

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2116	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/05/2021
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NAME OF PROVIDER OR SUPPLIER GOOD LIFE SENIOR LIVING AND MEMORY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1650 NORTH LOS LENTES RD NE LOS LUNAS, NM 87031
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments	{A 000}		
{A 033}	<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"> (1) the resident's spouse; (2) significant other; (3) any of the resident's adult children; (4) the resident's parents; (5) any relative the resident has lived with for six or more months before admission; (6) a person who has been caring for, or paying benefits on behalf of the resident; (7) a placing agency; (8) resident advocate; or (9) the ombudsman. <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: (1) treat all residents with courtesy, respect, dignity and compassion;</p>	{A 033}		

Melissa Vallejos	Administrator	04/05/2022
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{A 033}	<p>Continued From page 1</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; (c) are free to participate in religious, social, community and other activities and freely</p> <p>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>	{A 033}		
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<p>{A 033}</p>	<p>Continued From page 2</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>(j) 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>	<p>{A 033}</p>		
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<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</p> <p>2116</p>	<p>(X2) MULTIPLE CONSTRUCTION</p> <p>A. BUILDING: _____</p> <p>B. WING: _____</p>	<p>(X3) DATE SURVEY COMPLETED</p> <p>R-C 08/05/2021</p>
<p>NAME OF PROVIDER OR SUPPLIER</p> <p>GOOD LIFE SENIOR LIVING AND MEMORY CARE</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE</p> <p>1650 NORTH LOS LENTES RD NE LOS LUNAS, NM 87031</p>	

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{A 033}	<p>Continued From page 3</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 (4)</p> <p>This is an uncorrected deficiency from a survey dated 02/16/21.</p> <p>Based on observation and interview the facility failed to ensure that the Direct Care Staff (DCS) were following the current infection control guidance of wearing facemask's while working in the facility with the residents to prevent the spread of the Covid-19 (a contagious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).</p> <p>This deficient practice could likely result in the 10 (R #s 1 through 10) residents listed on the resident census provided by the Administrator on 07/06/21, to be at risk illness or death by the contracting the Covid-19 virus, because the DCS were not following the current infection control guidance and wearing masks when in the facility and working with residents. The findings are:</p> <p>A. On 07/06/21 at 4:30 pm, during an observation of the facility it was observed that none of the staff working in the facility were wearing face masks.</p> <p>B. On 07/06/21 at 4:40 pm, during an interview, the Administrator confirmed that no staff were wearing masks and that she was unaware it was still required, even for those staff who are fully vaccinated.</p>	{A 033}	<p>Immediately took action to ensure all staff were following the current infection control guidance of wearing facemask's while working in the facility with the residents to prevent the spread of Covid-19.</p> <p>Will in the future ensure all staff follow the current infection control guidance of wearing facemask's while working in the facility with the residents to prevent the spread of Covid-19.</p> <p>Will have all new staff members trained to follow the current infection control guidance of wearing facemask's while working in the facility with the residents to prevent the spread of Covid-19.</p> <p>Administrator will monitor daily that all direct care staff follow the current infection control guidance of wearing facemask's while working in the facility with the residents to prevent the spread of Covid-19.</p> <p>Corrective action is complete.</p>	04/05/2022

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{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 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>	{A 035}		

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{A 035}	<p>Continued From page 5</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> <ol style="list-style-type: none"> (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; 	{A 035}		

