

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:  2111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/29/2024	
NAME OF PROVIDER OR SUPPLIER  SENIOR LIVING SYSTEMS ASSISTED LIVING PROGR		STREET ADDRESS, CITY, STATE, ZIP CODE 3214 HIGHWAY 47 SOUTH BLDG 3 LOS LUNAS, NM 87031		
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A 000	Initial Comments  The following deficiencies were cited during a Full-Onsite/Complaint survey completed on [REDACTED]/24 for the state requirements of NMAC 7.8.2, Regulations for Assisted Living Facilities for Adults.  Census: [REDACTED]  Complaint Intake ID [REDACTED] was investigated with deficiencies cited. Complaint Intake ID [REDACTED] was investigated with deficiencies cited. Complaint Intake ID [REDACTED] was investigated with deficiencies cited.	A000		
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; (4) confidentiality of records and resident	A017		

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

TITLE

(X6) DATE

02/22/2024

Suzette Lindemuth, Director

Division of Health Improvement

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A017	<p>Continued From page 1</p> <p>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. 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 B</p> <p>Based on record review and interview, the facility failed to ensure that the Direct Care Staff (DCS) who provide care to residents, had documentation of completion of the required trainings were kept in the DCS's personnel files at the facility.</p> <p>This deficient practices could <b>likely</b> result in the [REDACTED] residents identified on the census provided by the Administrator on [REDACTED]/24, to be at risk of harm, illness, or injury, if the DCS providing care have not received all required orientation and annual training's and do not know how to care for residents properly. The findings</p>	A017		

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A017	<p>Continued From page 2</p> <p>are:</p> <p>A. Record review of DCS #3's personnel file (hire date [REDACTED]/23) revealed no documentation available to review of DCS #3 completing the following required orientation/annual training.</p> <ol style="list-style-type: none"> <li>1. Sixteen (16) hours of supervised training before providing unsupervised care to residents.</li> <li>2. Twelve (12) hours of orientation and annual training in the following required topics:               <ol style="list-style-type: none"> <li>a. Fire safety and evacuation training</li> <li>b. First aid</li> <li>c. Safe food handling practices (for persons involved in food preparation), to include:                   <ol style="list-style-type: none"> <li>i. Instructions on proper storage.</li> <li>ii. Preparation and serving of food.</li> <li>iii. Safety in food handling.</li> <li>iv. Appropriate personal hygiene.</li> <li>v. Infectious and communicable disease control.</li> </ol> </li> <li>d. Confidentiality of records and resident information</li> <li>e. Infection control</li> <li>f. Resident rights</li> <li>g. Reporting requirements for abuse, neglect, or exploitation in accordance with 7.1.13 NMAC</li> <li>h. Smoking policy for staff, residents, and visitors</li> <li>i. Methods to provide quality resident care.</li> <li>j. Emergency procedures</li> <li>k. Education assistance, including the certificate of training for staff that assist with medication delivery.</li> <li>l. The proper way to implement a resident ISP (Individual Service Plan) for staff that assist with ISPs.</li> </ol> </li> </ol> <p>B. On [REDACTED]/24 at 2:44 pm, during an interview, the Administrator confirmed that upon request the facility was unable to locate DCS#3s orientation</p>	A017		

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A017	Continued From page 3  and annual trainings documentation, and that without the documentation the facility was unable to verify that DCS#3 had completed the required orientation/annual trainings.	A017	<ol style="list-style-type: none"> <li>Review of employee files conducted to ensure documentation of orientation and training documentation is correctly filed</li> <li>HR staff informed of missing documentation and retrained on necessary filing of paperwork prior to completion of hiring</li> <li>HR to monitor compliance</li> </ol>	█/2024
A033	<p>7 NMAC 8.2.33 Resident Rights</p> <p>RESIDENT RIGHTS: All licensed facilities shall understand, protect and respect the rights of all residents.</p> <p>A. Prior to admission to a facility, a resident and legal representative shall be given a written description of the legal rights of the resident, translated into another language, if necessary, to meet the resident ' s understanding.</p> <p>B. If the resident has no legal representative and is incapable of understanding his or her legal rights, a written copy of the resident's legal rights shall be provided to the most significant responsible party in the following order:</p> <ol style="list-style-type: none"> <li>(1) the resident's spouse;</li> <li>(2) significant other;</li> <li>(3) any of the resident's adult children;</li> <li>(4) the resident's parents;</li> <li>(5) any relative the resident has lived with for six or more months before admission;</li> <li>(6) a person who has been caring for, or paying benefits on behalf of the resident;</li> <li>(7) a placing agency;</li> <li>(8) resident advocate; or</li> <li>(9) the ombudsman.</li> </ol> <p>C. The resident rights shall be posted in a conspicuous public place in the facility and shall include the telephone numbers for the incident management hotline and for the state ombudsman program.</p> <p>D. To protect resident rights, the facility shall:</p> <ol style="list-style-type: none"> <li>(1) treat all residents with courtesy, respect, dignity and compassion;</li> </ol>	A033		

