

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2207	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/11/2022
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NAME OF PROVIDER OR SUPPLIER HILLDALE HOUSE (ACTIVE SOLUTIONS, INC)	STREET ADDRESS, CITY, STATE, ZIP CODE 14528 HILLDALE ROAD NE ALBUQUERQUE, NM 87123
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A 000	<p>Initial Comments</p> <p>The following deficiencies were cited during an Full-Onsite/Complaint survey completed on 04/11/22 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living Facilities.</p> <p>Complaint Intake #s NM50003, and NM57892 were unsubstantiated with no deficiencies cited for the complaints.</p> <p>Complaint Intake # NM53748 was substantiated with no deficiencies cited for the complaints.</p>	A 000		
A 020	<p>7 NMAC 8.2.20 Admissions and Discharge</p> <p>ADMISSIONS AND DISCHARGE: The facility shall complete an admission agreement for each resident. The administrator of the facility or a designee responsible for admission decisions shall meet with the resident or the resident ' s surrogate decision maker prior to admission. No resident shall be admitted who is below the age of eighteen (18) or for whom the facility is unable to provide appropriate care.</p> <p>A. Admission agreement. The admission agreement shall include the following information:</p> <ol style="list-style-type: none"> (1) the parties to the agreement; (2) the program narrative; (3) the facility's rules; (4) the cost of services and the method of payment; (5) the refund provision in case of death, transfer, voluntary or involuntary discharge; (6) information to formulate advance directives; (7) a written description of the legal rights of the residents translated into another language, if necessary; (8) the facility's staffing ratio; (9) written authorization for staff to assist with medications; (10) notification of rights and responsibilities 	A 020		

Division of Health Improvement
LABORATORY D RECTOR'S OR PROV DER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Shantelle Gurule

TITLE

(X6) DATE

01/04/2023

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A 020	<p>Continued From page 1</p> <p>pursuant to the Incident Reporting Intake, Processing and Training Requirements, 7.1.13 NMAC;</p> <p>(11) the facility ' s bed hold policy; and</p> <p>(12) the admission agreement may be terminated if an appropriate placement is found for the resident, under the following circumstances:</p> <p>(a) there shall be a fifteen (15) day written notice of termination given to the resident or his or her surrogate decision maker, unless the resident requests the termination;</p> <p>(b) the resident has failed to pay for a stay at the facility as defined in the admission agreement;</p> <p>(c) the facility ceases to operate or is no longer able to provide services to the resident;</p> <p>(d) the resident ' s health has improved sufficiently and therefore no longer requires the services of the facility;</p> <p>(e) termination without prior notice is permitted in emergency situations for the following reasons:</p> <p>(i) the transfer or discharge is necessary for the resident's safety and welfare;</p> <p>(ii) the resident's needs cannot safely be met in the facility; or</p> <p>(iii) the safety and health of other residents and staff in the facility are endangered;</p> <p>(13) the facility shall provide a thirty (30) day written notice to residents regarding any changes in the cost or the material services provided; a new or amended admission agreement must be executed whenever services, costs or other material terms are changed; and</p> <p>(14) facilities representing their services as " specialized " must disclose evidence of staff specialty training to prospective residents.</p> <p>B. Restrictions in admission. The facility shall not admit or retain individuals that require twenty-four (24) hour continuous nursing care, refer to Subsection U of 7.8.2.7 NMAC Definitions. This</p>	A 020		

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A 020	<p>Continued From page 2</p> <p>rule does not apply to hospice residents who have elected to receive the hospice benefit. Conditions or circumstances that usually require continuous nursing care may include but are not limited to the following:</p> <ul style="list-style-type: none"> (1) ventilator dependency; (2) pressure sores and decubitus ulcers (stage III or IV); (3) intravenous therapy or injections; (4) any condition requiring either physical or chemical restraints; (5) nasogastric tubes; (6) tracheostomy care; (7) residents that present an imminent physical threat or danger to self or others; (8) residents whose psychological or physical condition has declined and placement in the current facility is no longer appropriate as determined by the PCP; (9) residents with a diagnosis that requires isolation techniques; (10) residents that require the use of a Hoyer lift; and (11) ostomy (unless resident is able to provide self care). <p>C. Exceptions to admission, readmission and retention. If a resident requires a greater degree of care than the facility would normally provide or is permitted to provide and the resident wishes to be re-admitted or remain in the facility and the facility wishes to re-admit or retain the resident. The facility shall comply with the following requirements.</p> <ul style="list-style-type: none"> (1) Convene a team, comprised of: <ul style="list-style-type: none"> (a) the facility administrator and a facility health care professional if desired; (b) the resident or resident ' s surrogate decision maker; and (c) the hospice or home health clinician. 	A 020		

