

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/29/2022
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NAME OF PROVIDER OR SUPPLIER WEST RIDGE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 3130 VISTA GRANDE NW ALBUQUERQUE, NM 87120
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A 000	<p>Initial Comments</p> <p>The following deficiencies were cited during a Full-Onsite/Complaint survey completed on 11/29/22, for the state requirements of 7.8.2. NMAC Regulations for Assisted Living Facilities for Adults.</p> <p>Complaint Intake ID #NM60070 was unsubstantiated with no deficiencies cited. Complaint Intake ID #NM59370 was unsubstantiated with no deficiencies cited. Complaint Intake ID #NM53928 was unsubstantiated with no deficiencies cited.</p>	A 000		
A 035	<p>7 NMAC 8.2.35 Medication</p> <p>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.</p> <p>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.</p> <p>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</p>	A 035	<p>1. The violations identified in the 7 NMAC 8.2.35 Medication will be corrected by staff and manager re-training on what constitutes a medication error, how to properly document the error, report the error to the administrator and prescriber and to document the prescriber's response to the error.</p> <p>2. The corrective action will be monitored by the manager reviewing the MARs, the Narcotic Logs, and the medication baskets on a weekly basis at a minimum. He/she will report any inconsistencies to the administrator.</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Lynne Blake* TITLE Administrator (X6) DATE 1/16/2023

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A 035	<p>Continued From page 1</p> <p>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.</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>	A 035	<p>3. The corrective action will be entirely complete, including re-training of all staff by 1/23/2023.</p>	

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A 035	<p>Continued From page 2</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 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</p>	A 035		

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A 035	<p>Continued From page 3</p> <p>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 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: MEDICATIONS</p>	A 035		

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A 035	<p>Continued From page 4</p> <p>7.8.2.35 M.</p> <p>Based on record review and interview, the facility failed to ensure for 2 (R #s 5 & 6) of 7 (R #s 1-7) residents whose facility records were reviewed for compliance that:</p> <ol style="list-style-type: none"> 1. All medication errors shall be reported to the physician; 2. There be documentation of the medication error; 3. The prescriber's response shall be kept in the resident's record. <p>This deficient practice could potentially affect the health, safety, and welfare of the residents, if the facility does not report the medication error to the physician and/or prescriber to identify any possible complications and give further instructions.</p> <p>The findings for R #5 are:</p> <p>A. Record review of R #5's facility record and Medication Administration Record (MAR) for November, 2022, revealed that:</p> <ol style="list-style-type: none"> 1. R #5 was admitted to the facility on 02/11/19. 2. The following medication for R #5 is a narcotic and was found to have one (1) and a half (1/2) tablets (tabs) popped out of the bubble pack which is in a ziplock bag and stored in the lock box in the medication cabinet. The 1 tablet was found at the bottom of the lock box out of the ziplock bag and the 1/2 tablet was found in the bottom of the ziplock bag, this is a med error because it was out of the bubble pack of a 30 day supply: <ol style="list-style-type: none"> a). Lorazepam 0.5 milligram (mg) tablet to take 1 tablet by mouth every six (6) hours as needed (PRN) for anxiety. Not to exceed four (4) tabs in twenty-four (24) hours. 	A 035		

