

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2043	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 07/13/2023
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NAME OF PROVIDER OR SUPPLIER
ALL-CARE ASSISTED LIVING LLC

STREET ADDRESS, CITY, STATE, ZIP CODE
**1001 YORK DRIVE
CLOVIS, NM 88101**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments The following deficiencies were cited during an onsite Revisit/Follow-up survey completed on [REDACTED]/23 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living for Adults. Census: 4	{A 000}	7.8.2.12 B 6 The licensing authority may accept, reject, or direct the plan of correction.	
{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	{A 020}		

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

Maryanne C. Rayle

TITLE

Director / Owner

(X6) DATE

5/20/24

Division of Health Improvement

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{A 020}	<p>Continued From page 1</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 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</p>	{A 020}	<p>The facility will ensure that resident Admission/ Discharge agreements are updated to include a refund upon death provision that is in compliance with 7 NMAC 8.2.20. 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:</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> <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>	
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{A 020}	<p>Continued From page 2</p> <p>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. (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 	{A 020}	<p>The Administrator will prepare an addendum for R #1 and R #4 and any other residents with an outdated agreement, informing them of the updated admission/discharge agreement and obtain signatures from the residents and or residents POA. The Administrator will use the updated Admission/ Discharge agreement for future residents admitted to the facility</p>	<p>█/24</p>
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{A 020}	<p>Continued From page 3</p> <p>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 provider.</p> <p>[7.8.2.20 NMAC - Rp, 7.8.2.19 NMAC & 7.8.2.20 NMAC, 01/15/2010]</p>	{A 020}		

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{A 020}	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.20 A (5)</p> <p>This is an uncorrected deficiency from survey dated [REDACTED]/22 and a repeat deficiency from survey dated [REDACTED]/18.</p> <p>Refer to Senate Bill (SB) 0335 - 2013</p> <p>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</p>	{A 020}		

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{A 020}	<p>Continued From page 5</p> <p>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> <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 and 4) of 4 (R #s 1, 3, 4 and 5) residents whose Admission/Discharge Agreements were reviewed for compliance, the agreement included a refund provision in case of death that is in compliance with 7 NMAC 8.2.20 Regulations for Assisted Living Facilities and a Senate Bill (SB) 0335 - 2013.</p> <p>This deficient practice could likely result in the resident's estate/legal representative to be at risk of not receiving monies owed or aware of additional charges that may be incurred upon the death of a resident</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}	Continued From page 6 agreement dated [REDACTED] revealed that it did not include a refund upon death provision that was in compliance with with 7 NMAC 8.2.20 Regulations for Assisted Living Facilities and a Senate Bill (SB) 0335 - 2013 B. Record review of R #4's Admission/Discharge Agreement dated [REDACTED] revealed that it did not include a refund upon death provision that was in compliance with with 7 NMAC 8.2.20 Regulations for Assisted Living Facilities and a Senate Bill (SB) 0335 - 2013 C. On [REDACTED]/22 at 1:30 pm, during an interview, the Owner confirmed R #s 1 and 4 Admission/Discharge Agreements did not include a refund provision in case of death that was in compliance with 7 NMAC 8.2.20 Regulations for Assisted Living Facilities and a Senate Bill (SB) 0335 - 2013.	{A 020}		
{A 022}	7 NMAC 8.2.22 Facility Reports, Records, Rules, Policies FACILITY REPORTS, RECORDS, RULES, POLICIES AND PROCEDURES: A. Reports and records. Each facility shall keep the following reports, records, policies and procedures on file at the facility and make them available for review upon request by the licensing authority, residents, potential residents or their surrogate decision makers: (1) fire inspection report; (2) zoning approval; (3) building official approval (certificate of occupancy); (4) a copy of the approved building plans; (5) a copy of the most recent survey conducted by the licensing authority, to include adverse	{A 022}		

