

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5746	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/28/2022
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NAME OF PROVIDER OR SUPPLIER CRANE'S ROOST CARE HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 104 SOUTH PARK AVENUE AZTEC, NM 87410
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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
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A 000 Initial Comments

The following deficiencies were cited during a Complaint/Full-Onsite completed on 09/28/22, in accordance with the state requirements pursuant to the 7.8.2 NMAC Regulations for Assisted Living Facilities for Adults.

Complaint Intake #55677 was unsubstantiated with no deficiencies cited.

ABBREVIATIONS:

- DCS: Direct Care Staff
- MAR: Medication Administration Record
- mg: Milligram
- CCHSP: Caregiver Criminal History Screening Program
- EAR: Employee Abuse Registry
- ISP: Individual Service Plan
- ADLs: Activities of Daily Living

A 000

A 016 7 NMAC 8.2.16 Staff Qualifications

STAFF QUALIFICATIONS: A facility shall employ staff with the following qualifications.

- A. Administrator, director, operator: an assisted living facility shall be supervised by a full-time administrator. Multiple facilities that are located within a forty (40) mile radius may have one full-time administrator. The administrator shall:
- (1) be at least twenty-one (21) years of age;
 - (2) have a high school diploma or its equivalent;
 - (3) comply with the requirements of the New Mexico Caregivers Criminal History Screening Act, 7.1.9 NMAC;
 - (4) complete a state approved certification program for assisted living administrators;
 - (5) be able to communicate with the residents in the language spoken by the majority of the

A 016

Prior to employing any employee, authorized staff will inquire at the EAR to see if potential employee has any disqualifying reports on said employee and will not be hired

*A check system has been implemented 10-5-22 to make sure new hires have provided all documents to screen them before formally hiring with new check system in place. Finger prints will be complete with-in 20 days of hire

(continued)

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

Kelly Armstrong RN

TITLE

(X6) DATE

Kelly Armstrong Administrator 4-3-23

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A 016	<p>Continued From page 1</p> <p>residents;</p> <p>(6) not work while under the influence of alcohol or illegal drugs;</p> <p>(7) have evidence of education and experience to prove the ability to administer, direct and operate an assisted living facility; the evidence of education and experience shall be directly related to the services that are provided at the facility;</p> <p>(8) provide three (3) notarized letters of reference from persons unrelated to the applicant; and</p> <p>(9) comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC.</p> <p>B. Direct care staff:</p> <p>(1) shall be at least eighteen (18) years of age;</p> <p>(2) shall have adequate education, relevant training, or experience to provide for the needs of the residents;</p> <p>(3) shall comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC; and</p> <p>(4) shall comply with the current requirements of reporting and investigating incidents pursuant to Incident Reporting, Intake Processing and Training Requirements, 7.1.13 NMAC;</p> <p>(5) if a facility provides transportation for residents, the employees of the facility who drive vehicles and transport residents shall have copies of the following documents on file at the facility:</p> <p>(a) a valid New Mexico driver's license with the appropriate classification for the vehicle that is used to transport residents;</p> <p>(b) documentation of training in transportation safety for the elderly and disabled, including safe vehicle operation;</p> <p>(c) proof of insurance; and</p> <p>(d) documentation of a clean driving record;</p> <p>(6) any person who provides direct care who is</p>	A 016	<p>ALL CURRENT EMPLOYEES ARE NOW IN COMPLIANCE WITH THE FINGER PRINTS - AND ARE WAITING FOR RESULTS</p> <p>ALSO IN PROCESS OF GETTING OFFICE MANAGER AUTHORIZED TO DO FINGER PRINT + PRACTICE SCREENING -</p> <p>ASOCR PROCESS WILL BE CHECKED BY RN + OFFICE MANAGER TO ENSURE NO-ONE IS MISSED.</p>	<p>10-12-22</p> <p>10-12-22</p>

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A 016	<p>Continued From page 2</p> <p>not employed by an agency that is covered by the requirements of the Caregivers Criminal History Screening Requirements, 7.1.9 NMAC, shall provide current (within the last 6 months) proof of the caregivers criminal history screening to the facility; the facility shall maintain and have proof of such screening readily available; and (7) employers shall comply with the requirements of the Caregivers Criminal History Screening Requirements, 7.1.9 NMAC. [7.8.2.16 NMAC - Rp, 7.8.2.16 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.16. B (3) (7)</p> <p>Refer to 7.1.12 EMPLOYEE ABUSE REGISTRY</p> <p>7.1.12.8 REGISTRY ESTABLISHED; PROVIDER INQUIRY REQUIRED: Upon the effective date of this rule, the department has established and maintains an accurate and complete electronic registry that contains the name, date of birth, address, social security number, and other appropriate identifying information of all persons who, while employed by a provider, have been determined by the department, as a result of an investigation of a complaint, to have engaged in a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider. Additions and updates to the registry shall be posted no later than two (2) business days following receipt. Only department staff designated by the custodian may access, maintain and update the data in the registry.</p> <p>A. Provider requirement to inquire of registry. A</p>	A 016		

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A 016	<p>Continued From page 3</p> <p>provider, prior to employing or contracting with an employee, shall inquire of the registry whether the individual under consideration for employment or contracting is listed on the registry.</p> <p>B. Prohibited employment. A provider may not employ or contract with an individual to be an employee if the individual is listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider.</p> <p>C. Applicant's identifying information required. In making the inquiry to the registry prior to employing or contracting with an employee, the provider shall use identifying information concerning the individual under consideration for employment or contracting sufficient to reasonably and completely search the registry, including the name, address, date of birth, social security number, and other appropriate identifying information required by the registry.</p> <p>D. Documentation of inquiry to registry. The provider shall maintain documentation in the employee's personnel or employment records that evidences the fact that the provider made an inquiry to the registry concerning that employee prior to employment. Such documentation must include evidence, based on the response to such inquiry received from the custodian by the provider, that the employee was not listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation.</p> <p>E. Documentation for other staff. With respect to all employed or contracted individuals providing direct care who are licensed health care professionals or certified nurse aides, the provider shall maintain documentation reflecting the individual's current licensure as a health care professional or current certification as a nurse aide.</p>	A 016		

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A 016	<p>Continued From page 4</p> <p>F. Consequences of noncompliance. The department or other governmental agency having regulatory enforcement authority over a provider may sanction a provider in accordance with applicable law if the provider fails to make an appropriate and timely inquiry of the registry, or fails to maintain evidence of such inquiry, in connection with the hiring or contracting of an employee; or for employing or contracting any person to work as an employee who is listed on the registry. Such sanctions may include a directed plan of correction, civil monetary penalty not to exceed five thousand dollars (\$5000) per instance, or termination or non-renewal of any contract with the department or other governmental agency. [7.1.12.8 NMAC - N, 01/01/2006]</p> <p>Refer to 7.1.9.8 CAREGIVER AND HOSPITAL CAREGIVER EMPLOYMENT REQUIREMENTS: ...</p> <p>D. Application: In order for a nationwide criminal history record to be obtained and processed, the following shall be submitted to the department on forms provided by the department.</p> <p>(1) A form containing personal identification which has a photograph of the person and which meets the requirements for employment eligibility in accordance with the immigration and nationality act as amended. A reasonable xerographic copy of a drivers license photograph will suffice under Subsection D of 7.1.9.8 NMAC.</p> <p>(2) A signed authorization for release of information form.</p> <p>(3) Three (3) complete sets of readable fingerprint cards or other department approved media acceptable to the Department of Public Safety and the Federal Bureau of Investigation submitted using black ink.</p> <p>(4) The fee specified by the department for the</p>	A 016		