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A 020	<p>Continued From page 3</p> <p>(2) The team shall jointly determine if the resident should be admitted, readmitted or allowed to remain in the facility. Team approval shall be in writing, signed and dated by all team members and the approval shall be maintained in the resident's record and shall:</p> <p>(a) be based upon an individual service plan (ISP) which identifies the resident's specific needs and addresses the manner that such needs will be met;</p> <p>(b) ensure that if the facility is licensed for more than eight (8) residents and does not have complete fire sprinkler coverage, the facility shall maintain an evacuation rating score of prompt as determined by the fire safety equivalency system (FSSES);</p> <p>(c) evaluate and outline how meeting the specific needs of the resident will impact the staff and the other residents; and</p> <p>(d) include an independent advocate such as a certified ombudsman if requested by the resident, the family or the facility.</p> <p>(3) The team recommendation shall be maintained on site in the resident ' s file.</p> <p>(4) When a resident is discharged, the facility shall record where the resident was discharged to and what medications were released with the resident.</p> <p>D. Coordination of care.</p> <p>(1) Assisted living facilities shall have evidence of care coordination on an ISP for all services that are provided in the facility by an outside health care provider, such as hospice or home health providers.</p> <p>(2) Residents shall be given a list of providers, including hospice and home health if applicable, and have the right to choose their provider. If applicable, the referring party shall disclose any ownership interest in a recommended or listed</p>	A 020		

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A 020	<p>Continued From page 4</p> <p>provider. [7.8.2.20 NMAC - Rp, 7.8.2.19 NMAC & 7.8.2.20 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.20 A (5)</p> <p>Senate Bill (SB) 0335 - 2013 AN ACT RELATING TO HEALTH CARE; REQUIRING CONTRACTS FOR ASSISTED LIVING FACILITIES TO CONTAIN A REFUND POLICY UPON TERMINATION OF A CONTRACT DUE TO THE DEATH OF THE RESIDENT; PROVIDING FOR STORAGE OF A RESIDENT'S BELONGINGS; DECLARING AN EMERGENCY. BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:</p> <p>SECTION 1. A new section of the Public Health Act is enacted to read: "ASSISTED LIVING FACILITIES CONTRACTS--LIMIT ON CHARGES AFTER RESIDENT DEATH.-- A. The contract for each resident of an assisted living facility shall include a refund policy to be implemented at the time of a resident's death. The refund policy shall provide that the resident's estate or responsible party is entitled to a prorated refund based on the calculated daily rate for any unused portion of payment beyond the termination date after all charges have been paid to the licensee. For the purpose of this section, the termination date shall be the date the unit is vacated by the resident due to the resident's death and cleared of all personal belongings.</p>	A 020	<p>Admission/ Discharge</p> <p>Under Section 7.8.2.20 in our Active Solutions Inc. admissions agreement refund policy has been re-advised. All current and future residents will be aware of Active Solutions Inc. new refund Policy Addendum on our Refund Policy.</p> <p>New refund policy in place. The responsible individuals have been notified and signed a new admissions agreement with addendum below. All new admissions will have refund policy in place.</p> <p>REFUND POLICY</p> <p>There are no refunds in the event of hospitalizations, transfer, voluntary or involuntary discharge from Active Solutions Inc.-Assisted Living Homes, or time away from the assisted living homes.</p> <p>If resident passes away a refund shall be given. After the following conditions are met: the termination date after all charges have been paid to Active Solutions Inc.- Assisted Living Homes shall be the date the room is vacated by the resident due to the residents death and cleared of all personal belongings. The resident belongings are removed within one week of the residents death and the amount of the belongings does not preclude renting the unit. If the belongings have not been cleared out of the room. the facility may charge the residents estate for moving and storing the items at the rate equal to the actual cost of the facility, not to exceed ten percent of the regular rate for the room.</p> <p>The facility Administrator will be responsible for communicating to the responsible party a week prior to the residents belongings are not claimed within forty five days after notification. Active Solutions Inc. Assisted Living homes may dispose of the left belongings.</p>	08/12/2022