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A033	<p>Continued From page 4</p> <p>(2) not discriminate in admission or services based on gender, sexual orientation, resident's age, race, religion, physical or mental disability, or nationality;</p> <p>(3) provide residents written information about all services provided by the facility and their costs and give advance written notice of any changes;</p> <p>(4) provide residents with a safe and sanitary living environment;</p> <p>(5) provide humane care for all residents;</p> <p>(6) provide the right to privacy, including privacy during medical examinations, consultations and treatment;</p> <p>(7) protect the confidentiality of the resident ' s medical record;</p> <p>(8) protect the right to personal privacy, including privacy in personal hygiene; privacy during visits with a spouse, family member or other visitor; and privacy in the resident's own room;</p> <p>(9) protect the right to communicate privately and freely with any person, including private telephone conversations and private correspondence; and the right to receive visits from family, friends, lawyers, ombudsmen and community organizations;</p> <p>(10) prohibit the use of any and all physical and chemical restraints;</p> <p>(11) ensure that residents:</p> <p>(a) are free from physical and emotional abuse neglect and misappropriation/or exploitation;</p> <p>(b) are free from financial abuse and misappropriation by facility staff or management;</p> <p>(c) are free to participate in religious, social, community and other activities and freely associate with persons in and out of the facility;</p> <p>(d) are free to leave the facility and return without unreasonable restriction;</p> <p>(e) are given a fifteen (15) calendar day, written notice before room transfers or discharge from</p>	A033		

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A033	<p>Continued From page 5</p> <p>the facility unless there is immediate danger to self or others in the facility;</p> <p>(f) have an environment that fosters social interaction and avoids social isolation;</p> <p>(g) or their surrogate decision makers, are informed of and consent to the services provided by the facility;</p> <p>(h) have the right to voice grievances to the facility staff, public officials, the ombudsmen, any state agency, or any other person, without fear of reprisal or retaliation;</p> <p>(i) have the right to have their complaints addressed within fourteen (14) calendar days or sooner;</p> <p>U) have the right to participate in the development of their care plan/ISP;</p> <p>(k) have the right to choose a doctor, pharmacist and other health care provider(s);</p> <p>(l) have the right to participate in medical treatment decisions and formulate advance directives such as living wills and powers of attorney;</p> <p>(m) have the right to keep and use personal possessions without loss or damage;</p> <p>(n) have the right to manage and control their personal finances;</p> <p>(o) have the right to freely organize and participate in a resident association that may recommend changes in the facility's policies, services and management;</p> <p>(p) shall not be required to work for the facility; and</p> <p>(q) are protected from unjustified room transfers or discharge.</p> <p>E. The resident's rights shall not be restricted unless this restriction is for the health and safety of the resident, agreed to by the resident or the resident ' s surrogate decision maker and outlined in the resident ' s individual service plan.</p>	A033		

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A033	<p>Continued From page 6</p> <p>[7.8.2.33 NMAC - Rp, 7.8.2.34 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.33 D (11) b</p> <p>Based on record review and interview, the facility failed to ensure that ██████████ residents were free from financial abuse and misappropriation by facility staff. This deficient practice could likely result in the residents experiencing both financial and psychosocial harm resulting from a substantial loss of income. The findings are:</p> <p>A. Record review of Complaint Intake ██████████, assigned on ████████/24, revealed that former DCS #5 downloaded a financial app (a software application or program downloaded onto a mobile device in order to carry out a specific financial task) account on R #2's cell phone and transferred approximately \$6,000 to himself.</p> <p>B. On ████████/24 at 2:48 pm, during an interview with R #2, ██████ reported that former DCS #5 convinced ██████ to download a financial app on ██████ cell phone and create an account with R #2's banking information. R #2 stated that DCS #5 installed the application and made the account with ██████ knowledge. R #2 stated ██████████ was unaware that DCS #5 was sending himself money in multiple transactions over a span of three months. R #2 stated that the transactions totaled around \$6,050. R #2 stated that a police report was filed with local law enforcement, and the facility's owner was made aware.</p>	A033		

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A033	<p>Continued From page 7</p> <p>C. On [REDACTED]/24 at 11:15 am, during an interview, the Owner reported that she and R #2 were renewing R #2's Medicaid application, and the Owner observed multiple transactions for various amounts on R #2's bank statements. The Owner stated that she recognized the name on the transactions as DCS #5. The Owner asked R #2 [REDACTED] had made the transfers, and R #2 stated [REDACTED] had not and was unaware of the transactions. The Owner said she assisted R #2 in contacting local law enforcement and R #2's financial institution. The Owner also reported that R #2's Medicaid application had been delayed due to financial information reported on R #2's bank statements.</p> <p>D. Record review of local law enforcement report dated [REDACTED]/23 revealed the theft was reported to local law enforcement on [REDACTED]/23. R #2 reported [REDACTED] entrusted [REDACTED] phone to DCS #5 who installed a financial app on R #2's phone and began sending himself money without R #2's knowledge totaling \$5,231. The report revealed that the transactions occurred from September 2023 until November 2023. There was no update on the status of the investigation.</p> <p>E. On [REDACTED]/24, during an interview, with DCS #5 via text message, he reported that R #2 sent him money through the financial app and he would give R #2 the cash so that [REDACTED] could purchase marijuana pills and pens. DCS #5 reported that R #2 also sent him money so that he could purchase food and other items for R #2. DCS #5 denied taking any money from R #2 without R #2's knowledge.</p> <p>F. Record review of R #2's bank statements revealed the following transactions to DCS #5 totaling \$5,981:</p>	A033		