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A 016	<p>Continued From page 5</p> <p>nationwide and statewide criminal history screening investigation shall not exceed seventy-four (\$74) dollars. Of which, twenty-four (\$24) dollars shall be applied for the federal bureau of investigation nationwide criminal history screening, seven (\$7) dollars shall be applied for the statewide criminal history screening. The remaining application fee shall be applied to cover costs incurred by the Department to support activities required by the Act and these rules. The fees will not be applied to any other activity or expense undertaken by the Department.</p> <p>E. Fees: The federal bureau of investigation has a mandatory processing fee with no exceptions. The Department and Department of Public Safety impose a state processing and administrative fee. The fee payment must accompany the fingerprint application, or otherwise be credited to the department prior to or at the same time with the department's receipt of the application documents. The manner of payment of the fee is by bank cashier check or money order payable to the New Mexico Department of Health or other method of funds transfer acceptable to the department. Business checks will be accepted unless the business tendering the check has previously tendered a check to the department unsupported by sufficient funds. Neither cash nor personal checks will be accepted. The fee may be paid by the care provider or by the applicant, caregiver or hospital caregiver. The department will set a fee in addition to the fees imposed by Department of Public Safety and the Federal Bureau of Investigation that will fully and completely cover costs incurred by the department to support activities required by the act and these rules.</p>	A 016		

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A 016	<p>Continued From page 6</p> <p>The fees will not be applied to any other activity or expense undertaken by the department.</p> <p>F. Timely Submission: Care providers shall submit all fees and pertinent application information for all individuals who meet the definition of an applicant, caregiver or hospital caregiver as described in Subsections B, D and K of 7.1.9.7 NMAC, no later than twenty (20) calendar days from the first day of employment or effective date of a contractual relationship with the care provider.</p> <p>G. Maintenance of Records: Care providers shall maintain documentation relating to all employees and contractors evidencing compliance with the act and these rules.</p> <p>(1) During the term of employment, care providers shall maintain evidence of each applicant, caregiver or hospital caregiver's clearance, pending reconsideration, or disqualification.</p> <p>(2) Care providers shall maintain documented evidence showing the basis for any determination by the care provider that an employee or contractor performs job functions that do not fall within the scope of the requirement for nationwide or statewide criminal history screening. A memorandum in an employee's file stating "This employee does not provide direct care or have routine unsupervised physical or financial access to care recipients served by [name of care provider]," together with the employee's job description, shall suffice for record keeping purposes.</p> <p>Based on record review and interview, the facility failed to ensure:</p> <ol style="list-style-type: none"> DCS received clearances from the EAR prior to their hire dates. DCS had their applications and fingerprints 	A 016		

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A 016	<p>Continued From page 7</p> <p>for the CCHSP submitted within 20 days of hire.</p> <p>This deficient practice could likely have a negative affect on the safety and welfare of the 14 (R #s 1-14) residents identified on the census provided by the Office Manager on 09/21/22, if residents are being provided care by staff who may have a previous history of abusing, neglecting, and/or exploiting residents and who may have a previous criminal history.</p> <p>The findings are:</p> <p>A. Record review of DCS #2's employee file (hire date 02/18/21) revealed:</p> <ol style="list-style-type: none"> 1. The EAR clearance was not done until 06/01/21. 2. The application for fingerprints was not submitted until 06/01/21. <p>B. Record review of DCS #3's employee file (hire date 10/05/21) revealed:</p> <ol style="list-style-type: none"> 1. There was an EAR registry check completed on the previous COR (consolidated online registry system), not dated. 2. There was no application for fingerprints on file. 3. There was a clearance letter from CCHSP dated 08/13/10. <p>C. On 09/21/22 at 11:20 am, during an interview with the Office Manager, she confirmed:</p> <ol style="list-style-type: none"> 1. DCS # 2 did not have the EAR or fingerprint application submitted until 06/01/21. 2. DCS #3 was originally hired in August of 2010 and left (exact date unknown). She stated she returned on 10/05/21 and was not cleared again through the EAR and did not submit another application for fingerprints upon her return. 	A 016		
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2) A 020 7 NMAC 8.2.20 Admissions and Discharge

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.

A. Admission agreement. The admission agreement shall include the following information:

- (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 pursuant to the Incident Reporting Intake, Processing and Training Requirements, 7.1.13 NMAC;
- (11) the facility's bed hold policy; and
- (12) the admission agreement may be terminated if an appropriate placement is found for the resident, under the following circumstances:
 - (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;
 - (b) the resident has failed to pay for a stay at the

A 020

Crane's Roost Care Home Inc
Revised Admission Packet
To Include A Complete
Refund Provision In Case
Of Death. Crane's Roost
Will Honor with Our Current
Residents In Any Death
Circumstance

This Revision was added to
Current Admission Packet
on 10-8-22

Also Once Resident or POA
of Potential Resident has
Completed Admission Packet
Packet w/ BE REVIEWED
By Office Manager + Administrator
Before Signing.

WE ARE SENDING COPY
OF NEW Monthly Contract
which was Contract which
was Implemented on
10-8-22

10-8-22

4-3-23

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A 020	<p>Continued From page 9</p> <p>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 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> <p>(1) ventilator dependency;</p> <p>(2) pressure sores and decubitus ulcers (stage III or IV);</p> <p>(3) intravenous therapy or injections;</p> <p>(4) any condition requiring either physical or chemical restraints;</p> <p>(5) nasogastric tubes;</p>	A 020 4-4-23	<p>NEW CONTRACTS WILL BE SENT OUT + SIGNED</p> <p>COMPLETION DATE</p> <p>By May 30th</p>	
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A 020	<p>Continued From page 10</p> <ul style="list-style-type: none"> (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. (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: <ul style="list-style-type: none"> (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; (b) ensure that if the facility is licensed for more than eight (8) residents and does not have 	A 020		
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A 020	<p>Continued From page 11</p> <p>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 provider.</p> <p>[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>Refer to Senate Bill (SB) 0335 - 2013</p> <p>AN ACT RELATING TO HEALTH CARE;</p>	A 020		
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NAME OF PROVIDER OR SUPPLIER CRANE'S ROOST CARE HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 104 SOUTH PARK AVENUE AZTEC, NM 87410
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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
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A 020	<p>Continued From page 12</p> <p>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:</p> <p>"ASSISTED LIVING FACILITIES CONTRACTS--LIMIT ON CHARGES AFTER RESIDENT DEATH.--</p> <p>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> <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>	A 020		
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A 020	<p>Continued From page 13</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 2 (R #s 1-2) of 2 residents that the Admission and Discharge Agreements were reviewed for compliance, included a complete refund provision in case of death that is in compliance with 7.8.2.20 NMAC Regulations for Assisted Living Facilities For Adults and the Senate Bill (SB) 0335 - 2013.</p> <p>These deficient practices could potentially affect the health, safety, and welfare of the residents if the resident's guardian and/or Power of Attorney are not aware of receiving monies owed or aware of additional charges that may be incurred upon the resident's death.</p> <p>The findings for the Admission and Discharge Agreement are:</p> <p>A. Record review of R#1's Admission and Discharge agreement (dated [REDACTED] 21), revealed the agreement did not include a complete refund provision in case of death.</p> <p>B. Record review of R#2's Admission and Discharge agreement (dated [REDACTED] 22), revealed the agreement did not include a complete refund provision in case of death.</p> <p>C. On 09/28/22 at 2:00 pm, during an interview with the Office Manager, she confirmed that the above residents Admission and Discharge</p>	A 020		