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A 020	<p>Continued From page 5</p> <p>B. If a resident's belongings are not removed within one week of the resident's death and the amount of belongings does not preclude renting the unit, the facility may clear the unit and charge the resident's estate for moving and storing the items at a rate equal to the actual cost to the facility, not to exceed ten percent of the regular rate for the unit; provided that the responsible party for the resident is given notice at least one week before the resident's belongings are removed. If the resident's belongings are not claimed within forty-five days after notification, the facility may dispose of them.</p> <p>C. For the purposes of this section, "assisted living facility" means a facility required to be licensed as an assisted living facility for adults by the department of health."</p> <p>SECTION 2. EMERGENCY.--It is necessary for the public peace, health and safety that this act take effect immediately.</p> <p>Based on record review and interview, the facility failed to ensure for 4 (R #'s 1-4) of 4 (R #'s 1-4) residents whose Admission/Discharge Agreements reviewed for compliance included the Refund Upon Death policy that was in compliance with Senate Bill (SB) 0335 - 2013 and 7 NMAC 8.2.20.</p> <p>This deficient practice could likely result in the resident's estate/legal representatives being at risk of suffering financial hardship by not receiving monies owed upon the resident's death or incurring unknown charges for storage of their belongings.</p> <p>The findings are:</p> <p>A. Record review of R #1's Admission/Discharge</p>	A 020		

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A 020	<p>Continued From page 6</p> <p>Agreement dated 06/29/18, revealed it did not include a refund upon death policy in compliance with Senate Bill (SB) 0335 - 2013 and 7 NMAC 8.2.20.</p> <p>B. Record review of R #2's Admission/Discharge Agreement dated [REDACTED] 20, revealed it did not include a refund upon death policy in compliance with Senate Bill (SB) 0335 - 2013 and 7 NMAC 8.2.20.</p> <p>C. Record review of R #3's Admission/Discharge Agreement dated 02/23/21, revealed it did not include a refund upon death policy in compliance with Senate Bill (SB) 0335 - 2013 and 7 NMAC 8.2.20.</p> <p>D. Record review of R #4's Admission/Discharge Agreement dated 09/08/21, revealed it did not include a refund upon death policy in compliance with Senate Bill (SB) 0335 - 2013 and 7 NMAC 8.2.20.</p> <p>E. On 04/04/22 at 1:38 pm, during an interview with the Administrator, she confirmed that Admission/Discharge Agreements for R #'s 1-4 did not include the Refund Upon Death policy in compliance with SB 0335 -2013 and 7 NMAC 8.2.20.</p>	A 020		
A 034	<p>7 NMAC 8.2.34 Custodial Drug Permits</p> <p>CUSTODIAL DRUG PERMITS: A facility with two (2) or more residents that is licensed pursuant to this rule and that assists with self-administration or safeguards medications for residents shall have a current custodial drug permit issued by the state board of pharmacy.</p> <p>A. Procurement, labeling and storage. The facility</p>	A 034		

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A 034	<p>Continued From page 7</p> <p>shall provide assistance to the resident in obtaining the necessary medications, treatment and medical supplies as identified in the ISP. The facility shall procure, label and store medications for residents who require assistance with self-administration of medication in compliance with state and federal laws.</p> <p>(1) All medications, including non-prescription drugs, shall be stored in a locked compartment or in a locked room, as approved by the board of pharmacy and the key shall be in the care of the administrator or designee.</p> <p>(2) Internal medication shall be kept separate from external medications. Drugs to be taken by mouth shall be separated from all other delivery forms.</p> <p>(3) A separate, locked refrigerator shall be provided by the facility for medications. The refrigerator temperature shall be kept in compliance with the state board of pharmacy requirements for medications.</p> <p>(4) All medications, including non-prescription medications, shall be stored in separate compartments for each resident and all medications shall be labeled with the resident's name.</p> <p>(5) A resident may be permitted to keep his or her own medication in a locked compartment in his or her room for self-administration, if the physician's order deems it appropriate.</p> <p>(6) The facility shall not require the residents to purchase medications from any particular pharmacy.</p> <p>(7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes shall comply with the national fire protection association (NFPA) 99.</p> <p>(8) A proof of use record shall be maintained separately for each schedule II through IV drug</p>	A 034	<p>2. Custodial drug permits under section 7.8.2.34. Medications not on hand have been ordered for all residents listed. The House Manager will check on medication for all residents weekly and reorder as needed from the appropriate pharmacy.</p> <p>a. Custodial drug permits under section 7.8.2.34 in the facility we have oxygen in use signs posted where residents and guest can see it. Also, on the door of the individual residents who is using oxygen. We have secured the cylinder oxygen tanks in an outdoor storage unit.</p>	4/11/22