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{A 035}	<p>Continued From page 6</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; (17) the desired results obtained from or</p> <p>problems encountered with the medication (pain relieved, allergic reaction, etc.);</p> <p>(18) any refused dose of medication;</p> <p>(19) any missed dose of medication; and</p> <p>(20) any medication error.</p> <p>H. No medication shall be stopped or started without specific orders from the primary care physician.</p> <p>I. If a resident refuses to take a prescribed medication, it shall be documented and the facility shall report it to the prescriber.</p> <p>J. A suspected adverse reaction to a medication shall be documented on the MAR and reported 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> <p>(1) the resident's name;</p>	{A 035}		
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{A 035}	<p>Continued From page 7</p> <p>(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 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 B D</p> <p>This is an uncorrected deficiency from a survey dated 02/16/21.</p> <p>Based on record review and interview, the facility failed to ensure that the Direct Care Staff (DCS) who assist residents with the self-administration of medications:</p> <ol style="list-style-type: none"> 1. Had received Certificates of Completion from a state approved training course to assist with medications or were licensed by the State Board of Nursing. 2. That only a Licensed Nurse (LN), either a Registered Nurse (RN) or Licensed Practical 	{A 035}	<p>Immediately took action to ensure that Direct Care Staff who assisted residents with the self-administration of medications had received certificate of completion from a state approved training course to assist with medication or were licensed by the State Board of Nursing. That only a Licensed Nurse (LN), either a Registered Nurse (RN) or Licensed Practical Nurse (LPN) (licensed by the State Board of Nursing) administered medications via a gastrostomy tube.</p> <p>Will in the future ensure that Direct Care Staff who assist residents with the self-administration of medications had received a certificate of completion from a state approved training course to assist with medication or were licensed by the State Board of Nursing. Only a Licensed Nurse (LN), either a Registered Nurse (RN) or Licensed Practical Nurse (LPN) (licensed by the State Board of Nursing) will administer medications via a gastrostomy tube.</p>	

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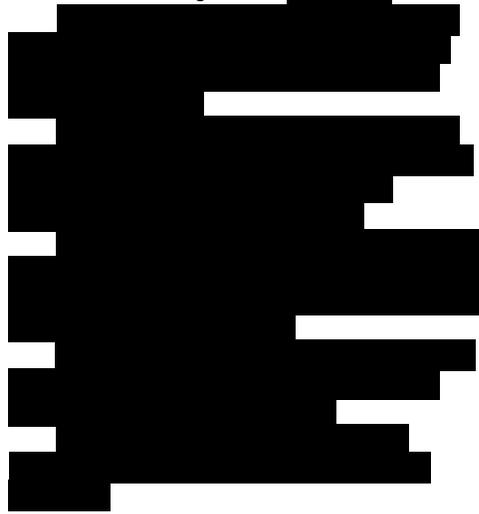
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{A 035}	<p>Continued From page 8</p> <p>Nurse (LPN) (licensed by the State Board of Nursing) administered medications via a gastrostomy tube (g-tube) i.e., a feeding tube.</p> <p>These deficient practices could likely result in the 10 (R #s 1 through 10) residents listed on the resident census list provided by the Administrator on 06/16/21 to be at risk of harm, illness, or death, if:</p> <ol style="list-style-type: none"> 1. The residents are being assisted with the self-administration of their medications by DCS who have not completed the required training and medication errors occur. 2. Medications are administered via g-tube by unlicensed DCS, there is the potential for medication errors to occur. <p>The findings are:</p> <p>Findings related to assisting with the self-administration of medication certificates</p> <p>A. Record review of the training certificates for DCS who are assisting residents with the self-administration of medication, revealed that DCS #s 1 (date of hire 03/12/21) and DCS #s 2 (hire date 05/03/21) did not have Certificates of Completion from a state approved training course.</p> <p>B. On 08/03/21 at 2:38 pm, during an interview with the Administrator, she confirmed that DCS #s 1 and #2 did not have Certificates of Completion from a state approved training course to assist residents with the self-administration of their medications or were licensed by the State Board of Nursing.</p> <p>C. On 08/10/21 at 9:27 am, during an interview, DCS #2 confirmed that she had been assisting</p>	{A 035}	<p>Cont. –</p> <p>Will maintain that Direct Care Staff who assist residents with the self-administration of medications have received a certificate of completion from a state approved training course to assist with medication or were licensed by the State Board of Nursing. Only a Licensed Nurse (LN), either a Registered Nurse (RN) or Licensed Practical Nurse (LPN) (licensed by the State Board of Nursing) will administer medications via a gastrostomy tube.</p> <p>Administrator or RN will monitor daily that Direct Care Staff who assisted residents with the self-administration of medications had received certificate of completion from a state approved training course to assist with medication or were licensed by the State Board of Nursing. Only a Licensed Nurse (LN), either a Registered Nurse (RN) or Licensed Practical Nurse (LPN) (licensed by the State Board of Nursing) will administer medications via a gastrostomy tube.</p> <p>Corrective action is completed.</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">04/05/2022</div>