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A 025 Continued From page 15

(13) oral or dental status;
(14) skin conditions;
(15) medication use and level of assistance needed with medications;
(16) special treatments and procedures or special medical needs such as hospice; and
(17) safety needs/high risk behaviors; history of falls agitation, wandering, fire safety issues, etc.

D. The resident evaluation shall include a history and physical examination and an evaluation report by a physician or a physician extender within six (6) months of admission. A resident shall have a medical evaluation by a physician or a physician extender at least annually.

E. The resident evaluation shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or physician extender at the time the individual service plan is reviewed, at a minimum of every six (6) months or when a significant change in health status occurs.
[7.8.2.25 NMAC - Rp, 7.8.2.25 NMAC, 01/15/2010]

A025
A026

This will be completed with-in 10 CALENDAR Days of the RESIDENTS Admission and will be REVIEWED AND REVISD AS NEEDED - But @ minimum 6 months By RN

This REQUIREMENT is not met as evidenced by:
7.8.2.25 B, E

Based on record review and interview, the facility failed to ensure for 2 (R #s 1-2) of 2 residents whose evaluations were reviewed for compliance that they:

1. Were reviewed and updated at a minimum of every six (6) months or when there is a significant change in the resident's health status.
2. Were reviewed and updated at a minimum of every six (6) months by a Licensed Practical

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A 025 Continued From page 16
Nurse, Registered Nurse or Physician.

These deficient practices could likely result in the residents not receiving appropriate care/services, if the Direct Care Staff (DCS) are not aware of what the resident's needs are.

A 025

* The findings are:

A. Record review of R #1's (admission date [redacted] 21) resident file, revealed that the Physician Care Plan (dated 06/24/21) had not been reviewed at a minimum of every six (6) months by an LPN, RN, or PE.

B. Record review of R #2's (admission date [redacted] 22) resident file, revealed no documentation that an evaluation had been completed or reviewed at a minimum of every six (6) months by an LPN, RN, or PE.

C. On 09/28/22 at 2:00 pm, during an interview with the Office Manager, she confirmed:
1. The facility was only completing ISPs for the residents.
2. The residents receive an evaluation by their primary physician for admission but that is the only evaluation that is completed for all of the residents in the facility.
3. They were not aware that resident evaluations needed to be completed and updated at a minimum of every six (6) months.

A 026 7 NMAC 8.2.26 Individual Service Plan

INDIVIDUAL SERVICE PLAN (ISP): An ISP shall be developed and implemented within ten (10) calendar days of admission for each resident residing in the facility.

A 026

WRITE CORRECTION ON PREVIOUS PAGE (sorry)

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A 026	<p>Continued From page 17</p> <p>A. The ISP shall address those areas of need as identified in the resident evaluation and through staff observation.</p> <p>(1) The ISP shall detail the services that are provided by the facility as well as the services to be provided by other agencies.</p> <p>(2) The resident evaluation and the ISP shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or a physician extender.</p> <p>(3) The ISP shall be reviewed and or revised at a minimum of every six (6) months or when there is a significant change in the resident ' s health status.</p> <p>B. The ISP shall include the following:</p> <p>(1) a description of identified needs as noted in the resident evaluation;</p> <p>(2) a written description of all services to be provided;</p> <p>(3) who will provide the services;</p> <p>(4) when or how often the services will be provided;</p> <p>(5) how the services will be provided;</p> <p>(6) where the services will be provided;</p> <p>(7) expected goals and outcomes of the services;</p> <p>(8) documentation of the facility ' s determination that it is able to meet the needs of the resident;</p> <p>(9) the level of assistance that the resident will require with activities of daily living and with medications;</p> <p>(10) a crisis prevention/intervention plan when indicated by diagnosis or behavior; and</p> <p>(11) current orders for all medications, including those authorized for PRN usage.</p> <p>[7.8.2.26 NMAC - Rp, 7.8.2.26 NMAC, 01/15/2010]</p>	A 026		

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A 026 Continued From page 18

This REQUIREMENT is not met as evidenced by:
7.B.2.26 A (3) B (7)

Based on record review and interview the facility failed to ensure for 1 (R#1) of 2 (R#'s 1 - 2) residents whose records were reviewed for compliance that:

1. The Individual Service Plans (ISPs) were reviewed and or revised at a minimum of every six (6) months or when there is a significant change in the resident's health status.
2. The ISPs included the outcomes of the services.

These deficient practices could potentially affect the health, safety, and welfare of residents if their ISPs are not reviewed and or revised to verify that DCS are providing the resident appropriate level of assistance with ADLs based on the resident's abilities and due to any significant change in the resident health.

The findings are:

A. Record review of R #1's [redacted] dated [redacted] 21 had no documentary evidence that:

1. The ISP was reviewed and or revised at a minimum of every six (6) months.
2. The ISP included the outcomes of the services.

C. On 09/28/22 at 2:00 pm, during an interview with the Office Manager, she confirmed there was no documentary evidence that the ISP's were reviewed and or revised at a minimum of every six (6) months or included the outcomes of the services for R#1.

A 026

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A 027 Continued From page 19

A 027

A 027 7 NMAC 8.2.27 Resident Activities

A 027

RESIDENT ACTIVITIES: Each facility shall provide or make available recreational and social activities appropriate to the residents' abilities that meet their psychosocial needs and are relevant to their social history, including a balance of cognitive, reminiscence, physical and social activities. The facility shall post the activities and encourage residents to participate.
[7.8.2.27 NMAC - Rp, 7.8.2.28 NMAC, 01/15/2010]

This REQUIREMENT is not met as evidenced by:
7.8.2.27

Based on observation and interview the facility failed to ensure that a resident activities calendar that meets the resident's needs was posted so resident, families, and visitors would know which activities were available. This deficient practice could likely affect the mental and social well-being of the 14 (R #s 1-14) residents identified on the census, provided by the Office Manager on 09/21/22, if the residents are not aware of what activities are available. The findings are:

A. On 09/21/22 at 10:24 am, during observation of the facility, no activities calendar was found.

B. On 09/21/22 at 10:24 am, during an interview with the Office Manager, she confirmed that the facility does not create or post an activities calendar for residents.

