an unwitnessed fall 2. R #1 was unable to provide a description of the incident 3. R #1 acquired a bruise to the left hip 4. R #1 acquired a skin tear to the left elbow 5. R #1 acquired a laceration to the top of the scalp 6. There was no documentation that the incident was reported to the Licensing Authority <p>B. Record review of R #5's Internal Incident Reports revealed the following:</p> <ol style="list-style-type: none"> 1. Internal Incident Report dated 01/20/21 at 2:52 pm, revealed the following: <ol style="list-style-type: none"> a. R #5 had [REDACTED] b. R #5 was unable to provide a description of the incident c. R #5 [REDACTED] d. There was no documentation that the incident was reported to the Licensing Authority 2. Internal Incident Report dated 04/30/21 at 12:51 pm, revealed the following: <ol style="list-style-type: none"> a. R #5 had an [REDACTED] b. R #5 was unable to provide a description of the incident c. R #5 [REDACTED] d. There was no documentation that the incident was reported to the Licensing Authority 3. Internal Incident Report dated 08/04/21 at 11:46 am, revealed the following: <ol style="list-style-type: none"> a. R #5 had an [REDACTED] 	A 032		

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A 032	<p>Continued From page 6</p> <p>b. R #5's internal incident report did not include a resident description</p> <p>c. R #5 [REDACTED]</p> <p>d. There was no documentation that the incident was reported to the Licensing Authority</p> <p>4. Internal Incident Report dated 11/09/21 at 10:05 am, revealed the following;</p> <p>a. R #5 was witnessed by Direct Care Staff (DCS) [REDACTED]</p> <p>b. R #5 was unable to provide a description of the incident</p> <p>c. R #5 was transported to the hospital</p> <p>d. There was no documentation that the incident was reported to the Licensing Authority.</p> <p>5. Internal Incident Report dated 12/17/20 at 1:47 pm, revealed the following;</p> <p>a. R #5 had an [REDACTED]</p> <p>b. R #5 was unable to provide a description of the incident</p> <p>c. R #5 [REDACTED]</p> <p>d. There was no documentation that the incident was reported to the Licensing Authority</p> <p>C. On 01/27/22 at 10:00 am, during an interview with the Administrator she confirmed that she only had Internal Incident reports for R #s 1 & 5 and that the incidents listed above were not reported to the Licensing Authority within 24 hours or the next business day if it was a holiday or weekend.</p>	A 032		
A 034	<p>7 NMAC 8.2.34 Custodial Drug Permits</p> <p>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</p>	A 034	<p>The [REDACTED] were removed to the authorized [REDACTED] and placed in approved [REDACTED]</p> <p>Staff will be re-educated on [REDACTED] policy. [REDACTED] are to be stored in the authorized [REDACTED] and stored in approved [REDACTED] to ensure that [REDACTED]</p>	<p>2/2/22</p> <p>4/30/22</p>

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			<p>The DON/designee will conduct monthly audits to ensure compliance of [REDACTED]</p>	4/30/22
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A 034	<p>Continued From page 7</p> <p>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 national fire protection association (NFPA) 99.</p>	A 034		

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A 034	<p>Continued From page 8</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 of all drugs in sufficient detail to enable an</p>	A 034		

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A 034	<p>Continued From page 9</p> <p>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>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 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.</p>	A 034		

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A 034	<p>Continued From page 10</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> <p>11.3.3.3 When small-size (A, B, D, or E) cylinders are in use, they shall be attached to a cylinder</p>	A 034		

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A 034	<p>Continued From page 11</p> <p>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 oxygen cylinder tanks were stored securely and protected from accidental damage or dislocation. This deficient practice could likely result in the 71 (R #s 1-71) residents identified on the resident census list provided by the Administrator on 01/24/22, to be at risk of harm, injury, or death if the oxygen cylinder tanks were to fall over damaging the valve, causing them to depressurize during a fire, the oxygen feeds the fire, causing it to spread faster and/or the cylinder tanks act like missiles and hit a resident/staff/rescuer during a fire. The findings are:</p> <p>A. On 01/27/22 at 2:21 pm, during an</p>	A 034		