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A033	<p>Continued From page 8</p> <ol style="list-style-type: none"> <li>1. [REDACTED] /23 for \$50</li> <li>2. [REDACTED] /23 posted on [REDACTED] /23 for \$100</li> <li>3. [REDACTED] /23 posted on [REDACTED] /23 for \$100</li> <li>4. [REDACTED] /23 posted on [REDACTED] /23 for \$150</li> <li>5. [REDACTED] /23 posted on [REDACTED] /23 for \$1</li> <li>6. [REDACTED] /23 posted on [REDACTED] /23 for \$100</li> <li>7. [REDACTED] /23 posted on [REDACTED] 1 for \$180</li> <li>8. [REDACTED] /23 posted on [REDACTED] /23 for \$850</li> <li>9. [REDACTED] /23 posted on [REDACTED] /23 for \$50</li> <li>10. [REDACTED] /23 for \$800</li> <li>11. [REDACTED] /23 for \$300</li> <li>12. [REDACTED] /23 for \$500</li> <li>13. [REDACTED] /23 posted on [REDACTED] /23 for \$300</li> <li>14. [REDACTED] /23 posted on [REDACTED] /23 for \$1,000</li> <li>15. [REDACTED] /23 for \$1,500</li> </ol> <p>G. On [REDACTED] /24 at 1:20 pm, during an interview, R #2 reported [REDACTED] was unaware of the transactions to DCS #5. R #2 tried to contact DCS #5 after DCS #5's last day of employment on [REDACTED] /23 and received a message that DCS #5 phone number was invalid. R #2 reported that [REDACTED] also blocked by DCS #5 on another messaging app (a mobile phone-based software program that allows users to send and receive information using their phone's Internet connection). R #2 reported [REDACTED] tried to confront DCS #5, but could not because his phone number and messaging apps were being blocked. R #2 reported that after discovering the theft [REDACTED] felt very depressed and overwhelmed and did not feel like living at times.</p>	A033	<ol style="list-style-type: none"> <li>1. Facility does not control personal resident funds and residents have the right to control their personal funds</li> <li>2. Upon notification that funds in a resident's account looked questionable, administrator took appropriate action to report the issue to the bank, DOH, APS and law enforcement</li> <li>3. Assisted resident in filing complaints and followed up with agencies for investigation</li> <li>4. Facility will provide educational workshop to residents concerning one line transfers of funds and how to avoid fraudulent activity Schedule [REDACTED]</li> </ol>	[REDACTED] 2024
A034	<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</p>	A034		

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A034	<p>Continued From page 9</p> <p>have a current custodial drug permit issued by the state board of pharmacy.</p> <p>A. Procurement, labeling and storage. The facility shall provide assistance to the resident in obtaining the necessary medications, treatment and medical supplies as identified in the ISP. The facility shall procure, label and store medications for residents who require assistance with self-administration of medication in compliance with state and federal laws.</p> <p>(1) All medications, including non-prescription drugs, shall be stored in a locked compartment or in a locked room, as approved by the board of pharmacy and the key shall be in the care of the administrator or designee.</p> <p>(2) Internal medication shall be kept separate from external medications. Drugs to be taken by mouth shall be separated from all other delivery forms.</p> <p>(3) A separate, locked refrigerator shall be provided by the facility for medications. The refrigerator temperature shall be kept in compliance with the state board of pharmacy requirements for medications.</p> <p>(4) All medications, including non-prescription medications, shall be stored in separate compartments for each resident and all medications shall be labeled with the resident's name.</p> <p>(5) A resident may be permitted to keep his or her own medication in a locked compartment in his or her room for self-administration, if the physician's order deems it appropriate.</p> <p>(6) The facility shall not require the residents to purchase medications from any particular pharmacy.</p> <p>(7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes shall comply with the</p>	A034		

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A034	<p>Continued From page 10</p> <p>national fire protection association (NFPA) 99.</p> <p>(8) A proof of use record shall be maintained separately for each schedule II through IV drug (controlled substances). The proof of use sheet shall document:</p> <p>(a) the type and strength of the schedule II through IV drugs;</p> <p>(b) the date and time staff assisted with self-administration;</p> <p>(c) the resident' s name;</p> <p>(d) the prescriber' s name;</p> <p>(e) the dose;</p> <p>(f) the signature of the person assisting with delivery of the medication; and</p> <p>(g) the balance of medication remaining.</p> <p>(9) Any remaining medication discontinued by a physician ' s order, or upon discharge or death of the resident shall be inventoried and moved to a separate locked storage container. Such discontinued medications shall be destroyed upon the next quarterly visit by the consulting pharmacist in accordance with 16.19.11.10 NMAC.</p> <p>(10) The record of medication destruction shall be signed by the administrator or designee and the pharmacist and shall be kept on file at the facility.</p> <p>B. Consulting pharmacist. The facility shall maintain records demonstrating that the consulting pharmacist provides the following oversight and guidance.</p> <p>(1) Reviews the medication regimen as needed, but at least quarterly/every three (3) months, to determine that all medications and records are accurate and current. All irregularities shall be reported to the administrator of the facility and these irregularities shall be resolved by the administrator within seventy-two (72) hours.</p> <p>(2) A system of records of receipt and disposition</p>	A034		