Our NEW Activity Calendar was MISSED BEING Post-up After Dining Room Remodel In END of July - It is Now Installed on Dining Room Wall AND Filled out For Month of October. Calendar will BE Filled out on 1st of Every Month By Management

9-29-22

A 032 7 NMAC 8.2.32 Reporting of Incidents

A 032

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A 032 Continued From page 20

REPORTING OF INCIDENTS:

A. The facility shall insure that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 7.1.13 NMAC.

(1) The facility shall also report any incident or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within twenty-four (24) hours or by the next business day, if it is a weekend or a holiday.

(2) The facility shall not delay a report to the complaint hotline while an internal investigation is conducted.

B. The facility is responsible for conducting and documenting the investigation of all incidents within five (5) business days and shall submit a copy of the investigation report to the licensing authority. A copy of the report and the documentation, including the date and time that it was submitted to the licensing authority, shall be maintained on file at the facility. The investigation shall include the following:

(1) a narrative description of the incident;

(2) the result of the facility's investigation shall be recorded on the state approved incident report form for the current year, pursuant to 7.1.13 NMAC; and

(3) plans for further actions in response to the incident.

[7.8.2.32 NMAC - Rp, 7.8.2.32 NMAC, 01/15/2010]

A 032

CRANE'S ROOST STAFF WILL TURN ALL INCIDENT REPORTS IN TO MANAGEMENT OFFICE AFTER FILLING OUT ALL INCIDENT REPORTS. MANAGEMENT WILL SCREEN INCIDENT REPORTS TO DETERMINE ANY INVESTIGATIONS AND/OR "REPORTABLE INCIDENTS" TO FAX TO DHI - CONCERNING ABUSE - NEGLECT - EXPLOITATION - INJURIES OF UNKNOWN ORIGIN OR FALLS WITH INJURIES - UNEXPECTED DEATH - ELOPEMENT OR MEDICATION ERRORS WHICH COULD LIKELY CAUSE HARM

ONCE SCREENED ANY INCIDENT MEETING THIS CRITERIA WILL THEN BE REPORTED TO DHI WITH - IN 24 HRS ON NEXT BUSINESS DAY.

REPORT WILL BE DONE ON CURRENT YEAR FORM AND WAIT FOR RESPONSE/INSTRUCTION FROM STATE

10-12-22

4-3-23

This REQUIREMENT is not met as evidenced by:
7.8.2.32 A (1)

7.1.13 INCIDENT REPORTING, INTAKE,

ON SITE MANAGERS + ADMINISTRATOR WILL CONTINUE TO INVESTIGATE + REPORT ON INDIVIDUAL + INCIDENT AND SEND INFORMATION TO STATE DOH IN 5 DAY FOLLOW-UP REPORT.

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A 032	<p>Continued From page 21</p> <p>PROCESSING AND TRAINING REQUIREMENTS</p> <p>Refer to 7.1.13.7 W. & 8 B. (2)</p> <p>W. " Reportable incident " means possible abuse, neglect, exploitation, injuries of unknown origin and other events including but not limited to falls which cause injury, unexpected death, eiopement), medication error which causes or is likely to cause harm, failure to follow a doctor 's order or an ISP or any other incident which may evidence abuse, neglect, or exploitation .</p> <p>Based on record review and interview, the facility failed to ensure for 2 (R #'s 6 and 15) of 2 residents whose Internal Incident Reports were reviewed for compliance that:</p> <ol style="list-style-type: none"> 1. The facility ensured that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 7.1.13 NMAC. 2. The facility reported any incident or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within twenty-four (24) hours or by the next business day, if it is a weekend or a holiday. <p>These deficient practices could likely result in the residents to be at risk of harm, injury, and/or death, if incidents occur and there is no oversight by the Licensing Authority. The findings are:</p> <p>A. Record review of R #6's internal incident report dated 11/17/21 at 7:30 am revealed:</p> <ol style="list-style-type: none"> 1. Staff went to get her up and noticed a bruise on her right eye. 2. The incident report does not state if the resident knew how the injury occurred. 	A 032		

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A 032	<p>Continued From page 22</p> <p>3. The incident report does not state that a nurse or doctor was notified.</p> <p>4. The incident report does not state that the incident was reported to the Licensing Authority.</p> <p>B. On 09/21/22 at 12:29 pm, during an interview with the Office Manager, she confirmed that the above incident involving R #6 was not reported to the Licensing Authority.</p> <p>C. Record review of R #15's internal incident report dated 11/05/21 at 8:06 pm revealed:</p> <ol style="list-style-type: none"> 1. The resident escaped his bedroom and was found outside. 2. The resident hurt his hand on the left side. 3. The incident report does not state that the incident was reported to the Licensing Authority. <p>D. On 09/21/22 at 12:29 pm, during an interview with the Office Manager, she confirmed that the above incident involving R #15 was not reported to the Licensing Authority.</p>	A 032		
A 034	<p>7 NMAC 8.2.34 Custodial Drug Permits</p> <p>CUSTODIAL DRUG PERMITS: A facility with two (2) or more residents that is licensed pursuant to this rule and that assists with self-administration or safeguards medications for residents shall have a current custodial drug permit issued by 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>	A 034	<p>CRANE'S ROOST MANAGEMENT WAS CONDUCTED A REVIEW OF ALL MEDICATION AND PHYSICIAN ORDERS AND CROSS REFERENCED THEM TO CURRENT MAR'S - ALL ON CURRENT RESIDENTS ARE GOOD. CRANE'S ROOST WILL NOT ALLOW A RESIDENT TO MOVE IN UNDER CIRCUMSTANCES LIKE (R#2'S) SITUATION - FAMILY REMOVED (R#2) FROM OUR FACILITY -</p>	10.1-22

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A 034 Continued From page 23

(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.

(2) Internal medication shall be kept separate from external medications. Drugs to be taken by mouth shall be separated from all other delivery forms.

(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.

(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.

(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.

(6) The facility shall not require the residents to purchase medications from any particular pharmacy.

(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.

(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:

(a) the type and strength of the schedule II through IV drugs;

(b) the date and time staff assisted with self-administration;

(c) the resident's name;

A 034

4-3-23

CRANE'S ROOST WILL STRIVE TO HAVE ORDER'S HERE + PERSCRIPTIONS HERE ALSO BUT HAS NO IDEA HOW TO MAKE DR'S + PHARMACIES CO-OPERATE. WE NOTIFY DR'S + PHARMACY 7-10 DAYS PRIOR TO MEDS RUNNING OUT.