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A 034	Continued From page 12 observation of the North building electrical room, 6 unsecured oxygen tanks were found stored in the room. B. On 01/27/22 at 2:22 pm, during an interview with Direct Care Staff (DCS) #13, he confirmed the 6 unsecured oxygen tanks were being stored in the North building electrical room.	A 034		
A 035	7 NMAC 8.2.35 Medication MEDICATIONS: Administration of medications or staff assistance with self-administration of medications shall be in accordance with state and federal laws. No medications, including over-the-counter medications, PRN (when needed) medications, or treatment shall be started, changed or discontinued by the facility without an order from the physician, physician assistant or nurse practitioner and with entry into the resident's record. A. State board of nursing licensed or certified health care professionals are responsible for the administration of medications. Administration may only be performed by these individuals. B. Facility staff may assist a resident with the self-administration of medications if written consent by the resident is given to the administrator of the facility or the administrator's designee. If the resident is incapable of giving consent, the surrogate decision maker named in accordance with New Mexico law may give written consent for assistance with self-administration of medications. All staff that assist with self-administration of medications shall have successfully completed a state approved assistance with self-administration of medication training program or be licensed or certified by the state board of nursing.	A 035	Residents records identified as #1, #2 and #6 on the statement of deficiencies updated going forward to reflect both generic/brand name and/or dosage. The information in the MAR will include the name of the medication, including the drug product brand name and the generic name and the dosage of the medication. The DON/ or designee will conduct monthly audits to ensure eMAR compliance with brand/generic names and dosage are in place.	4/30/22 4/30/22 4/30/22

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A 035	<p>Continued From page 13</p> <p>C. PRN (pro re nada) medication.</p> <p>(1) Physician or physician extender ' s orders for PRN medications shall clearly indicate the circumstances in which they are to be used, the number of doses that may be given in a 24-hour period and indicate under what circumstances the primary care practitioner (PCP) is to be notified.</p> <p>(2) The utilization of PRN medications shall be reviewed routinely. Frequent or escalating use of PRN medications shall be reported to the PCP.</p> <p>D. Only a licensed nurse (RN or LPN) shall administer any medications or conduct any invasive procedures provided by the following routes: intravenous (IV), subcutaneous (SQ), intramuscular (IM), vaginal or rectal. Only a licensed nurse shall administer non-premixed nebulizer treatments.</p> <p>E. The facility shall have medication reference material that contains information relating to drug interactions and side effects on the premises. Staff that assist in the self-administration of medications shall know interactions or possible side effects that might occur.</p> <p>F. Medications prescribed for one resident shall not be used for another resident.</p> <p>G. Medication assistance record (MAR). For residents who are not independent and require assistance with self administration, the facility shall have a MAR that documents the details of the residents' medication, including PRN and over-the-counter medication that is assisted with self-administration by qualified staff or administered to the resident by licensed or certified staff. The information in the MAR shall include:</p> <p>(1) the resident's name;</p> <p>(2) any known allergies to medication that the resident has;</p> <p>(3) the name of the resident's PCP or the</p>	A 035		

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

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A 035	<p>Continued From page 15</p> <p>immediately to the PCP and the resident's surrogate decision maker. If applicable, emergency medical treatment shall be arranged. Documentation of the event shall be kept in the resident's record.</p> <p>K. Prescription medication, other than blister packs and unit dose containers, shall be kept in the original container with a pharmacy label that includes the following:</p> <ol style="list-style-type: none"> (1) the resident's name; (2) the name of the medication; (3) the date that the prescription was issued; (4) the prescribed dosage and the instructions for administration of the medication; and (5) the name and title of the prescriber. <p>L. Any medication that is removed from the pharmacy container or blister pack shall be given immediately and documented by the staff that assisted with the medication delivery.</p> <p>M. The facility shall report all medication errors to the physician, documentation of medication errors and the prescriber's response shall be kept in the resident's record.</p> <p>N. The facility shall develop and follow a written policy for unused, outdated, or recalled medications kept in the facility in accordance with 16.19.11.10 NMAC (AS AMENDED). [7.8.2.35 NMAC - Rp, 7.8.2.35 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.35 G (5) (7)</p> <p>Based on record review and interview, the facility failed to ensure for 3 (R #s 1, 2, & 6) of 4 (R #s 1-4) residents whose Medication Administration</p>	A 035		

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A 035	<p>Continued From page 16</p> <p>Records (MARs) were reviewed for compliance included:</p> <ol style="list-style-type: none"> Both the brand and generic names of the medications. The dosage of the medication. <p>These deficient practices could likely result in the residents being at risk of harm/injury from medication errors if the medications listed on the MARs do not include</p> <ol style="list-style-type: none"> Both the brand and generic names and the Direct Care Staff (DCS) who assist with medications do not know what the medication is for. The dosage of the medication and DCS who assist with medications do not know the correct dose and the resident is given the wrong dose of a medication. <p>Findings for R #1:</p> <p>A. Record review of R #1's January, 2022 MAR, revealed that it did not include both the brand and generic names for the following medications:</p> <div style="background-color: black; width: 100%; height: 150px; margin-top: 10px;"></div>	A 035		

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A 035	<p>Continued From page 17</p> <p>B. Record review of R #1's January 2022 MAR, revealed that it did not include the dosage amount for the following medications:</p> <p>[REDACTED]</p> <p>C. On 02/01/22 at 1:00 pm, during an interview with the Administrator, she confirmed that R #1's January, 2022 MAR did not include both the brand/generic names and the dosages for the above listed medications.</p> <p>Findings for R #2:</p> <p>D. Record review of R #2's January, 2022 MAR), revealed that it did not include both the brand and generic names for the following medications:</p> <p>[REDACTED]</p>	A 035		