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A034	<p>Continued From page 11</p> <p>of all drugs in sufficient detail to enable an accurate reconciliation.</p> <p>(3) Consultation shall be provided on all aspects of pharmacy services in the facility, including reference information regarding side effects and, when needed, physician consultation in cases involving the use of psychotropic medications.</p> <p>(4) The consulting pharmacist will be responsible for assuring that the facility meets all requirements for storage, labeling, destruction and documentation of medications as required by the state board of pharmacy, 16.19.11.10 NMAC and 7.8.2 NMAC. [7.8.2.34 NMAC - Rp, 7.8.2.35 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.34 A (1)</p> <p>Based on observation and interview, the facility failed to ensure that:</p> <ol style="list-style-type: none"> <li>1. The medication room where the resident's medications are stored was locked and secured when the Direct Care Staff (DCS) was not there.</li> <li>2. All narcotic medications are stored in a locked compartment or in a locked room.</li> <li>3. The facility had a key available to access (lock/unlock) the narcotic cabinet.</li> </ol> <p>These deficient practices could likely result in the ████████ residents listed on the resident census provided by the Administrator on ██████/24 to be at risk of harm, illness, or death if the facility does not ensure:</p> <ol style="list-style-type: none"> <li>1. The medication room where resident medications were stored is locked at all times when the DCS were not in the room.</li> <li>2. The narcotic medication cabinet was</li> </ol>	A034		

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A034	<p>Continued From page 12</p> <p>locked and the key was readily available for DCS who assist residents with their medications, to use as needed.</p> <p>3. All medications available for residents to take, including prescription and non-prescription medications, were labeled and had the resident's name on the label.</p> <p>The findings are:</p> <p>A. On [REDACTED]/24 at 2:46 pm, during observation, the facility's medication room was unlocked, and there were no DCS in the room or nearby.</p> <p>B. On [REDACTED]/24 at 2:48 pm, during observation of the facility's narcotic cabinet in the medication room the door was closed but not locked (required a key to lock).</p> <p>C. On [REDACTED]/24 at 3:47 pm, during observation of the medication room DCS were observed opening and closing the narcotic cabinet door by turning the handle and not locking/unlocking with a key.</p> <p>D. On [REDACTED]/24 at 4:08 pm, during an interview, the Administrator confirmed that the metal cabinet used to store narcotics was not always locked and that the key to the lock on the cabinet was not currently available at the facility to unlock or lock the cabinet door.</p>	A034	<ol style="list-style-type: none"> <li>1. Staff retrained on the requirement for keeping the medication room locked and secured. Staff were retrained on the locking the controlled substance storage compartment.</li> <li>2. Key to controlled substance compartment was located in the medication room and the key was checked to confirm locking capability.</li> <li>3. Care Managers will monitor the compliance of locking the door and the controlled substance box</li> </ol>	[REDACTED]/2024
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</p>	A035		

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A035	<p>Continued From page 13</p> <p>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 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</p>	A035		

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A035	Continued From page 14  nebulizer treatments. 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. F. Medications prescribed for one resident shall not be used for another resident. 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: (1) the resident's name; (2) any known allergies to medication that the resident has; (3) the name of the resident's PCP or the prescriber of the medication; (4) the diagnosis or reason for the medication; (5) the name of the medication, including the drug product brand name and the generic name; (6) notation if the medication is a schedule II-IV drug; (7) the dosage of the medication; (8) the strength of the medication; (9) the frequency or how often the medication is to be taken or given; (10) the route of delivery for the medication (mouth, eye, ear, other); (11) the method of delivery for the medication (pills, drops, IM injection, other); (12) the date that the medication was started or discontinued;	A035		

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A035	<p>Continued From page 15</p> <p>(13) any change in the medication order;                      (14) pre-medication information (i.e., pulse, respiration, blood pressure, blood sugar) as required by the medication order;                      (15) the date and time that the medication is self-administered, administered with assistance or is administered;                      (16) the initials and signature of the person assisting with or administering the medication;                      (17) the desired results obtained from or problems encountered with the medication (pain relieved, allergic reaction, etc.);                      (18) any refused dose of medication;                      (19) any missed dose of medication; and                      (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 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:                      (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> <p>L. Any medication that is removed from the</p>	A035		

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A035	<p>Continued From page 16</p> <p>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 H K (1-5)</p> <p>Based on record review, observation, and interview, the facility failed to ensure for [REDACTED] residents whose Medications and Medication Administration Records (MAR) were reviewed for compliance:</p> <ol style="list-style-type: none"> <li>All medications being taken by the residents were listed on the MAR.</li> <li>Medications were labeled with residents names, medication name, prescription dates, prescribed dosages, instructions for usage, and name of the prescriber.</li> </ol> <p>This deficient practice could likely result in the residents being at risk of harm, illness, or death, if the residents receive/do not receive the right medications, correct dosage, at the right times because the mediations were not listed on the MAR or had pharmacy labels with all required information.</p>	A035	<ol style="list-style-type: none"> <li>All Medication records reviewed by Administrator and Care manager and consulting pharmacist for accuracy</li> <li>Staff retrained in labeling of over the counter medications and listing on MAR</li> <li>Care Manager will provide daily oversight to ensure compliance with labeling of medications and entry into the MAR</li> </ol>	24