CRANE'S ROOST OFFICE MANAGER CHECKS MEDICINE'S TO MAR'S SHEETS - WEEKLY WHEN PREPARING MEDS -

CRANE'S ROOST OFFICE MANAGER CHECKS MEDS TO MAR'S MONTHLY WHEN MAKING NEW MED SHEETS FOR UP COMING MONTH

CUSTODIAL, PHARMACIST DOES QUARTERLY INSPECTIONS EVERY 3 MONTHS FOR BOARD OF PHARMACY -

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A 034	<p>Continued From page 24</p> <p>(d) the prescriber ' s name; (e) the dose; (f) the signature of the person assisting with delivery of the medication; and (g) the balance of medication remaining. (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. (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. B. Consulting pharmacist. The facility shall maintain records demonstrating that the consulting pharmacist provides the following oversight and guidance. (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. (2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation. (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. (4) The consulting pharmacist will be responsible for assuring that the facility meets all requirements for storage, labeling, destruction</p>	A 034		
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A 034	<p>Continued From page 25</p> <p>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</p> <p>Based on record review, observation, and interview, the facility failed to ensure for 1 (R#2) of 2 (R#1-2) whos MARs were reviewed for compliance, that all physician ordered medications were available for resident use.</p> <p>These deficient practices could likely result in R#2 to be at risk of harm, injury, or death if physician ordered medications were not available to be given as prescribed.</p> <p>The findings are:</p> <p>A. Record review of R #2's medication list dated 08/02/22 revealed, the resident is to receive [REDACTED]</p> <p>B. Record review of R #2's MARs dated 09/14/22 through 09/26/22, revealed that the resident's physician ordered medication of [REDACTED]</p> <p>C. On 09/27/22 at 11:00 am, during observation of the facility's medication cart revealed, the resident's physician ordered medication of [REDACTED]</p>	A 034		

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A 034 Continued From page 26



D. On 09/27/22 at 11:00 am, during an interview with the Office Manager, she confirmed the medication listed on the medication list was not identified on the MAR or available for resident use due to waiting on the order to come in.

A 034

A 035 7 NMAC 8.2.35 Medication

MEDICATIONS: Administration of medications or staff assistance with self-administration of medications shall be in accordance with state and federal laws. No medications, including over-the-counter medications, PRN (when needed) medications, or treatment shall be started, changed or discontinued by the facility without an order from the physician, physician assistant or nurse practitioner and with entry into the resident's record.

A. State board of nursing licensed or certified health care professionals are responsible for the administration of medications. Administration may only be performed by these individuals.

B. Facility staff may assist a resident with the self-administration of medications if written consent by the resident is given to the administrator of the facility or the administrator's designee. If the resident is incapable of giving consent, the surrogate decision maker named in accordance with New Mexico law may give written consent for assistance with self-administration of medications. All staff that assist with self-administration of medications shall have successfully completed a state approved assistance with self-administration of medication training program or be licensed or certified by the state board of nursing.

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A 035	Continued From page 27 C. PRN (pro re nada) medication. (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. (2) The utilization of PRN medications shall be reviewed routinely. Frequent or escalating use of PRN medications shall be reported to the PCP. 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. 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	A 035		
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A 035 Continued From page 28

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;

(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.

H. No medication shall be stopped or started without specific orders from the primary care physician.

I. If a resident refuses to take a prescribed medication, it shall be documented and the facility shall report it to the prescriber.

J. A suspected adverse reaction to a medication shall be documented on the MAR and reported

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A 035 Continued From page 29

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.

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.

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.

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.

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]

* This REQUIREMENT is not met as evidenced by:
7.8.2.35

Based on record review and interview, the facility failed to ensure that medications were stopped or started with specific orders from the Primary Care

A 035

4-3-23 Inspection of MEDS Done Weekly By CRANES ROOST OFFICE - MANAGER

CUSTODIAL PHARMACIST

Does The Inspections Every 3 months

Division of Health Improvement

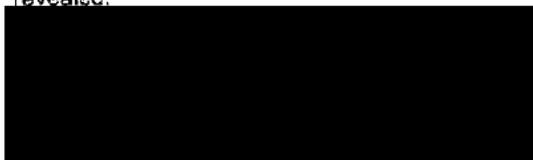
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A 035 Continued From page 30
Physician (PCP). This deficient practice could likely cause harm to the residents if a medication was stopped or started without specific orders from the prescriber/PCP. The findings are:

A. Record review of R #1's Physician Orders revealed:



B. On 09/28/22 at 2:00 pm, during an interview with the Administrator, she confirmed:
1. She believes the prescriber ordered a 90-day supply.
2. The facility did not have the correct, current order available for review.

C. Record review of R #1's Orders revealed:

1. Order dated 07/13/21 was for [REDACTED]
2. R #1's partial September 2022 MAR revealed [REDACTED] is still taking the medication.

D. On 09/28/22 at 2:00 pm, during an interview with the Administrator, she confirmed:

1. She believes the prescriber ordered a 90-day supply.
2. The facility did not have the correct, current order available for review.

A 036 7 NMAC 8.2.36 Nutrition

NUTRITION: The facility shall provide planned and nutritionally balanced meals from the basic food groups in accordance with the "

A 035

Through Prior Review for Deficiency A034 - The orders for R#1's Citalopram was corrected by physician and hard copy was obtained for R#-1's stating "Citalopram 10mg Tab on Tab Daily by oral Route -

The orders for R#-1's "GLUCOSAMINE Sulfate 1000mg capsule - 1 capsule Daily by mouth" was also obtained from physician

All current inspection on 9-29-22 All Residents Medication Orders match Rx Bottle's and hard copy for all meds are in med room

This procedure will be checked every week during medication checks

9-29-22

9-29-22

A 036

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A 036 Continued From page 31

recommended daily dietary allowance " of the American dietetic association, the food and nutrition board of the national research council, or the national academy of sciences. Meals shall meet the nutritional needs of the residents in accordance with the " 2005 USDA dietary guidelines for Americans. " Vending machines shall not be considered a source of snacks.

A. Dietary services policies and procedures. The facility will develop and implement written policies and procedures that are maintained on the premises and that govern the following requirements.

(1) Meal service. The facility shall:

(a) serve at least three (3) meals or their equivalent each day at regular times with no more than sixteen (16) hours between the evening meal and morning meal with snacks freely available;

(b) provide snacks of nourishing quality and post on the daily menu;

(c) develop menus enjoyed by the residents and served at normal intervals appropriate to the residents ' preferences;

(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;

(e) have special menus or meal items following guidelines from the resident ' s physician for residents who have medically prescribed special diets;

(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;