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A 035	<p>Continued From page 5</p> <p>3. There is no documentary evidence that a medication error report was completed.</p> <p>4. There is no documentary evidence that the resident's physician was notified.</p> <p>5. There is no documentary evidence of the prescriber's response was in R #5's record.</p> <p>The findings for R #6 are:</p> <p>B. Record review of R #6's facility record and Medication Administration Record (MAR) for November, 2022, revealed that:</p> <p>1. R #6 was admitted to the facility on 10/25/22.</p> <p>2. The following medication for R #6 is a narcotic and was found in the narcotic box: Order on bottle states take</p> <p>a). Clonazepam with a label that says, quantity twenty (20). one (1) mg tab, Take 1 tab by mouth twice daily for agitation.</p> <p>b). There was no change of order label on the bottle</p> <p>c). They had given five (5) 1 mg tabs based off of observation of the narcotic log.</p> <p>d). There are six (6) 1 mg tablets missing from the bottle which was confirmed by the pharmacist on 11/29/22 during a narcotic count.</p> <p>3. The MAR does have a different order in place which is as follows:</p> <p>a). Clonazepam 0.5 mg tab to take 1/2 tablet by mouth twice (2) daily for agitation.</p> <p>b). There were eleven (11) half tablets in the bottle that were counted by myself as well as the pharmacist.</p> <p>4. There is no documentary evidence that a medication error report was completed.</p> <p>5. There is no documentary evidence that the resident's physician was notified.</p> <p>6. There is no documentary evidence of the</p>	A 035		

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A 035	Continued From page 6 prescriber's response was in R #6's record. C. On 11/29/22 at 11:17 am, during an interview with the Manager, Owner, and Pharmacist they confirmed the above findings for R #s 5 & 6. 1. Talking with the Pharmacist she did say that there will be a medication error and medication loss that she will document for the medication errors above. a). The potential harm for Clonazepam could be: Over sedation although the facility confirmed R#6 did not experience symptoms.	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	1. The violations identified in the 7NMAC 8.2.36 Nutrition, will be corrected by first hiring a cleaning crew that will come in and deep clean all areas of concern including, but not limited to, trash cans; air vents; refrigerator, floors, cabinets and walls. The manager will purchase new trash cans with tight fitting lids. The manager that was in charge of ensuring these things were done is no longer a manager at Preferred Assisted Living. 2. The facility will monitor the corrective action by rearranging our staffing patterns and having a manager that is in charge of management duties only and	

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A 036	<p>Continued From page 7</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>who will not be scheduled as a manager who is also assisted with caregiving.</p> <p>In addition, the Administrator will do a walk-through weekly to ensure these items are being kept up with. In the event she cannot do this due to being out, another owner and/or administrator will act on her behalf and either in person, through photos, or a video walk-through, the house will be inspected for these items specifically.</p> <p>3. Cleaning crew, administrator and manager completed these items on or before Sunday, January 8th.</p>	

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A 036	<p>Continued From page 8</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 9</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 10</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 11</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 C. (1) (c) C. (2) (4)</p> <p>Based on observation and interview the facility failed to ensure the following:</p> <ol style="list-style-type: none"> 1. 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. 2. 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. 	A 036		

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NAME OF PROVIDER OR SUPPLIER WEST RIDGE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 3130 VISTA GRANDE NW ALBUQUERQUE, NM 87120
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A 036	<p>Continued From page 12</p> <p>These deficient practices have the potential for all 12 (R #s 1-12) residents listed on the census provided by the Assistant Administrator on 11/21/22, to be at risk for foodborne illnesses, harm or even death if the residents consume food which could be contaminated from unsanitary kitchen conditions.</p> <p>The findings are:</p> <p>A. On 11/21/22 at 1:50 pm, during observation of the facility's kitchen which had three entranceway's (one door accessible from the residents dining area and the other door from the Northside hallway as well as from the Southside bedrooms), and all rooms that food or drink is stored, prepared or served in. The following was observed:</p> <ol style="list-style-type: none"> 1. Two (2) trash cans which had garbage with no close-fitting lids and were dirty. 2. The air vents were dirty with grime and dust. 3. The refrigerator was dirty with grime. 4. The floors were dirty with grime, food crumbs in the corners. 5. The the kitchen cabinets were dirty with food crumbs and grime. 6. The walls and doors were dirty and grime. <p>B. On 11/21/22 at 2:25 pm, during an interview with the facility's Manager confirmed:</p> <ol style="list-style-type: none"> 1. The kitchen walls, ceiling, ceiling air vents and refrigerator were dirty. 2. The garbage cans did not have lids on them. 	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</p>	A 038	<p>1. The violations identified in the 7NMAC 8.2.38 Housekeeping Services, will be corrected by first hiring a cleaning crew that will come in and deep clean all areas of concern including, but not limited to, floors, stairwells, doors, resident rooms, kitchen cabinets and stove</p>	