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A035	<p>Continued From page 17</p> <p>The findings are:</p> <p>A. On [REDACTED]/24 at 2:48 pm, during observation of R #1 s medications revealed the following medications were available in R #1s medication basket:</p> <p>1. Were not documented on the residents MAR dated [REDACTED]/24 through [REDACTED]/24.</p> <p>a. One (1) [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>b. 2. Four (4) [REDACTED]</p> <p>[REDACTED]</p> <p>i. Three (3) [REDACTED]</p> <p>[REDACTED]</p> <p>ii. One (1) [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>2. Were not labeled with pharmacy labels that included:</p> <p>a. The residents name</p> <p>b. Medication name</p> <p>c. Date of prescription</p> <p>d. Prescribed dosage</p> <p>e. Usage instructions, or</p> <p>f. The name and title of the prescriber.</p> <p>B. Record review of R #1's [REDACTED]/24 through [REDACTED]/24 MAR revealed the following medications were not listed on the MAR:</p> <p>1. One (1) [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>2. Four (4) [REDACTED]</p> <p>[REDACTED]</p>	A035		

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A035	<p>Continued From page 18</p> <p>a. Three (3) [REDACTED]</p> <p>b. One (1) [REDACTED] (Unknown liquid) with no other information included.</p> <p>C. On [REDACTED]/24 at 2:54 pm, during observation of R #2s medication basket, one (1) [REDACTED] was available for use, but not listed on the residents [REDACTED]/24 through [REDACTED]/24 MAR.</p> <p>D. Record review of R #2's [REDACTED]/24 through [REDACTED]/24 MAR revealed [REDACTED] was not listed on the MAR:</p> <p>E. On [REDACTED]/24 at 2:57 pm, during observation of R #3s medication basket, it revealed the following medications were available for use but not listed on the resident's [REDACTED]/24 through [REDACTED]/24 MAR:</p> <ol style="list-style-type: none"> <li>1. (1) one [REDACTED]</li> <li>2. (1) one [REDACTED]</li> <li>3. (1) one [REDACTED]</li> </ol> <p>F. Record review of R #3's [REDACTED]/24 through [REDACTED]/24 MAR revealed the following medications were not listed on the MAR:</p> <p>G. On [REDACTED]/24 at 3:02 pm, during observation of R #4's medication basket, it was revealed the following medications were available for use but were not listed on the residents [REDACTED]/24 through [REDACTED]/24 MAR.</p> <ol style="list-style-type: none"> <li>1. (1) one [REDACTED]</li> </ol>	A035		

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A035	<p>Continued From page 19</p> <p>2. (1) one [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>3 (1) one [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>H. Record review of R #4's [REDACTED]/24 through [REDACTED]/24 MAR revealed the following medications were not listed on the MAR:</p> <p>1. (1) one [REDACTED]</p> <p>[REDACTED]</p> <p>2. (1) one [REDACTED]</p> <p>[REDACTED]</p> <p>3 (1) one [REDACTED]</p> <p>[REDACTED]</p> <p>I. On [REDACTED]/24 at 4:07 pm, during an interview, the Administrator confirmed:</p> <p>1. R #s 1-4 medications listed above were available in the resident's medication baskets, but were not listed on the resident's MARs.</p> <p>2. The (3) Three (3) bottles of" [REDACTED]</p> <p>[REDACTED] did not have pharmacy labels that include the following information:</p> <ol style="list-style-type: none"> <li>The resident's name</li> <li>Medication name</li> <li>Date of prescription</li> <li>Prescribed dosage</li> <li>Usage instructions, or</li> <li>The name and title of the prescriber.</li> </ol>	A035		
A 036	<p>7 NMAC 8.2.36 Nutrition</p> <p>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</p>	A036		

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A036	<p>Continued From page 20</p> <p>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.</p> <p>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.</p> <p>(1) Meal service. The facility shall:</p> <p>(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;</p> <p>(b) provide snacks of nourishing quality and post 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</p>	A036		

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A036	<p>Continued From page 21</p> <p>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> <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,</p>	A036		

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NAME OF PROVIDER OR SUPPLIER  <b>SENIOR LIVING SYSTEMS ASSISTED LIVING PROGR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3214 HIGHWAY 47 SOUTH BLDG 3 LOS LUNAS, NM 87031</b>
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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
A036	<p>Continued From page 22</p> <p>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 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><b>(4) All</b> 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</p>	A036		

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A036	<p>Continued From page 23</p> <p>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 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</p>	A036		

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A036	<p>Continued From page 24</p> <p>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> <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><b>E. Milk.</b></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</p>	A036		

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A036	<p>Continued From page 25</p> <p>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) (a-c) D (2) (3) (a-b) (3) <b>(4)</b> (8) (a-c)</p> <p>Based on observation and interview, the facility failed to ensure:</p> <ol style="list-style-type: none"> <li>1. Daily logs of the recorded temperatures for all facility refrigerators, freezers were maintained and available for review for thirty (30) calendar days.</li> <li>2. The facility refrigerators and freezers all have accurate thermometers located in the warmest section of the refrigerator and freezer and shall be accessible and easily read.</li> <li>3. The temperatures of the refrigerators were between thirty-five (35) - forty-one (41) degrees Fahrenheit (F).</li> <li>4. The temperature of the freezers were zero (0) degrees Fahrenheit or below.</li> <li>5. The refrigerators and freezers were clean and sanitary at all times.</li> <li>6. Food stored in refrigerators and freezers shall be covered, dated, and labeled.</li> <li>7. Unused leftover food shall be discarded after three (3) calendar days.</li> <li>8. Steam tables, hot food tables, slow cookers, crock pots and other hot food holding devices shall not be used in heating or reheating food.</li> <li>9. Hot food temperatures shall be checked periodically to ensure that a minimum of one hundred forty (140) degrees Fahrenheit is maintained.</li> </ol>	A036		