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A 035	Continued From page 19  G. On 02/01/22 at 1:00 pm, during an interview with the Administrator, she confirmed that the above listed resident's MAR did not include both the brand/generic names for medications.	A 035		
A 036	7 NMAC 8.2.36 Nutrition NUTRITION: The facility shall provide planned and nutritionally balanced meals from the basic food groups in accordance with the "recommended daily dietary allowance" of the American dietetic association, the food and nutrition board of the national research council, or the national academy of sciences. Meals shall meet the nutritional needs of the residents in accordance with the "2005 USDA dietary guidelines for Americans." Vending machines shall not be considered a source of snacks. A. Dietary services policies and procedures. The facility will develop and implement written policies and procedures that are maintained on the premises and that govern the following requirements. (1) Meal service. The facility shall: (a) serve at least three (3) meals or their equivalent each day at regular times with no more than sixteen (16) hours between the evening meal and morning meal with snacks freely available; (b) provide snacks of nourishing quality and post	A 036	Thermometers have been placed inside facility refrigerators and freezers. Staff in-serviced to record on the daily log the temperature inside the refrigerators, freezers and steam tables a daily log. Utensils in the kitchens will be stored in a clean, dry place protected from contamination. Staff in-serviced on storage policy of kitchen utensils. Memory Care Kitchen door shall have a key code lock and remain closed so that residents do not have access to inside the kitchen.	3/14/22 3/18/22 3/18/22 3/18/22 2/2/22

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A 036	<p>Continued From page 20</p> <p>on the daily menu;</p> <p>(c) develop menus enjoyed by the residents and served at normal intervals appropriate to the residents' preferences;</p> <p>(d) post the weekly menu, including snacks where residents and families are able to view it; posted menus shall be followed and any substitution shall be of equivalent nutritional value and recorded on the posted menu; identical menus shall not be used within a one (1) week cycle;</p> <p>(e) have special menus or meal items following guidelines from the resident's physician for residents who have medically prescribed special diets;</p> <p>(f) serve all residents in a dining room except for residents with a temporary illness, or with documented specific personal preference to have meals in their room;</p> <p>(g) allow sufficient time for meals to enable residents to eat at a leisurely pace and to socialize; and</p> <p>(h) contact the resident's PCP within forty-eight (48) hours if a resident consistently refuses to eat.</p> <p>(2) Staff in-service training. The facility shall provide an in-service training program for staff that are involved in food preparation at orientation and at least annually and that includes:</p> <p>(a) instruction in proper food storage;</p> <p>(b) preparation and serving food;</p> <p>(c) safety in food handling;</p> <p>(d) appropriate personal hygiene; and</p> <p>(e) infectious and communicable disease control.</p> <p>B. Dietary records. The facility shall maintain the following documentation onsite:</p> <p>(1) a systematic record of all menus and revisions, including snacks, for a minimum of thirty (30) calendar days;</p>	A 036	<p>Items not labeled properly at time of survey discarded.</p> <p>Portable food pan cabinet purchased to transport hot foods and maintain at appropriate temperature.</p> <p>Culinary staff in-serviced on the following areas: proper storage and labeling of food items in refrigerators and freezers, discarding unused leftover food after three (3) calendar days, cleaning supplies stored in a locked and designated separate area than food storage. Proper garbage and kitchen refuse disposal and maintaining a tight-fitting lid, and on proper use of portable food pan cabinet for transport of hot foods.</p> <p>Dietary Manager will maintain documentation of routine cleaning and sanitation of kitchen and equipment.</p> <p>Authorized vendor cleaned ceiling and vents above the stoves and oven in first floor assisted living kitchen. On-going cleaning by staff and scheduled cleaning by authorized vendor.</p>	<p>2/2/22</p> <p>3/21/22</p> <p>3/18/22</p> <p>3/18/22</p> <p>2/17/22</p>

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A 036	<p>Continued From page 21</p> <p>(2) a systematic record of therapeutic diets as prescribed by a PCP;</p> <p>(3) a copy of the most recent licensing inspection and for facilities with 10 or more residents, a copy of the New Mexico environment department inspection with notations made by the facility of action taken to comply with recommendations or citations; and</p> <p>(4) a daily log of the recorded temperatures for all facility refrigerators, freezers and steam tables maintained and available for inspection for thirty (30) calendar days.</p> <p>C. Clean and sanitary conditions. All practices shall be in accordance with the standards of the state environment department, pursuant to 7.6.2 NMAC.</p> <p>(1) Kitchen sanitation.</p> <p>(a) Equipment and work areas shall be clean and in good repair. Surfaces with which food or beverages come into contact shall be of smooth, impervious material free of open seams, not readily corrodible and easily accessible for cleaning.</p> <p>(b) Utensils shall be stored in a clean, dry place protected from contamination.</p> <p>(c) The walls, ceiling and floors of all rooms that food or drink is stored, prepared or served shall be kept clean and in good repair.</p> <p>(2) Washing and sanitizing kitchenware.</p> <p>(a) All reusable tableware and kitchenware shall be cleaned in accordance with procedures that include separate steps for prewashing, washing, rinsing and sanitizing.</p> <p>(b) Proper dishwashing procedures and techniques shall be utilized and understood by the dishwashing staff.</p> <p>(c) Periodic monitoring of the operation of the detergent dispenser, washing, rinsing and sanitizing temperatures shall be performed and</p>	A 036		