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A 038	<p>Continued From page 13</p> <p>safe, clean, orderly and attractive manner. The facility shall be free from offensive odors, safety hazards, insects and rodents and accumulations of dirt, rubbish and dust.</p> <p>A. All common living areas and all bathrooms shall be cleaned as often as necessary to maintain a clean and sanitary environment.</p> <p>B. Combustibles such as cleaning rags or flammable substances shall be stored in closed metal containers in approved areas that provide adequate ventilation. Combustibles shall be stored away from the food preparation areas and away from the resident rooms.</p> <p>C. Poisonous or flammable substances shall not be stored in residential areas, food preparation areas or food storage areas. If hazardous chemicals are stored on the property, material safety data sheets shall be maintained and stored in the same area as the chemicals, pursuant to state environment department requirements, 11.5.2.9 NMAC. [7.8.2.38 NMAC - Rp, 7.8.2.39 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.38 A C</p> <p>Based on observation and interview, the facility failed to ensure all areas of the interior of the facility were maintained in a safe, clean, orderly manner and free from offensive odors, safety hazards, and accumulation of dirt, rubbish and dust.</p> <p>These deficient practices have the potential for all 12 (R #s 1-12) residents identified on the census provided by the Administrator on 11/21/22, to be at risk of harm, illness, injury, or death if the</p>	A 038	<p>In addition, a new stove has been purchased and a new manager has replaced the old manager who was in charge of ensuring these items were done routinely.</p> <p>In regard to the storage room and cabinets that contained chemicals, were in disarray, and were not locked, we will ensure that storage rooms that contain chemicals will have a self-closing hinge installed with a locked door knob. The current manager will clean and organize storage closets.</p> <p>2. The facility will monitor the corrective action by rearranging staffing patterns to having a manager that is in charge of management duties only and who will not be scheduled as a manager who is also assisted with caregiving.</p> <p>In addition, the Administrator will do a walk-through weekly to ensure these items are being kept up with. In the event she cannot do this due to being out, another owner and/or administrator will act on her behalf and either in person, through photos, or a video walk-through, the house will be inspected for these items specifically.</p>	

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A 038	<p>Continued From page 14</p> <p>facility is not kept clean, safe, sanitary and in good repair.</p> <p>The findings are:</p> <p>A. On 11/21/22 at 12:11 pm, during observation of the 1st floor living room, revealed the floor was dirty, with dusty floors, pieces of tissue with stain floors.</p> <p>B. On 11/21/22 at 12:13 pm, during observation of the dining room, revealed the floor was dirty with crumbs and debri along the corner areas behind the door.</p> <p>C. On 11/21/22 at 12:14 pm, during observation of the 1st floor West storage room, revealed it was unlocked, open, and accessible to residents, and contained residents laundry and chemicals including:</p> <ol style="list-style-type: none"> 1. One (1) gallon of paint. 2. One (1) pair of sweatpants. 3. One (1) brown blanket. <p>D. On 11/22/22 at 9:00 am, during observation of the stairway leading to the second floor, revealed, the stairway was dirty with crumbs, dirt and debri.</p> <p>E. On 11/23/22 at 12:16 pm, during observation of the 1st floor elevator storage room, revealed it was unlocked, open, and accessible to residents, and contained the following safety hazards:</p> <ol style="list-style-type: none"> 1. The following was scattered in a disarray and items were laying on the floor in an unorganized, unattractive manner: <ol style="list-style-type: none"> a. One (1) bag of cloths that were exposed coming out of the bag. b. One (1) shoe that is on the center of the room. c. Two (2) laundry baskets filled with clothing 	A 038	<p>3. Cleaning crew, administrator and manager completed these items on or before Sunday, January 8th. Self-closing hinges and door knob replacement will be completed on or before January 23rd.</p>	