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A 036	<p>Continued From page 32</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 in good repair. Surfaces with which food or</p>	A 036		
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A 036	Continued From page 33 beverages come into contact shall be of smooth, impervious material free of open seams, not readily corrodible and easily accessible for cleaning. (b) Utensils shall be stored in a clean, dry place protected from contamination. (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. (2) Washing and sanitizing kitchenware. (a) All reusable tableware and kitchenware shall be cleaned in accordance with procedures that include separate steps for prewashing, washing, rinsing and sanitizing. (b) Proper dishwashing procedures and techniques shall be utilized and understood by the dishwashing staff. (c) Periodic monitoring of the operation of the detergent dispenser, washing, rinsing and sanitizing temperatures shall be performed and documented. (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. (3) Sinks for hand washing shall include hot and cold running water, hand-washing soap and disposable towels. (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. (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	A 036		
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A 036	<p>Continued From page 34</p> <p>in handling food, drink, utensils or equipment in accordance with the local health authority. Disposable gloves shall be used in accordance with the local health authority.</p> <p>D. Food management. The facility shall store, prepare, distribute and serve food under sanitary conditions and in accordance with the regulations governing food establishments of local health authority having jurisdiction, 7.6.2 NMAC.</p> <p>(1) The facility shall ensure that a minimum of a three (3) calendar day supply of perishables and a five (5) calendar day supply of non-perishables or canned foods is available for the residents.</p> <p>(2) The facility refrigerator and freezer shall have an accurate thermometer which reads within or not more than plus or minus three (3) degrees fahrenheit of the required temperature, located in the warmest section of the refrigerator and freezer and shall be accessible and easily read.</p> <p>(a) The temperature of the refrigerator shall be 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</p>	A 036		
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NAME OF PROVIDER OR SUPPLIER CRANE'S ROOST CARE HOME, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 104 SOUTH PARK AVENUE AZTEC, NM 87410		
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A 036	<p>Continued From page 35</p> <p>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 federal agency(s) that have laws and regulations</p>	A 036		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5746	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/28/2022
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NAME OF PROVIDER OR SUPPLIER CRANE'S ROOST CARE HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 104 SOUTH PARK AVENUE AZTEC, NM 87410
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A 036	<p>Continued From page 36</p> <p>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 A (1) (d) C (5) D (3)</p> <p>Based on observation and interview the facility failed to ensure the following:</p> <ol style="list-style-type: none"> 1. The facility posted the weekly menu, including snacks where residents and families are able to view it. 2. The facility's cooks and food handlers shall wear a hair net. 3. The facility dated and labeled food stored in the freezer. <p>These deficient practices have the potential for all 14 (R #s 1-14) residents listed on the census provided by the office manager on 09/21/22, to be at risk for foodborne illnesses, harm or even death if:</p> <ol style="list-style-type: none"> 1. The resident consume food which could be contaminated by the cook's hair and hands. 2. The resident consumes food which was stored in the refrigerator and freezer with no date indicating the expiration date or when opened. <p>The findings are:</p> <p>A. On 09/21/22 at 10:16 am, during observation of the facility's kitchen revealed:</p> <ol style="list-style-type: none"> 1. The following food was found not dated in the facility's kitchen refrigerator and freezer: <ol style="list-style-type: none"> a. One (1) 16 oz tub of frosting b. Two (2) 30 oz jars of jelly 	A 036	<p>Weekly Menus ARE NOW POSTED IN Dining Rm FOR ALL RESIDENT FAMILIES AND RESIDENTS TO SEE. Including SNACKS</p> <p>Hair NETS were purchased AND ALL Kitchen STAFF ARE Required TO WEAR THEM AT ALL TIMES while working in Kitchen.</p> <p>REFRIGERATOR AND FREEZERS WERE CLEANED OUT + EMPTIED FOOD WAS THROWN OUT- NEW FOOD WAS LABELED WITH OPENED DATE'S AND ALL Kitchen STAFF WAS MADE AWARE THAT FAILURE TO LABEL FOOD OR NOT KEEP FOOD ROTATED AND IN NEW DRAWER - STAFF WILL Receive Write-up - Two OR MORE write-ups WILL Result IN TERMINATION</p> <p>(continued)</p>	<p>9-23-22</p> <p>10-3-22</p> <p>10-11-22</p>

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5746	(X2) MULTIPLE CONSTRUCTION: A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/28/2022
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NAME OF PROVIDER OR SUPPLIER CRANE'S ROOST CARE HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 104 SOUTH PARK AVENUE AZTEC, NM 87410
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A 036	Continued From page 37 c. One (1) 14 oz jar of caramel topping d. One (1) 8 oz tub of whipped topping e. One (1) 16 oz tub of chicken base f. One (1) 14 oz jar of apple sauce g. One (1) 14 fl oz jar of pickles h. One (1) 32 oz jar of minced garlic i. One (1) 24 fl oz jar of pickles j. One (1) 10 fl oz jar of relish k. Two (2) 16 fl oz jars of pickles l. One (1) 3 lb tub of cottage cheese m. One (1) 3 lb tub of Macaroni salad n. Three (3) unknown size of Jello cups o. One (1) 64 fl oz jar of pickles p. One (1) 44 oz bottle of strawberry syrup q. One (1) 18.5 oz bottle of chocolate syrup r. One (1) 48 oz bottle of chocolate syrup s. One (1) 20 fl oz bottle of Worcestershire sauce t. One (1) 15 oz bottle of steak sauce u. Two (2) 24 fl oz bottle of salad dressing v. One (1) 40 oz bottle of barbecue sauce w. One (1) 8 oz jar of parmesan cheese x. One (1) 8 oz bottle of mustard y. One (1) 30 fl oz jar of mayo z. One (1) 40 fl oz bottle of salad dressing I. One (1) 32 fl oz carton of half & half II. One (1) 48 fl oz of lemon juice III. One (1) 16 oz jar of salsa IV. One (1) 64 oz jar of salsa V. One (1) 1 gal of milk VI. One (1) 1 lb bag of cheese VII. Two (2) heads of lettuce VIII. One (1) unlabeled Ziploc bag of cheese IX. One (1) uncovered tomato X. One (1) unknown size bag of carrots XI. One (1) 20 oz bag of bacon XII. One (1) 7 oz container of sandwich meat XIII. One (1) unknown size bag of tortillas XIV. One (1) 3 lb bag of frozen blueberries XV. One (1) 1 gal tub of ice cream	A 036	Floor Manager will check Refrigerator & Freezer Weekly To Monitor any Deficiency In Food Labeling NOTES HAVE BEEN PLACED ON FRONTS OF REFRIGERATOR AND FREEZER AND PANTRY STATING ALL FOODS MUST HAVE OPENED DATE AND PERISHABLE FOODS HAVE USE BY DATE ALL OPEN FOODS MUST BE STORED IN PROPER STORAGE CONTAINERS (Ziploc's Bag w/dates)	10-11-22
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A 036	<p>Continued From page 38</p> <p>2. The cook was handling food and was not wearing a hair net.</p> <p>B. On 09/21/22 at 10:24 am, during observation of the facility, no weekly menu including snacks was observed to be posted in a place where residents and families are able to view it.</p> <p>D. On 09/21/22 at 10:24 am, during an interview with DCS#4 (Floor Manager), she confirmed:</p> <ol style="list-style-type: none"> 1. The findings related to the undated food located in the facility's kitchen refrigerator and freezer. 2. The cook was not wearing a hair net and was not aware that it was required. 3. The facility is not posting the weekly menu where residents and families are able to view. 	A 036	4-3-23 (TOOK PERSONAL NAME OUT)	
A 055	<p>7 NMAC 8.2.55 Toilet and Bathing Facilities</p> <p>TOILET AND BATHING FACILITIES: Toilet and bathing facilities shall be located appropriately to meet the needs of residents.</p> <p>A. A minimum of one (1) toilet, one (1) sink and one (1) bathing unit shall be provided for every eight (8) residents or fraction thereof.</p> <p>(1) The facility shall provide at least one tub and one shower or combination unit to allow for residents bathing preference.</p> <p>(2) Facilities with four (4) or more residents shall provide a handicap accessible bathroom for every thirty (30) residents that allows for a bathing preference.</p> <p>B. Facilities with four (4) or more residents must comply with accessibility requirements for the disabled.</p> <p>C. Toilet, sink and bathing facilities shall be readily available to the residents. No passage through a resident room by another resident to</p>	A 055	<p>CRANE'S ROOST HAS SENT 9-29-22 2 - EMAILS TO HEALTH SERVICE MANAGERS ASKING FOR VARIANCE ON TUB. PLEASE SEE AHA EMAILS THAT ARE ATTACHED - WE HAVE SPOKEN WITH ALL OF CRANE'S ROOST'S RESIDENT (CURRENT) ABOUT THEM WANTING TO USE A TUB AND ALL SAID NO - THEY STATED THEY COULD NOT GET IN A TUB.</p>	