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A 036	<p>Continued From page 22</p> <p>documented.</p> <p>(d) When a dishwashing machine is utilized, the cleanliness of the machine, its jets and its thermostatic controls shall be monitored and documented by the facility. A monthly log of the recorded temperature of the dishwasher shall be maintained in the facility and available for inspection.</p> <p>(3) Sinks for hand washing shall include hot and cold running water, hand-washing soap and disposable towels.</p> <p>(4) All garbage and kitchen refuse that is not disposed of through a garbage disposal unit shall be kept in watertight containers with close-fitting covers and disposed of daily in a safe and sanitary manner.</p> <p>(5) Cooks and food handlers shall wear clean outer garments and hair nets or caps and shall keep their hands clean at all times when engaged in handling food, drink, utensils or equipment in accordance with the local health authority. Disposable gloves shall be used in accordance with the local health authority.</p> <p>D. Food management. The facility shall store, prepare, distribute and serve food under sanitary conditions and in accordance with the regulations governing food establishments of local health authority having jurisdiction, 7.6.2 NMAC.</p> <p>(1) The facility shall ensure that a minimum of a three (3) calendar day supply of perishables and a five (5) calendar day supply of non-perishables or canned foods is available for the residents.</p> <p>(2) The facility refrigerator and freezer shall have an accurate thermometer which reads within or not more than plus or minus three (3) degrees fahrenheit of the required temperature, located in the warmest section of the refrigerator and freezer and shall be accessible and easily read.</p> <p>(a) The temperature of the refrigerator shall be</p>	A 036		

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A 036	<p>Continued From page 23</p> <p>thirty-five (35) - forty-one (41) degrees fahrenheit.</p> <p>(b) Freezer temperatures shall be maintained at zero (0) degrees fahrenheit or below.</p> <p>(3) Refrigerators and freezers shall be kept clean and sanitary at all times. Food stored in refrigerators and freezers shall be covered, dated and labeled. Unused leftover food shall be discarded after three (3) calendar days.</p> <p>(4) Steam tables, hot food tables, slow cookers, crock pots and other hot food holding devices shall not be used in heating or reheating food. Hot food temperatures shall be checked periodically to insure that a minimum of one hundred forty (140) degrees fahrenheit is maintained.</p> <p>(5) Medication, biological specimens, poisons, detergents and cleaning supplies shall not be kept in the same storage areas used for storage of foods. Medications shall not be stored in the refrigerator with food; an alternate refrigerator for medication shall be used pursuant to Subsection B of 7.6.2.8 NMAC.</p> <p>(6) Canned or preserved foods shall be procured from sources that process the food under regulated quality and sanitation controls. This does not preclude the use of local fresh produce. The facility shall not use home-canned foods.</p> <p>(7) Dry or staple food items shall be stored at least six (6) inches off the floor in a ventilated room that is not subject to sewage, waste water back-flow or contamination by condensation, leakage, rodents or vermin.</p> <p>(8) The facility shall ensure the following:</p> <p>(a) all perishable food is refrigerated and the temperature is maintained no higher than forty-one (41) degrees fahrenheit;</p> <p>(b) the temperature for all hot foods is maintained at one hundred forty (140) degrees fahrenheit; and</p>	A 036		

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A 036	<p>Continued From page 24</p> <p>(c) all displayed or transported food is protected from environmental contamination and maintained at proper temperatures in clean containers, cabinets or serving carts.</p> <p>E. Milk.</p> <p>(1) Raw milk shall not be used.</p> <p>(2) Condensed, evaporated, or dried milk products that are nationally recognized may be employed as " additives " in cooked food preparation but shall not be substituted or served to residents in place of milk.</p> <p>F. Collateral requirements. Compliance with this rule does not relieve a facility from the responsibility of meeting more stringent municipal regulations, ordinances or other requirements of state or federal laws governing food service establishments. Local health authority having jurisdiction means municipal, county, state or federal agency(s) that have laws and regulations governing food establishments, liquid waste disposal, treatment facilities and private wells. [7.8.2.36 NMAC - Rp, 7.8.2.37 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.36 B (4) C (1) (b) (4) D (3) (5) (8) (b, c)</p> <p>Based on record review, observation, and interview, the facility failed to ensure, that:</p> <ol style="list-style-type: none"> 1. Food stored in refrigerators and freezers were covered, dated, and labeled and any unused leftover foods were discarded after three (3) calendar days. 2. A daily log of the recorded temperatures for all facility refrigerators, freezers, and steam tables maintained and available for inspection for thirty (30) calendar days. 	A 036		