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A 034	<p>Continued From page 8</p> <p>(controlled substances). The proof of use sheet shall document:</p> <p>(a) the type and strength of the schedule II through IV drugs;</p> <p>(b) the date and time staff assisted with self-administration;</p> <p>(c) the resident ' s name;</p> <p>(d) the prescriber ' s name;</p> <p>(e) the dose;</p> <p>(f) the signature of the person assisting with delivery of the medication; and</p> <p>(g) the balance of medication remaining.</p> <p>(9) Any remaining medication discontinued by a physician ' s order, or upon discharge or death of the resident shall be inventoried and moved to a separate locked storage container. Such discontinued medications shall be destroyed upon the next quarterly visit by the consulting pharmacist in accordance with 16.19.11.10 NMAC.</p> <p>(10) The record of medication destruction shall be signed by the administrator or designee and the pharmacist and shall be kept on file at the facility.</p> <p>B. Consulting pharmacist. The facility shall maintain records demonstrating that the consulting pharmacist provides the following oversight and guidance.</p> <p>(1) Reviews the medication regimen as needed, but at least quarterly/every three (3) months, to determine that all medications and records are accurate and current. All irregularities shall be reported to the administrator of the facility and these irregularities shall be resolved by the administrator within seventy-two (72) hours.</p> <p>(2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation.</p> <p>(3) Consultation shall be provided on all aspects</p>	A 034		

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A 034	<p>Continued From page 9</p> <p>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. (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 (4, 7)</p> <p>Based on record review, observation and interview the facility failed to ensure for 3 (R #s 1-3) of 4 (R #s 1-4) residents that:</p> <ol style="list-style-type: none"> 1. All physician ordered medications were available for use. 2. Oxygen cylinder tanks were stored securely and protected from accidental damage or dislocation and that "Oxygen in Use" signs were posted on the doors where oxygen was being used. <p>These deficient practices could likely result in the residents being at risk of harm, if:</p> <ol style="list-style-type: none"> 1. Physician ordered medications are not available to be given as prescribed. 2. Oxygen cylinder tanks were to fall over damaging the valve, causing them to depressurize during a fire, the oxygen feeds the fire, causing it to spread faster and/or the cylinder tanks act like missiles and hit a resident/staff/rescuer during a fire. If there are no "Oxygen In Use" signs out side the room door 	A 034		

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A 034	<p>Continued From page 10</p> <p>and responders are not aware there is oxygen in the room.</p> <p>The findings are:</p> <p>Finding related to unavailable medications</p> <p>A. Record review of R #1's Medication Administration Record (MAR) from 03/01/22 through 04/05/22, revealed that the following 5 medications were on the MAR, but not in his medication compartment:</p> <p>[REDACTED]</p> <p>B. Record review of R #2's Medication Administration Record (MAR) from 03/01/22 through [REDACTED]/22, revealed that 1 medication was on the MAR, but not in her medication compartment:</p> <p>[REDACTED]</p> <p>C. Record review of R #3's Medication Administration Record (MAR) from 03/01/22 through [REDACTED]/22, revealed that 5 medications were on the MAR, but not in her medication compartment:</p> <p>[REDACTED]</p>	A 034		