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A036	<p>Continued From page 26</p> <p>These deficient practices could likely result in the [REDACTED] residents listed on the resident census provided by the Administrator on [REDACTED]/24 to be at risk of harm, illness, or death, if they were to contract foodborne illnesses due to eating food that is prepared in an unsanitary environment and is contaminated by dirt, lint, bugs, rodents, bacteria, and leftover food particle that are stuck to counters, walls, ceilings and floors of the Building #2 kitchen. The findings are:</p> <p>The findings related to the building #2 kitchen</p> <p>A. On [REDACTED]/24 at 11:40 am, during observation of the kitchen:</p> <ol style="list-style-type: none"> <li>1. No daily logs of recorded temperatures for refrigerators and freezers were available for review.</li> <li>2. There was no visible thermometers in refrigerators and freezers.</li> </ol> <p>B. On [REDACTED]/24 at 11:58 am, during observation, kitchen freezer #2 had a broken exterior temperature gauge.</p> <p>C. On [REDACTED]/24 at 12:18 pm, during observation of the facility kitchen refrigerators and freezers, the following items were not dated or sealed:</p> <ol style="list-style-type: none"> <li>1. One (1) 48 oz (ounce) bag of Almonds (not dated)</li> <li>2. One (1) container of almond milk (not dated)</li> <li>3. One (1) 20 oz bag of bacon bits (not dated).</li> <li>4. Two (2) bagels (not sealed or dated).</li> <li>5. One (1) 4 lb (pound) bag of pecans (not dated)</li> <li>6. One (1) baguette (not dated)</li> <li>7. Three (3) 4 lb beef loins (not dated)</li> </ol>	A036		

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A036	<p>Continued From page 27</p> <ul style="list-style-type: none"> <li>8. Three (3) boiled eggs (not dated)</li> <li>9. Four (4) hamburger buns (not dated)</li> <li>10. Two (2) 8 oz tubs of Burrata Cheese (not dated)</li> <li>11. One (1) 4 lb box of butter chips (not dated)</li> <li>12. One (1) 20 oz bottle of caramel sundae syrup (not dated)</li> <li>13. One (1) 4 oz bag of baby carrots (not dated)</li> <li>14. One (1) 24 oz bag of celery sticks (not dated)</li> <li>15. One (1) 25 oz container cheese spread (not dated)</li> <li>16. Two (2) cheddar cheese wedges (not dated)</li> <li>17. Two (2) cheese slice stacks (not dated)</li> <li>18. One (1) large cheese block (not dated)</li> <li>19. One (1) container of maraschino cherries (not dated)</li> <li>20. Two (2) containers of cherry tomatoes (not dated)</li> <li>21. One (1) container of chicken livers (not dated)</li> <li>22. One (1) bag of frozen chicken nuggets (not dated)</li> <li>23. One (1) small bucket of chocolate syrup (not dated)</li> <li>24. Two (2) chopped veggie/condiment platters (not dated)</li> <li>25. One (1) bowl of coleslaw (not dated)</li> <li>26. One (1) 32 oz bucket of congealed dressing (not dated)</li> <li>27. One (1) bag of tortilla chips (opened, not dated)</li> <li>28. Three (3) bags of blue corn tortilla (not dated)</li> <li>29. One (1) bag of couscous (not dated)</li> <li>30. One (1) cream cheese spread (not dated)</li> <li>31. Four (4) creme brulee (not dated, moldy)</li> </ul>	A036		

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A036	<p>Continued From page 28</p> <p>32. One (1) bag of crisp rice cereal (not dated)</p> <p>33. One (1) box of cucumbers (not dated)</p> <p>34. One (1) bowl of custard (not dated)</p> <p>35. One (1) open bag of dough (not dated)</p> <p>36. One (1) 12 oz container dressing (not dated)</p> <p>37. One (1) bowl of dressing (not dated)</p> <p>38. One (1) bag of English muffins (not dated)</p> <p>39. Three (3) pastry bags icing (not dated)</p> <p>40. One (1) bag of frozen chicken (opened, not dated)</p> <p>41. One (1) bag of frozen pineapple (not dated)</p> <p>42. One (1) package of frozen spinach (not dated)</p> <p>43. One (1) packaged frozen steelhead (not dated)</p> <p>44. One (1) tray covered biscuits (not dated)</p> <p>45. One (1) used stick of butter (not dated, uncovered)</p> <p>46. Four (4) gallon freezer bags quinces (not dated)</p> <p>47. One (1) bag of walnuts (not dated)</p> <p>48. Two (2) containers of frozen smoothie mixes (not dated)</p> <p>49. One (1) bag of cubed cheddar (opened, not dated)</p> <p>50. One (1) bag of bread rolls (opened, not dated)</p> <p>51. One (1) box of mushrooms (open, uncovered, not dated)</p> <p>D. On [REDACTED]/24 at 12:32 pm, during an interview with the Kitchen Manager, Line Cook, and Administrator they confirmed:</p> <p>1. There were no daily logs of recorded refrigerator and freezer temperatures.</p> <p>2. The refrigerators and freezer did not have</p>	A036		