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A 036	<p>Continued From page 25</p> <p>3. Utensils shall be stored in a clean, dry place protected from contamination.</p> <p>4. All garbage and kitchen refuse that is not disposed of through a garbage disposal unit shall be kept in watertight containers with close-fitting covers and disposed of daily in a safe and sanitary manner.</p> <p>5. The temperature for all hot foods is maintained at one hundred forty (140) degrees Fahrenheit</p> <p>6. All displayed or transported food is protected from environmental contamination and maintained at proper temperatures in clean containers, cabinets or serving carts.</p> <p>7. Medication, biological specimens, poisons, detergents and cleaning supplies shall not be kept in the same storage areas used for storage of foods. Medications shall not be stored in the refrigerator with food; an alternate refrigerator for medication shall be used pursuant to Subsection B of 7.6.2.8 NMAC.</p> <p>This deficient practices could likely result in the 71 (R #s 1-71) residents listed on the census provided by the Administrator on 01/24/22, to be at risk of:</p> <p>1. Contracting foodborne illnesses if, the:</p> <p>a. Food, was not stored properly (dated, labeled), and leftovers were kept longer than (3) three days after being served the 1st time.</p> <p>b. There is no documentation that food storage, refrigeration, and food cooking/preparation areas are maintained in a clean, temperature controlled, safe and sanitary condition.</p> <p>c. Kitchen and equipment where food is prepared are not kept clean and sanitary.</p> <p>d. Food becomes contaminated with germs and bacteria, because the trash cans do not have tight fitting lids.</p>	A 036		

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A 036	<p>Continued From page 26</p> <p>e. Food they were to ingest food that was not handled or prepared properly and/or if the hot food is not maintained a minimum of 140 degrees F.</p> <p>The findings are:</p> <p>Findings related to the Memory Care Unit kitchen and food</p> <p>A. On 01/24/22 at 11:29 am, during an observation of the memory care kitchen, the following was observed:</p> <ol style="list-style-type: none"> 1. The door separating the kitchen and the memory care dining room was open, allowing access to the residents. 2. There were exposed and accessible knives under the steam table and on the shelf 3. (1) 40 gallon trash can did not have a tight fitting lid. 4. The refrigerator on the far right did not have a thermometer on the inside 5. The following cleaning supplies were found being kept under the counter/unlocked; <ol style="list-style-type: none"> a. (1) 32 US fluid ounce (fl oz) of heavy duty oven and grill cleaner b. (1) 1 gallon squirt bottle of dishwashing soap c. (1) 1 gallon bottle dishwashing soap d. (3) 1 gallon bottle of degreaser e. (1) 1 gallon container powdered cleaner f. (1) 15 ounce can of spray cleaner g. (1) 32 ounce spray bottle of cleaner <p>B. On 01/24/22 at 11:34 am, during an observation of the memory care kitchen refrigerator, the following was observed:</p> <ol style="list-style-type: none"> 1. (1) opened and undated 20-ounce (oz) bag of bread 	A 036		

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A 036	<p>Continued From page 27</p> <p>2. (1) opened and undated 6.5-inch sandwich bag of ham</p> <p>3. (2) opened and undated one-gallon bottles of milk with</p> <p>4. (1) opened and undated six-ounce container of blueberries</p> <p>5. (1) opened and undated five-pound (lb.) bag of liquid eggs</p> <p>6. (1) opened and undated one-quart of prune juice</p> <p>7. (1) opened and undated 16-inch by 22-inch pan of brownies</p> <p>C. On 02/01/22 at 1:00 pm, during an interview with the Administrator, she confirmed the above listed foods were open and undated in the memory care kitchen refrigerator.</p> <p>D. On 01/24/22 at 11:36 am, during an observation of the metal shelf in the memory care kitchen, the following was observed:</p> <p>1. (1) opened and undated five-ounce bottle of hot sauce</p> <p>2. (1) opened and undated seventeen-ounce bottle of caramel sauce</p> <p>3. (1) opened and undated one-pint bottle of chocolate sauce</p> <p>4. (1) opened and undated twenty-four ounce bottle of caramel flavored sauce</p> <p>5. (1) opened and undated seven-ounce container of instant coffee</p> <p>6. (3) opened and undated twenty-ounce bags of cereal</p> <p>7. (1) opened and undated twenty-ounce box of cereal</p> <p>E. On 02/01/22 at 1:00 pm, during an interview with the Administrator, she confirmed the above listed foods were open and undated on a metal shelf in the memory care kitchen.</p>	A 036		