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A 034	<p>Continued From page 11</p> <p>[REDACTED]</p> <p>D. On 04/04/22 at 12:08 pm, the administrator confirmed the missing medications above.</p> <p>Findings related to Oxygen:</p> <p>E. On 04/04/22 at 9:02 am, during observation, room #5, R #1 had [REDACTED] by the closet with clothing; and the door had no sign indicating [REDACTED] was in use.</p> <p>F. On 04/04/22 at 9:10 am, during observation, the bathroom in a shared room (#3) for R #3 was being used as storage. The stored items in the tub included [REDACTED]</p> <p>G. On 04/04/22 at 9:33 am, during an interview, the House Manager confirmed that [REDACTED] were unsafely stored in both room #'s 3 and 5.</p>	A 034		
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</p>	A 038		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2207	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/11/2022
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NAME OF PROVIDER OR SUPPLIER HILLDALE HOUSE (ACTIVE SOLUTIONS, INC)	STREET ADDRESS CITY STATE ZIP CODE 14528 HILLDALE ROAD NE ALBUQUERQUE, NM 87123
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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A 038	<p>Continued From page 12</p> <p>maintain a clean and sanitary environment.</p> <p>B. Combustibles such as cleaning rags or flammable substances shall be stored in closed metal containers in approved areas that provide adequate ventilation. Combustibles shall be stored away from the food preparation areas and away from the resident rooms.</p> <p>C. Poisonous or flammable substances shall not be stored in residential areas, food preparation areas or food storage areas. If hazardous chemicals are stored on the property, material safety data sheets shall be maintained and stored in the same area as the chemicals, pursuant to state environment department requirements, 11.5.2.9 NMAC. [7.8.2.38 NMAC - Rp, 7.8.2.39 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.38 C</p> <p>Based on observation and interview, the facility failed to ensure that poisonous/harmful substances, chemicals, and cleaning supplies were stored in secure areas, not accessible to residents.</p> <p>This deficient practice could likely result in the 7 (R #s 1- 7) residents listed on the census provided by the Administrator on 04/04/22, to be at risk of harm, injury, or death if residents were to ingest or spill the substances on them self or others.</p> <p>The findings are:</p> <p>A. On 04/04/22 at 08:28 am, during observation of the facility, the following was revealed that the</p>	A 038	<p>All Chemicals have been locked and secured under section 7.8.2.38 C. A lock has been in place for our laundry room. A sign is now included for staff acknowledgment that the door must be closed and locked at all times due to chemicals that are stored in this location.</p> <p>a. all chemicals from under the sink have been pulled and relocated in the locked laundry room. All staff will assure the chemicals remain locked and secured at all times.</p>	4/11/2022
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Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2207	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/11/2022
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NAME OF PROVIDER OR SUPPLIER HILLDALE HOUSE (ACTIVE SOLUTIONS, INC)	STREET ADDRESS CITY STATE ZIP CODE 14528 HILLDALE ROAD NE ALBUQUERQUE, NM 87123
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 038	<p>Continued From page 13</p> <p>laundry room door was unlocked and chemicals listed below were unsecured.</p> <ol style="list-style-type: none"> 1). Four (4) gallons of bleach 2). Two (2) laundry detergents 194 fl. oz 3). One (1) gallon of liquid carpet cleaner 4). Three (3) liquid enzyme bottles 1 quart each 5). One (1) hair clog liquid - 1 liter 6). One (1) liquid disinfectant bottle 2 liters 7). Two (2) liquid sanitizers 1 quart each 8). Two (2) Liquid bleach multipurpose cleaners 180 fl. oz 9). One (1) multipurpose cleaning liquid bottle 128 fl. oz 10). One (1) window liquid cleaner bottle 176 fl. oz 11). One (1) window cleaning liquid spray bottle 32 fl. oz 12). One (1) bottle of Spray cleaner 32 fl. oz 13). One (1) cleaner wood oil bottle 32 fl. oz 14). One (1) bottle liquid stain remover 22 fl. oz 15). Three (3) bottles liquid disinfectant 32 fl. oz each 16). Three (3) liquid disinfectant bottles 40.5 fl. oz each 17). Two (2) bottles of cleaning liquid 33.8 fl. oz each. <p>B. On 04/04/22 at 8:40 am, during an interview, the House Manager confirmed the above listed findings for the laundry room.</p> <p>C. On 04/04/22 at 8:45 am, during observation of the facility's kitchen, the following was revealed that in an unlocked cabinet under the sink storing the following chemicals:</p> <ol style="list-style-type: none"> 1). One (1) Grease cleaner liquid 32 fl. oz 2). One (1) window cleaning liquid 32 fl. oz 3). One (1) mildew remover liquid 32 fl. oz 	A 038		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2207	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/11/2022
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NAME OF PROVIDER OR SUPPLIER HILLDALE HOUSE (ACTIVE SOLUTIONS, INC)	STREET ADDRESS CITY STATE ZIP CODE 14528 HILLDALE ROAD NE ALBUQUERQUE, NM 87123
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A 038	<p>Continued From page 14</p> <p>4). One (1) liquid scrub cleaner 36 fl. oz</p> <p>5) One (1) window liquid cleaning spray 32 fl. oz</p> <p>6). One (1) gallon of commercial cleaning liquid</p> <p>7). One (1) gallon of bleach</p> <p>D. On 04/04/22 at 8:49 am, the House Manager confirmed the above findings for the cabinet under the sink for the kitchen.</p>	A 038		