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A036	<p>Continued From page 29</p> <p>thermometers in them.</p> <p>3. Freezer #2's exterior thermometer was broken.</p> <p>4. The food items listed above were not sealed or dated.</p> <p>Findings related to hot food temperatures</p> <p>E. On [REDACTED]/24 at 11:45 am, during observation, the hot food temperatures taken with a food/meat thermometer were:</p> <ol style="list-style-type: none"> <li>1. Pork: 135.9 degrees Fahrenheit</li> <li>2. Green beans: 129.6 degrees Fahrenheit,</li> </ol> <p>F. On [REDACTED]/24 at 12:18 pm, during an interview, the Cook, Assistant Cook, Kitchen Manager, and Administrator all confirmed that the temperatures taken of the lunch plates were below 140 degrees (F).</p> <p>Findings related to kitchen cleanliness and maintenance</p> <p>G. On [REDACTED]/24 at 11:47 am, during an observation of the Building #2, the following was observed:</p> <ol style="list-style-type: none"> <li>1. The exterior of the stainless steel industrial refrigerator, tables, and counters were stained, dirty, and splattered with liquid residue, food debris, and grease.</li> <li>2. The walls, floors, ceilings, drain pipes, were stained brown and covered with a black layer of grease, dirt, lint, liquid residue, and food particles.</li> <li>3. The air ducts, vents, and pipes on the ceiling above the food preparation area were blackened with grease and dirt and had lint</li> </ol>	A036	<ol style="list-style-type: none"> <li>1. New 2024 logs were set up and logs recorded for temperatures Staff retrained in the importance of keeping accurate temp logs</li> <li>2. Thermometers in all freezers and refrigerator were located and replaced at time of inspection</li> <li>3. Food removed from #2 unit until exterior thermometer replaced on [REDACTED] 2024</li> <li>4. All items sealed correctly and dated at time of inspection</li> <li>5. Staff retained in serving temperatures, calibration of thermometers and how to take accurate temps</li> <li>6. Food Manager will do weekly inspections to ensure compliance</li> </ol>	[REDACTED]/2024

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A036	Continued From page 30 hanging from the pipes. 4. Located above the food preparation area was One (1), wooden ceiling panel that was approximately (2) two-foot by (3) three-foot in size and had a one-half (1/2) inch gap between the panel and the ceiling that presented a risk of bugs, rodents, dirt, and had lint from the crawl space entering the kitchen and contaminating the food preparation area and the food being prepared, cooked and served to residents.  H. On [REDACTED]/24 at 12:18 pm, during an interview with the Cook, Assistant Cook, Kitchen Manager, and Administrator, all of them confirmed that the kitchen and food preparation area was dirty and unsanitary.	A036	<ol style="list-style-type: none"> <li>1. At the time of inspection all areas in the working kitchen were cleaned and disinfected. Gaps in ceiling were caulked and repaired</li> <li>2. Pipes and vents were cleaned of lint and grease</li> <li>3. Kitchen staff retrained in the cleaning schedule and compliance with cleanliness</li> <li>4. Kitchen Food Manager will inspect weekly for compliance</li> </ol>	[REDACTED] 024
A 037	7 NMAC 8.2.37 Laundry Services  LAUNDRY SERVICES: A. General requirements. The facility shall provide laundry services for the residents, either on the premises or through a commercial laundry and linen service. (1) On-site laundry facilities shall be located in areas separate from the resident units and shall be provided with necessary washing and drying equipment. (2) Soiled laundry shall be kept separate from clean laundry, unless the laundry facility is provided for resident use only. (3) Staff shall handle, store, process and transport linens with care to prevent the spread of infectious and communicable disease. (4) Soiled laundry shall not be stored in the kitchen or dining areas. The building design and layout shall ensure the separation of laundry room from kitchen and dining areas. An exterior route to the laundry room is not an acceptable	A037		

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A037	<p>Continued From page 31</p> <p>alternative, unless it is completely enclosed.</p> <p>(5) In new construction or newly licensed facilities with more than fifteen (15) residents, washers shall be in separate rooms from dryers. The rooms with washers shall have negative air pressure from the other facility rooms.</p> <p>(6) All linens shall be changed as needed and at least weekly or when a new resident is to occupy the bed.</p> <p>(7) The mattress pad, blankets and bedspread shall be laundered as needed and at least once per month or when a new resident is to occupy the bed.</p> <p>(8) Bath linens consisting of hand towel, bath towel and washcloth shall be changed as needed and at least weekly.</p> <p>(9) There shall be a clean, dry, well ventilated storage area provided for clean linen.</p> <p>(10) Facility laundry supplies and cleaning supplies shall not be kept in the same storage areas used for the storage of foods and clean storage and shall be kept in a secured room or cabinet.</p> <p>B. Residents may do their own laundry, if it is their preference and they are capable of doing so, or if it is part of their skill-building for independent living and is documented as part of their ISP. [7.8.2.37 NMAC - Rp, 7.8.2.39 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.37 A (9 and 10)</p> <p>Based on observation and interview, the facility failed to ensure clean linens were stored properly and laundry/cleaning supplies were kept in a secured room, closet, or cabinet.</p>	A037		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>2111</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/29/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SENIOR LIVING SYSTEMS ASSISTED LIVING PROGR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3214 HIGHWAY 47 SOUTH BLDG 3 LOS LUNAS, NM 87031</b>
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A037	<p>Continued From page 32</p> <p>This deficient practice could likely result in the █████ residents identified on the census provided by the Administrator on █████/24 of being at risk of harm or injury if they were to swallow or spill laundry or cleaning supplies on their face or body and/or contract illness due to the clean linens becoming contaminated from improper storage.</p> <p>The findings are:</p> <p>A. On █████/24 at 11:31 am, during observation, the facility's laundry room had the following unsecured laundry/cleaning supplies:</p> <ol style="list-style-type: none"> <li>1. One (1) 1-gallon jug of all-purpose cleaner</li> <li>2. One (1) 1.33-gallon jug of laundry detergent</li> </ol> <p>B. On █████/24 at 11:32 am, during observation, the facility's laundry room had clean linen piled on the floor in an overflowing storage rack.</p> <p>C. On █████/24 at 11:45 am, during an interview, the House Manager confirmed that the laundry/cleaning supplies listed above were unsecured and that the clean linen was piled on the floor.</p>	A037	<ol style="list-style-type: none"> <li>1. Laundry room cleaned and reorganized to ensure clean linens were stored in a covered cart.</li> <li>2. Laundry room is secure and cleaning supplies related to laundry washing are secured within the laundry room</li> <li>3. Care Manager to ensure compliance with cleanliness of laundry room</li> </ol>	█████ 2024
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 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>	A038		