Division of Health Improvement

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A 055	<p>Continued From page 39</p> <p>reach a toilet, bathing unit or sink facility shall be permitted.</p> <p>D. The combination type tub and shower shall be permitted.</p> <p>E. A facility with four (4) or more residents that has live-in staff shall provide a separate toilet, sink and bathing facility for staff.</p> <p>F. Toilets, tubs and showers shall be provided with grab bars.</p> <p>G. Tubs and showers shall have a slip resistant surface.</p> <p>H. The floors of bathrooms and bathing facilities shall have smooth, waterproof and slip-resistant surfaces.</p> <p>I. Toilet paper and soap shall be provided in each toilet room.</p> <p>J. The use of a common towel shall be prohibited.</p> <p>K. Bathrooms and lavatories shall be cleaned as often as necessary to maintain a clean and sanitary condition. [7.8.2.55 NMAC - Rp, 7.8.2.56 NMAC, 01/15/2010]</p> <p>X This REQUIREMENT is not met as evidenced by: 7.8.2.55 A (1)</p> <p>Based on observation and interview, the facility failed to ensure that there was a working bathtub available for use by the residents. This deficient practice prevents all 14 (R #s 1-14) residents identified on the census provided by the Office Manager on 09/21/22, from having a choice to take a bath instead of a shower. The findings are:</p> <p>A. On 09/21/22 at 12:53 pm, during observation of the facility, no bathtub was found in any part of the facility.</p>	A 055	<p>CRANE'S ROOST USED ALL AVAILABLE FUNDS FOR REMODEL TRYING TO ENSURE THAT FACILITY WAS CAPABLE OF HAVING CLEANABLE SURFACES TO DIS-INFECT IN CASE OF ANOTHER PANDEMIC - RESIDENTS COMFORT AND SAFETY WAS REASON FOR THIS REMODEL - AT THE TIME BEFORE REMODEL CRANE'S ROOST HAD 2 FREEDOM TUB'S NO TUBS HAD BEEN USED IN OVER 15 YEARS - SEALS WERE LEAKING DUE TO LACK OF USE.</p>	
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A 055	Continued From page 40 B. On 09/21/22 at 1:00 pm, during an interview with the Office Manager, she confirmed there was not a bathtub in the facility. She stated they used to have a tub, but no one was using it, so they got rid of it.	A 055		
A 065	7 NMAC 8.2.65 Fire Drills FIRE DRILLS: All facilities shall conduct monthly fire drills which are to be documented. A. There shall be at least one (1) documented fire drill per month and at a minimum, one documented fire drill each eight (8) hours (day, evening, night) per quarter that employs the use of the fire alarm system or the detector system in the facility. B. A record of the monthly fire drills shall be maintained on file in the facility and readily available. Fire drill records shall show: (1) the date of the drill; (2) the time of the drill; (3) the number of staff participating in the drill; (4) any problem noted during the drill; and (5) the evacuation time in total minutes. C. If applicable, the local fire department may be requested to supervise and participate in fire drills. [7.8.2.65 NMAC - Rp, 7.8.2.65 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.65 A, (B) (5) Based on record review and interview, the facility failed to ensure: 1. The monthly fire drills conducted had	A 065	CRANE'S ROOST REVISED FIRE DRILL FORMS TO HAVE EVACUATION TIMES IN TOTAL MINUTES - Also CRANE'S ROOST WILL CONDUCT FIRE DRILLS ON ALL Shifts Am shift - 6am to 2pm Pm shift - 2pm to 8pm N shift - 8pm to 6am Floor Manager will conduct Drills and let Office Management know of any problems.	10-9-22

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A 065	<p>Continued From page 41</p> <p>documentary evidence of the evacuation time in total minutes.</p> <p>2. Fire drills were conducted monthly on each eight (8) hour shift (day, evening, night) per quarter.</p> <p>This deficient practice could potentially result in the 14 (R #s 1-14) residents identified on the resident census provided by the office manager on 09/21/22, to be at risk of harm, injuries, or death if:</p> <p>1. The facility's safe egress time to safely evacuate the residents is not known.</p> <p>2. There are additional individuals visiting the facility and the planned duration of time to safely evacuate the residents could be compromised.</p> <p>3. The facility staff are not familiar with the evacuation routes and procedures to safely evacuate all residents in a timely and orderly manner.</p> <p>4. The facility staff do not know how to safely evacuate the residents from the building if a fire were to occur.</p> <p>The findings are:</p> <p>A. Record review of the facility's documented monthly Fire Drills dated, 04/29/22, 05/18/22 and 06/08/22, revealed:</p> <p>1. No documentary evidence of the fire drills evacuation time in total minutes.</p> <p>2. Each fire drill was conducted at 3:00 pm and not on each eight (8) hour shift.</p> <p>B. On 09/28/22 at 2:00 pm, during an interview with the Office Manager, she confirmed the above monthly Fire Drills did not include the evacuation time and were not conducted on each eight (8) hour shift.</p>	A 065		



MICHELLE LUJAN GRISHAM
Governor

PATRICK M. ALLEN
Cabinet Secretary

March 27, 2023

Crane's Roost Care Home, ALF Lic. # 5746
104 South Park Ave
Aztec, NM 87410

Via email Attn: Kelly Armstrong, cranesroost2@yahoo.com

Re: Variance Approval

Dear Provider:

Please be informed that your application for waiver and/or variance has been reviewed. Listed below is the description of the variance committee action for your files.

Please note the variance(s) granted will become a permanent part of the facility file, and will continue in force only so long as facility continues to provide services pursuant to these regulations and only so long as the variance does not adversely affect the health, safety or welfare of participants and staff. Any increase of resident capacity, change of ownership, or physical environment modifications will render the variance/waiver void and necessitate a new life safety code review. Approved variances or waivers are non-transferable and kept on file in the facility office.