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A 036	<p>Continued From page 28</p> <p>Findings related to the Assisted Living Kitchens and food</p> <p>F. On 01/24/22 at 11:58 am, during an observation of the first floor assisted living kitchen, the ceiling above the stoves and oven exposed grease and lint.</p> <p>G. On 01/24/22 at 12:08 pm, during an observation of the second floor assisted living kitchen, the following was observed:</p> <ol style="list-style-type: none"> 1. No dates on the following items located in the back left side refrigerator; <ol style="list-style-type: none"> a. (1) bag of opened fish b. (1) bag of opened okra c. (1) bag of opened sausage patties 2. The temperature for hot foods was not maintained at one hundred forty (140) degrees F 3. All displayed or transported food that was located on a silver and black (3) shelf cart used to deliver resident meals to residents in the facility was not; <ol style="list-style-type: none"> a. Protected from environmental contamination b. Maintained at proper temperatures c. In clean containers, cabinets or serving carts. <p>H. On 01/24/22 at 12:19 pm, during an interview with the Kitchen Manager, she confirmed the above listed findings for the Assisted Living kitchen and food.</p>	A 036		
A 038	<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</p>	A 038	Maintenance staff in-service reviewing protocol for maintaining Westside riser room.	3/18/22

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A 038	<p>Continued From page 29</p> <p>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:</p> <ol style="list-style-type: none"> 1. The Fire Suppression System, riser room (room where the Fire Suppression System is located) was maintained in a safe, clean, orderly manner, and free from safety hazards. 2. Poisonous or flammable substances were not stored in residential areas, food preparation areas, or food storage areas. <p>These deficient practices could likely result all 71 (R #s 1-71) residents identified on the census</p>	A 038	<p>The two large power washer machines were removed from Westside riser room. Giving easy access to the water shut off valve.</p> <p>Chemicals on cleaning carts secured at all times. Chemicals will be stored in secured appropriate locations at all times.</p> <p>Housekeeping staff in-service addressing safe storage of chemicals.</p> <p>MC closet with cleaning chemicals have been relocated to a secured area.</p>	<p>2/2/22</p> <p>2/2/22</p> <p>3/18/22</p> <p>2/2/22</p>

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A 038	<p>Continued From page 30</p> <p>provided by the Administrator on 01/24/22, to be at risk of harm, illness, injury, or death if:</p> <ol style="list-style-type: none"> 1. The Fire Suppression System shut off valves in the riser room are not accessible and cannot be shut off if necessary. 2. The residents were to spill or ingest/swallow poisonous chemicals. <p>The findings are:</p> <p>A. On 01/27/22 at 2:36 pm, during observation of the Westside riser room revealed two large power washer machines were stored in the room within a few inches of the fire suppression system, water pipes, and shut off valve, blocking access to the water shut off valve.</p> <p>B. On 01/27/22 at 2:49 pm, during interview, with the Maintenance Manager, he confirmed the findings observed in the WestSide riser room.</p> <p>C. On 01/27/22 at 2:46 pm, during an observation of the hallway in the East building, the following chemicals were observed to be on an unsecured cleaning cart:</p> <ol style="list-style-type: none"> 1. One 14.2-ounce can of furniture polish. 2. One 17-ounce can of stainless-steel cleaner. 3. One 8-ounce bottle of hydrogen peroxide spray. 4. One 32-ounce bottle of disinfectant cleaner. 5. One 60-ounce bottle of multi-surface cleaner. <p>D. On 02/01/22 at 1:00 pm, during an interview with the Administrator, she confirmed the above listed chemicals were stored in an unsecured cleaning cart in the East building.</p>	A 038		

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A 038	Continued From page 31 E. On 01/28/22 at 1:10 pm, during observation of the Memory Care Unit, the following chemicals were observed in an unlocked closet hallway: 1. One gallon of floor cleaner. 2. One 17-ounce can of stainless-steel cleaner. F. On 01/28/22 at 1:25 pm, during an interview with Direct Care Staff (DCS) #15, he confirmed the above listed chemicals were found in an unlocked closet in the Memory Care hallway.	A 038		
A 042	7 NMAC 8.2.42 Maintenance of Building and Grounds MAINTENANCE OF BUILDING AND GROUNDS: The building(s) shall be maintained in good repair at all times. Such maintenance shall include, but is not limited to, the following areas: A. Storage areas/grounds. Storage areas and grounds shall be maintained in a safe, sanitary and presentable condition at all times. Storage areas and grounds shall be kept free from accumulation of refuse, weeds, discarded furniture, old newspapers or other items that create a fire hazard. B. Floors. Floors shall be maintained stable, firm and free of tripping hazards. [7.8.2.42 NMAC - Rp, 7.8.2.43 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.42 A Based on observation and interview, the facility failed to ensure that 1. The walls inside the facility were in good	A 042	Quarterly audit by Maintenance Manager and or designee to ensure grounds maintained in a safe, sanitary and presentable condition at all times. Perforations repaired on the north wall, on the left side door to the room and around the light switch inside the server room. Routine checks of dumpsters to ensure that refuse is placed in dumpsters. Staff in-service about placing refuse in the dumpster.	3/18/22 2/2/22 3/14/22 3/18/22