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A038	<p>Continued From page 33</p> <p>B. Combustibles such as cleaning rags or flammable substances shall be stored in closed metal containers in approved areas that provide adequate ventilation. Combustibles shall be stored away from the food preparation areas and away from the resident rooms.</p> <p>C. Poisonous or flammable substances shall not be stored in residential areas, food preparation areas or food storage areas. If hazardous chemicals are stored on the property, material safety data sheets shall be maintained and stored in the same area as the chemicals, pursuant to state environment department requirements, 11.5.2.9 NMAC. [7.8.2.38 NMAC - Rp, 7.8.2.39 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.38 C</p> <p>Based on observation and interview, the facility failed to ensure that cleaning supplies and hazardous chemicals were stored in secured areas and were not accessible to the residents.</p> <p>This deficient practice could likely result in the ██████████ residents listed on the resident census list provided by the Administrator on ████████/24 to be at risk of harm, illness, or injury if the residents were to spill chemicals on themselves or ingest the cleaning supplies/hazardous chemicals.</p> <p>The findings are:</p> <p>A. On ████████/24 at 11:40 am, during observation of the janitor's closet located in the hallway near the kitchen, the closet door was unsecured, and</p>	A038		

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A038	Continued From page 34  the following chemicals were accessible to residents: <ol style="list-style-type: none"> <li>1. (1) 1 gallon bottle of carpet shampoo</li> <li>2. (1) 32 oz.(ounce) spray bottle of window cleaner</li> <li>3. (2) 32 oz. spray bottles of 64 oz. bottles of disinfectant cleaner</li> <li>4. (1) 24 oz. spray bottle of adhesive remover</li> <li>5. (2) 22 oz. can of powder cleaner</li> </ol> B. On [REDACTED]/24 at 11:43 am, during an interview, the House Manager confirmed that the above-listed cleaning supplies/chemicals were unsecured and accessible to residents.	A038	<ol style="list-style-type: none"> <li>1. Cleaning closet was rekeyed to ensure the safe and secure storage of cleaning supplies</li> <li>2. Staff retrained on the regulation on safe storage of cleaning supplies/chemical</li> <li>3. Care Manager to ensure all staff are complying with storage regulations</li> </ol>	[REDACTED]/2024
A043	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	A043		

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A043	<p>Continued From page 35</p> <p>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.</p> <p>B. Boiler, furnace or fuel fired water heater 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: National Fire Protection Association (NFPA) 101 8.3.5.1* Firestop Systems and Devices Required. Penetrations for cables, conduits, pipes, tubes, combustion vents and exhaust vents, wires, and similar items etc. to accommodate electrical, mechanical, plumbing, and communications systems that pass through a wall, floor, or floor/ceiling assembly constructed as a fire barrier shall be protected by a firestop system or device.</p> <p>7.8.2.43 B Based on observation and interview, the facility failed to ensure that the hazardous gas-fueled equipment/mechanical room located near the library (Room 134) walls and ceilings were in good condition with no perforations (holes).</p> <p>This deficient practice could likely result in the ██████████ residents listed on the census provided by the Administrator on ████████/24 to be at risk of harm, injury, or death if a fire if:</p>	A043		

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A043	<p>Continued From page 36</p> <p>A. The gas-fueled hot water heater caught fire and the fire was to spread into the crawl space through the open holes/gaps in the ceiling and walls of the room.</p> <p>B. The fire suppression shut-off valves were not accessible to be turned on/off due to a fire spreading through the open holes/gaps in the ceiling.</p> <p>The findings are:</p> <p>A. On [REDACTED]/24 at 12:01 pm, during observation of the gas- fueled equipment/mechanical room the following was observed:</p> <p>1. (1) one gas-fueled hot water heater, located near the North wall of the room with (2) two, (4) four-inch diameter white pipes behind it that went up through holes in the ceiling with (1/2) one-half inch to (2) two inches wide perforations/holes around both.</p> <p>2. (1) one wall panel on the East wall of the room with wires attached to it that entered the room through a (4) four-inch diameter white pipe on the wall with (1/4) one-fourth inch wide perforations /holes around it.</p> <p>B. On [REDACTED]/24 at 2:41 pm, during an interview, the Administrator confirmed the wall and ceiling perforations in the boiler room.</p>	A043	<p>1. Open perforations around the wires and piping caulked for safety</p> <p>2. Maintenance to continue to monitor maintenance areas for any signs of perforations that might cause a safety issues</p>	[REDACTED]/2024