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{A 035}	<p>Continued From page 9</p> <p>residents with the self-administration of their medications and that she had not completed the training or received a Certificate of Completion from a state approved training course and was not licensed by the State Board of Nursing.</p> <p>D. On 08/10/21 at 9:41 am, during an interview with DCS #1, she confirmed that she had been assisting residents with the self-administration of their medications and that she had not completed the training or received a Certificate of Completion from a state approved training course and was not licensed by the State Board of Nursing.</p> <p>Findings related to Administering medications via a G-tube</p> <p>E. Record review of R #2's June, 2021 Medication Administration Record (MAR) revealed instructions for the following partial list of medications to be given via </p> 	{A 035}		

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<p>{A 035}</p>	<p>Continued From page 10</p> <p>[REDACTED]</p> <p>F. On 08/10/21 at 9:27 am, during an interview, DCS #2 confirmed that she had administered R #2's medications via [REDACTED] during the month of June 2021 as indicated by her initials on the Medication Administration Record (MAR) and that she was not a LN (RN or LPN).</p> <p>G. On 08/10/21 at 9:41 am, during an interview with DCS #1, she confirmed that she had administered R #2's medications via [REDACTED] during the month of June, 2021 as indicated by her initials on the MAR and that she was not a LN (RN or LPN) or licensed by the State Board of Nursing.</p> <p>H. On 08/10/21 at 4:18 pm, during an interview with the Administrator, she confirmed that:</p> <ol style="list-style-type: none"> 1. DCS #s 1 and 2 had been administering medications for R #2 via a [REDACTED] 2. They were not a LN (RN or LPN) or licensed by the State Board of Nursing. <p>7 NMAC 8.2.36 Nutrition</p>	<p>{A 035}</p>		
<p>{A 036}</p>	<p>NUTRITION: The facility shall provide planned and nutritionally balanced meals from the basic</p>	<p>{A 036}</p>		

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<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</p> <p>2116</p>	<p>(X2) MULTIPLE CONSTRUCTION</p> <p>A. BUILDING: _____</p> <p>B. WING: _____</p>	<p>(X3) DATE SURVEY COMPLETED</p> <p>R-C 08/05/2021</p>
<p>NAME OF PROVIDER OR SUPPLIER</p> <p>GOOD LIFE SENIOR LIVING AND MEMORY CARE</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE</p> <p>1650 NORTH LOS LENTES RD NE LOS LUNAS, NM 87031</p>	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 036}	<p>Continued From page 11</p> <p>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.</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</p>	{A 036}		

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{A 036}	<p>Continued From page 12</p> <p>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> <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</p>	{A 036}		

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{A 036}	<p>Continued From page 13</p> <p>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 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</p>	{A 036}		

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<p>{A 036}</p>	<p>Continued From page 14</p> <p>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. (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. (a) The temperature of the refrigerator shall be thirty-five (35) - forty-one (41) degrees fahrenheit. (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</p>	<p>{A 036}</p>		
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{A 036}	<p>Continued From page 15</p> <p>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> <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</p>	{A 036}		

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{A 036}	<p>Continued From page 16</p> <p>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 (5)</p> <p>This is an uncorrected deficiency from a survey dated 02/16/21.</p> <p>Based on observation and interview the facility failed to ensure that when preparing and serving food for residents the staff were wearing a hairnet or cap. This deficient practice could likely result in the 10 (R #s 1 through 10) residents listed on the resident census provided by the Administrator on 07/06/21, to be at risk of contracting foodborne illnesses if they are being served food contaminated with bacteria. The findings are:</p> <p>A. On 07/06/21 at 4:30 pm, during observation of the dinner meal, the staff serving food coming in and out of the kitchen to the dining room were observed to not be wearing a hairnet or cap.</p> <p>B. On 07/06/21 at 4:40 pm, during an interview with the Administrator, she confirmed that the staff were not wearing a hairnet or cap while preparing and serving food for the residents.</p>	{A 036}	<p>Immediately took action to ensure staff wears a hairnet or cap when preparing and serving food for the residents.</p> <p>Will in the future ensure all staff is wearing a hairnet or cap when preparing and serving food for the residents.</p> <p>Will have all new staff members trained to wear a hairnet or cap when preparing and serving food for the residents.</p> <p>Administrator will monitor daily that when preparing or serving food for residents the staff is wearing a hairnet or cap.</p> <p>Corrective action is complete.</p>	04/05/2022