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A 042	<p>Continued From page 32</p> <p>condition with no drywall penetrations/perforations (holes).</p> <p>2. Trash was placed inside of the facilities large metal trash dumpster, and that the trash was not overflowing onto the ground around the outside of the trash dumpster.</p> <p>This deficient practice could likely result in the 71 (R#s 1-71) residents listed on the census provided by the Administrator on 01/24/22, to be at risk of harm, injury, or death if a fire were to occur. The findings are:</p> <p>A. On 01/25/22 at 1:31 pm, during observation of the 1st Floor Northeast Hall Server Room perforations were observed that included:</p> <ol style="list-style-type: none"> 1. Six (6) ¼ to ½ inch (one quarter by one quarter inch) diameter perforation holes in the North wall 2. One, Four (4) inch diameter perforation hole in left side door to the room 3. Three quarter inch (3/4 inch) wide perforations around the light switch inside the server room. <p>B. On 01/27/22 at 2:30 pm, during observation of the facilities trash dumpster located on the facility grounds outside of the building, the trash from the dumpster was overflowing and spilling out onto the ground at the base of the dumpster and included:</p> <ol style="list-style-type: none"> 1. Used Personal Protection Equipment (PPE) including medical gowns and rubber gloves. 2. Cardboard boxes 3. White plastic bags filled with facility waste 4. Used styrofoam food containers 5. Miscellaneous trash including plastic bottles, foil, etc. 	A 042		

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A 042	Continued From page 33 C. On 01/27/22 at 2:30 pm, during an interview with the Maintenance Manager, he confirmed: 1. The the drywall penetrations findings in the server room. 2. The trash overflowing from the facilities trash dumpster, that was outside of the facility laying on the ground around the base of the dumpster .	A 042		
A 043	7 NMAC 8.2.43 Hazardous Areas HAZARDOUS AREAS: Hazardous areas include: Fuel fired equipment rooms (not a typical residential kitchen), bulk laundries or laundry rooms with more than one hundred (100) sq. ft., storage rooms more than fifty (50) sq. ft. but less than one hundred (100) sq. ft. not storing combustibles, storage rooms with more than one hundred (100) sq. ft. storing combustibles, chemical storage rooms with more than fifty (50) sq. ft., garages and maintenance shops/rooms. A. Hazardous areas on the same floor as, and in or abutting, a primary means of escape or a sleeping room shall be protected by either: (1) an enclosure of at least one hour fire rating with self-closing or automatic closing on smoke detection fire doors having a three-quarter (3/4) hour rating; or (2) an automatic fire protection (sprinkler) and separation of hazardous area with self-closing doors or doors with automatic-closing on smoke detection; or (3) other hazardous areas shall be enclosed with walls with at least a twenty (20) minute fire rating and doors equivalent to one and three-quarter (1 3/4) inch solid bonded wood core, operated by self-closures or automatic closing on smoke detection. B. Boiler, furnace or fuel fired water heater	A 043	Hazardous materials were removed from Westside fuel fired hot water heater and heater room. Maintenance staff in-serviced about proper storage of hazardous materials. Quarterly audits by Maintenance department of heater and hot water heater rooms to ensure compliance.	2/2/22 3/18/22 3/18/22

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A 043	<p>Continued From page 34</p> <p>rooms. For facilities with four (4) or more residents: all boiler, furnace or fuel fired water heater rooms shall be protected from other parts of the building by construction having a fire resistance rating of not less than one (1) hour. Doors to these rooms shall be one and three-quarter (1-3/4) inch solid core. [7.8.2.43 NMAC - Rp, 7.8.2.44 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.43</p> <p>Based on observation and interview, the facility failed to ensure that combustible items were not stored in a hazardous area with gas fueled heaters and hot water heaters. This deficient practice could likely result in the 71(R #s 1-71) residents listed on the census, provided by the Administrator on 01/24/22, to be at risk of harm, injury, or death if a fire were to occur. The findings are:</p> <p>A. On 01/27/22 at 2:31 pm, during observation of Westside fuel fired hotwater heater and heater room One (1) Three (3) gallon bucket of patching/adhesive was observed to be stored in the hazardous area.</p> <p>B. On 01/27/22 at 2:35 pm, during and interview, the Maintenance Manager confirmed that One (1) Three (3) gallon bucket of patching/adhesive was stored in the hazardous area with the fuel fired hotwater heater and heater.</p>	A 043		
A 047	7 NMAC 8.2.47 Lighting and Lighting Fixtures	A 047		