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A 038	<p>Continued From page 15</p> <p>and bags.</p> <p>F. On 11/28/22 at 9:13 am, during observation of the 2nd floor bathroom cabinet revealed it was unlocked, open, and accessible to residents, and contained the following:</p> <ol style="list-style-type: none"> 1. One (1) 21 OZ can of comet cleaner. 2. One (1) 1 quart of tile sealer. <p>G. On 11/28/22 at 9:18 am, during an observation of the facilities interior doors, room #8, #10 and laundry room the following was observed:</p> <ol style="list-style-type: none"> 1. The 2nd floor laundry room door had blue stains running down the door, including brown spots near the top. 2. Room #8's door knob was dirty with brown stains on the door. 3. A kitchen cart with dishes was in the middle of the room. <p>H. On 11/28/22 at 9:20 am, during observation of the second floor, an offensive odor, illuminating from resident room #10 revealed :</p> <ol style="list-style-type: none"> 1. The room was dirty, with dirty dishes on the residents bed and trash on the floor. 2. The room smelt of urine which could be smelt through out the second floor. <p>I. On 11/29/22 at 9:06 am, during observation of the kitchen revealed:</p> <ol style="list-style-type: none"> 1. The bottom cabinets had crumbs of food in them. 2. The inside of the stove was dirty, with crumbs of food and white stains <p>J. On 11/29/22 at 2:00 pm, during an exit interview with the Manager, she confirmed:</p> <ol style="list-style-type: none"> 1. The observed rooms that were unlocked, open, and accessible with cleaning supplies and chemicals. 	A 038		

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A 038	Continued From page 16 2. The observed areas that were found dirty. 3. The offensive odor coming from the second floor 4. Windows had damaged screens	A 038		
A 059	7 NMAC 8.2.59 Windows WINDOWS: A. Each sleeping room shall be provided with an exterior window. (1) The window shall be operable, screened and have a clear operable area of 5.7 square feet minimum; measured twenty (20) inches wide 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] This REQUIREMENT is not met as evidenced by: 7.8.2.59 B Based on observation and interview the facility failed to ensure that screens were properly fitted on all windows.	A 059	1.The violations identified in the 7NMAC 8.2.59 Windows, will be corrected by having the maintenance person purchase new window screens and replace the torn and/or missing screens. 2. The facility will monitor the corrective action by rearranging staffing patterns to having a manager that is in charge of management duties only and who will not be scheduled as a manager who is also assisted with caregiving. She will do an entire building walk-through twice weekly to ensure all items are consistently taken care of. In addition, the Administrator will do a walk-through weekly to ensure these items are being kept up with. In the event she cannot do this due to being out, another owner and/or administrator will act on her behalf and either in person, through photos, or a video walk-through, the house will be inspected for these items specifically.	

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A 059	<p>Continued From page 17</p> <p>This deficient practice could likely result in the 12 (R #s 1-12) residents identified on the resident census provided by the Administrator on 11/21/22, to be at risk of injury or illness due to bug bites or allergens because the screens on windows had holes in them.</p> <p>The findings are:</p> <p>A. On 11/23/22 at 8:15 am, during observation, resident room #2 was observed to have a window screen that was damaged and had tears along the edges.</p> <p>B. On 11/23/22 at 8:17 am, during observation, the kitchen window was observed to have a damaged and bent screen.</p> <p>C. On 11/29/22 at 2:00 pm, during an interview with the Manager at the exit meeting, she confirmed that room #2 and the kitchen window screens were damaged with bent frames and holes in them.</p>	A 059	<p>3. Cleaning crew, administrator and manager completed the cleaning items on or before Sunday, January 8th and the screens and door locks will be completed on or before January 23rd.</p>	