Sincerely,

Jessica Madlener
Health Services Manager, Variance Committee Chair

REFERENC E TO REGULA- TIONS	DESCRIPTION	ACTION	COMMENTS
NMAC 7.8.2.55(A) (1)	Facility is requesting a variance of the bathtub requirement, as noted in the facilities email received on 10/13/22. During a remodel of the facility, the 2 walk-in tubs were removed as they were not being used by residents. Residents preferred showers.	*APPROVED as a Variance	*Pursuant to 7.8.2.9 NMAC, the Variance Committee feels the granting of this request for variance will not adversely affect the health, safety or welfare of staff or residents.

- New Facility, Innovative Service
 Existing Facility
 New Facility in Existing Construction

cc: Rhonda Rodriguez, Program Operations Bureau Chief
 Maurella Sooh, District Operations Bureau Chief
 Alana Curlee, ALF Team Manager
 File: 2023/ Crane's Roost Care Home Lic #5746, 3/27/23

**Crane's Roost Care Home Inc.
Monthly Contract**

This is a Contract by and between Crane's Roost Care Home Inc. (operator) and _____ (Resident), for residential accommodations and for personal and other services.

This Contract sets out the terms and conditions of residency, the duties and responsibilities of the Operator and of the Resident, and the means by which this Contract may be determined. This Contract shall not be altered, changed, or amended except by instrument in writing executed by the Operator and Resident. The term Resident also includes a Relative, Placement Agency, or Legal Guardian acting on behalf of a Resident.

Terms of Residency

In consideration of the payment of fees and terms of this Contract, Operator will provide personal, as well as, other services and residential accommodations at Crane's Roost Care Home Inc. located at 104 South Park Avenue Aztec, New Mexico from month to month commencing on the _____ day of _____ 20_____. The fee for said services shall be \$_____ per month, including gross receipt taxes until further notice, as per contractual provisions. The fee for each month of service is payable on the _____ day of each month, immediately upon receipt of invoice. The monthly fee may be changed from time to time by giving the Resident not less than thirty (30) days notice of such changes. Any changes in said monthly fee will in no way have any other effect on this Contract.

Those relatives, caretakers, or legal guardians, accepting payment responsibility or partial payment responsibility for the Resident are:

All fees are due and payable from relatives, caretakers, or legal guardians in the same manner as if paid by the Resident, immediately upon receipt of invoice.

New Regulation in May 2013: Limit on Charges after Resident's Death

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.

If a resident's belongings are not removed within one week of the resident's death and 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.

This agreement releases Crane's Roost Care Home from all liability relating to personal property brought into our facility. By signing this contract I agree to hold Crane's Roost Care Home entirely free from any liability pertaining to any damage or loss to personal belongings being brought into the facility by our residents or family members, regardless of whether damage or loss is caused by negligence.

This includes but not limited to wheelchairs, walkers, hearing aids, dentures, money, jewelry, radios, or music boxes, TV's and cell phones. I acknowledge that all risks have been made clear to me.

By signing this contract I forfeit all rights to bring any kind of suit against Crane's Roost Care Home for any reason. I also acknowledge that I will not seek any type of financial recovery from damage or loss of any personal items. I will also ask for any clarification to these terms as needed.

Duties and Responsibilities of the Operator

1. Operator shall post the rules of conduct in a common conspicuous place on the premises.
2. Operator will be bound by the Resident - Client's Bill of Rights promulgated by the New Mexico licensing agency for adult residential shelter care home facilities.
3. Operator shall maintain the facilities to meet all the standards and regulations adopted by the New Mexico Licensing agency for adult residential shelter care home facilities.
4. Operator shall maintain all services and personal care under this Contract to meet all the standards and regulations adopted by the New Mexico licensing agency for adult residential shelter care home facilities.
5. Operator shall establish reasonable visiting hours which will be posted in a common conspicuous area on the premises.
6. Operator assures the Resident shall have the right to have private and unrestricted communications or visits with any person of his or her choice.

Duties and Responsibilities of Resident

1. Resident shall abide by the Rules of Conduct promulgated by the Operator.
 2. Resident shall make payment of fees on a timely basis as called for in this Contract.
 3. Resident shall respect the rights of other Residents in the facility.
 4. Resident shall cooperate with Operator in the day to day activities and routine of the facility.
 5. Resident shall provide all personal care and hygiene products.
 6. Resident shall be financially responsible for any damages that he or she causes during the duration of the stay while at Crane's Roost Care Homes.
-

Duties and Responsibilities of Relative, Placing Agency, or Legal Guardian

1. Any Relative, Legal Guardian, or Agency placing Resident in Crane's Roost Care Homes warrants that they are authorized to act on the Resident's behalf. The Relative, Legal Guardian, or Placing Agency assumes responsibility for any claims made against Crane's Roost Care Home Inc. regarding placement of the resident and agrees to indemnify Crane's Roost Care Home Inc. harmless from any and all liability, including liability for costs and attorneys' fees arising from a claim that the placement was improper or unauthorized.
2. Any Relative, Legal Guardian, or Placing Agency signing this Contract on behalf of the Resident shall provide Operator with a completed Resident Personal Information Form together with a Physician Care Plan completed and signed by the Resident's attending physician and any other valid information requested by the Operator to better meet the needs of the Resident.
3. Any Relative, Legal Guardian, or Placing Agency signing this Contract on behalf of the Resident must provide assistance in meeting special needs and / or problems concerning the Resident.

Termination of Agreement

1. If the Resident fails to pay the fees when due and / or fails to comply with any terms of this Contract, the Operator may give the Resident, Relative, Legal Guardian, or Placing Agency ten (10) days written notice by certified mail in which to pay fees then due and / or comply with the terms of this Contract, or quit the premises. If the Resident fails to pay the fees due and / or fails to comply with the terms of this Contract within ten (10) days after receipt of said written notice, the residency will terminate and the Resident will be subject to removal from the premises.
2. Operator shall have the right to remove the Resident or request the removal of the Resident by the Relative, Legal Guardian, or Placing Agency if the Resident's conduct or physical condition is endangering to themselves or to the other residents, or staff, or presents a severe disturbance to the normal routine of the facility or other Residents. Also if resident's physical condition deteriorates to a point where 24 hour nursing care is required (ie: IV medications, breathing tubes, feeding tubes, ICP monitoring, ect.) Three (3) days written notice will be mailed to the Resident and Relative, Legal Guardian, or Placing Agency.
3. The Resident, Relative, Legal Guardian, or Placing Agency may terminate this Contract with written notice if the Resident's physician determines that the Resident must be moved from the facility for medical reasons.
4. This Contract and the residency hereby granted may be terminated at any time by either party hereto by giving to the other party not less than thirty (30) days prior notice in writing.

This Contract entered into this _____ day of _____ 20____ by and between:

Refund Policy

The resident's estate or responsible party is entitled to a prorated refund based on the calculated daily rate for any unused portion of payments beyond the termination date after all charges have been paid. For this purpose 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.

Crane's Roost Care Home Inc.

By: _____
(Director)

(Resident)

Relative, Guardian, Placing Agency

HOSPICE CARE SERVICES

Hospice Care Services are available, however it is a separate contract and would also need to be filled out. There are no refunds when on a Hospice contract.