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A 047	<p>Continued From page 35</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 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.</p> <p>[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>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 all 71 (R #s 1-71) residents identified on the census provided by the Administrator 01/24/22 to be at</p>	A 047	<p>West Hall emergency light in stairwell repaired.</p> <p>Emergency lighting to light exit passageways and the exterior area near the exits that activates automatically upon disruption of electrical service are in working order.</p> <p>Quarterly audits by Maintenance Department to ensure emergency lighting is in working order</p>	<p>2/2/22</p> <p>3/18/22</p> <p>3/18/22</p>

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5796	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/01/2022
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NAME OF PROVIDER OR SUPPLIER KINGSTON RESIDENCE OF SANTA FE	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 LEGACY COURT SANTA FE, NM 87507
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(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	Continued From page 36 risk of harm, injury, or death, if there is a power outage or other emergency requiring evacuation occurs and the residents can not see to exit the building. The findings are: A. On 01/27/22 at 2:24 pm, during observation of the facilities West hall, the emergency light did not light up when tested. B. On 01/27/22 at 2:24 pm, during an interview with the Maintenance Manager, he confirmed that the emergency light in the West Hall stairwell did not work when tested.	A 047		
A 050	7 NMAC 8.2.50 Exits EXITS: A. The facility shall have at least two (2) approved exits, that do not involve windows and which are remote from each other. B. Facilities with ten (10) or more residents shall have each exit clearly marked with lighted signs having letters at least six (6) inches high and at least three-quarters (3/4) of an inch wide. Exit signs shall be visible at all times. C. Facilities with three (3) or fewer residents shall have a flashlight that is immediately available for use in lieu of electrically interconnected emergency lighting. D. Exits shall be clear of obstructions at all times. E. Exits, exit paths, or means of egress shall not pass through hazardous areas, garages, storerooms, closets, utility rooms, laundry rooms, bedrooms, or spaces subject to locking. F. For facilities with four (4) or more residents, sliding doors are not acceptable as a required exit. EXCEPTION: Assisted living facilities with	A 050	All items removed from emergency exit pathway on Westside 2 nd floor. Emergency exit pathway from the Westside 2 nd floor to 1 st floor Westside exit is free and clear of all objects. Signage posted instructing staff to not store objects in stairwell. The staff in-serviced regarding keeping exit routes clear from obstructions. Weekly audits by Maintenance Manager and or designee to ensure compliance.	2/2/22 3/18/22 3/18/22 3/18/22

Division of Health Improvement

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NAME OF PROVIDER OR SUPPLIER KINGSTON RESIDENCE OF SANTA FE	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 LEGACY COURT SANTA FE, NM 87507
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A 050	<p>Continued From page 37</p> <p>three (3) or fewer residents may have sliding doors as required exits.</p> <p>G. When the yard gate(s) is part of the exit access and is locked, the gate shall be connected to the fire protection system and release upon activation of the fire/smoke system or shall have the ability to be unlocked at the gate site. [7.8.2.50 NMAC - Rp, 7.8.2.51 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.50 D</p> <p>Based on observation and interview the facility failed to ensure that the exit routes were clear from obstructions. If the facilities designated emergency exit routes are obstructed then all 71 (R #s 1-71) residents listed on the census, provided by the Administrator on 01/24/22, could likely be at risk of harm, injury, or death if a fire or other emergency requiring evacuation were to occur and they cannot safely exit the facility safely due to obstructions blocking the exit pathways/route. The findings are:</p> <p>A. On 01/27/22 at 2:23 pm, during observation of the facility emergency exit pathway/route/emergency exit stairwell revealed that:</p> <ol style="list-style-type: none"> 1. The emergency exit pathway from the Westside 2nd floor to the 1st floor Westside exit was partially blocked by objects stacked on the 2nd floor landing in the emergency exit stairwell that included: <ol style="list-style-type: none"> a. (1) one gray metal and plastic portable toilet. b. (3) Cardboard boxes stacked on top of the (1) gray plastic and metal portable toilet. 	A 050		

Division of Health Improvement

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NAME OF PROVIDER OR SUPPLIER KINGSTON RESIDENCE OF SANTA FE	STREET ADDRESS, CITY, STATE, ZIP CODE 2400 LEGACY COURT SANTA FE, NM 87507
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A 050	<p>Continued From page 38</p> <p>c. (4) 1/4 (on quarter) inch diameter, 2 foot by 3 foot rectangular metal pieces leaning on the wall under the roof access ladder.</p> <p>d. (3) wood and fabric chairs.</p> <p>e. (1) white plastic shower chair.</p> <p>f. (1) white plastic and metal portable toilet.</p> <p>B. On 01/27/22 at 2:24 pm, during an interview with the Maintenance Manager, he confirmed that the facility had furniture, used medical equipment, and other objects stored on the 2nd floor stairwell landing in the emergency exit pathway that were blocking the emergency exit route from the 2nd floor on the Westside of the facility.</p>	A 050		