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{A 022}	Continued From page 7 actions or appeals and complaints; (6) for facilities with food establishments/kitchens that require a permit from the local health authority that has jurisdiction, a copy of the current inspection report in accordance with the applicable, municipal, or federal laws and regulations and pursuant to Subsection B of 7.6.2.8 NMAC, regarding kitchen and food management; if a facility is considered a licensed private home and not required to meet specific requirements by the local health authority, a copy of that determination must also be maintained; (7) where necessary, a copy of the liquid waste disposal and treatment system permit from the local health authority that has jurisdiction; (8) thirty (30) days of menus as planned, including snacks and thirty (30) days of menus as served, including snacks; (9) record of monthly fire drills conducted at the facility and the fire safety evaluation system (FSES) rating, if applicable; (10) written emergency plans, policies and procedures for medical emergencies, power failure, fire or natural disaster; plans shall include evacuation, persons to be notified, emergency equipment, evacuation routes, refuge areas and the responsibilities of personnel during emergencies; plans shall also included a list of transportation resources that are immediately available to transport the residents to another location in an emergency; the emergency preparedness plan shall address two types of emergencies: (a) an emergency that affects just the facility; and (b) a region/area wide emergency; (11) a copy of this rule, Requirements for Assisted Living Facilities for Adults, 7.8.2 NMAC); (12) for facilities with two or more residents (that are not related to the owner), a valid custodial	{A 022}	The Administrator will prepare a written emergency disaster plan in the event of a community wide or regional disaster. The plan will contain written information including persons to be notified, refuge areas and responsibilities of personnel during emergencies. The Administrator will keep the written plan on-site and update the plan as needed and or when changes occur.	/24
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{A 022}	<p>Continued From page 8</p> <p>drug permit issued by the NM board of pharmacy, that supervise administration and self-administration of medications or safeguards with regard to medications for the residents; and (13) vaccination records for pets in the facility.</p> <p>B. Reports and records. Each facility shall keep the following reports, records, policies and procedures on file at the facility and make them available for review upon request by the licensing authority:</p> <p>(1) a copy of the facility license;</p> <p>(2) employee personnel records, including an application for employment, training records and personnel actions:</p> <p>(a) caregiver criminal history screening documentation pursuant to 7.1.9 NMAC;</p> <p>(b) employee abuse registry documentation pursuant to 7.1.12 NMAC; and</p> <p>(3) a copy of all waivers or variances granted by the licensing authority.</p> <p>C. Rules. Prior to admission to a facility a prospective resident or his or her representative shall be given a copy of the facility rules. Each facility shall have written rules pertaining to resident ' s rights and shall include the following:</p> <p>(1) resident use of tobacco and alcohol;</p> <p>(2) resident use of facility telephone or personal cell phone;</p> <p>(3) resident use of television, radio, stereo and cd;</p> <p>(4) the use and safekeeping of residents ' personal property;</p> <p>(5) meal availability and times;</p> <p>(6) resident use of common areas;</p> <p>(7) accommodation of resident ' s pets; and</p> <p>(8) resident use of electric blankets and appliances.</p> <p>D. Policies and procedures. All facilities shall have written policies and procedures covering the</p>	{A 022}		

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{A 022}	Continued From page 9 following areas: (1) actions to be taken in case of accidents or emergencies; (2) policy and procedure for updating and consolidating the residents current physician or PCP orders, treatments and diet plans every six (6) months or when a significant change occurs, such as a hospital admission; (3) policy for medication errors; (4) method of staying informed when residents are away from the facility (e.g., sign-out sheets or other record indicating where the resident will be, cell phone contact, etc.); (5) the handling of resident's funds, if the facility provides such services; (6) reporting of incidents, including abuse, neglect and misappropriation of property, injuries of unknown cause, environmental hazards and law enforcement interventions in accordance with 7.1.13 NMAC; (7) reporting and investigating internal complaints; (8) reporting and investigating complaints to the incident management bureau; (9) staff and resident fire and safety training; (10) smoking policy for staff, residents and visitors; (11) the facility's bed hold policy; (12) admission agreement; (13) admission records; (14) resident records including maintenance and record retention if the facility closes; (15) program narrative; (16) resident's rights with regard to making health care decisions and the formulation of advance directives; (17) personnel policies; (18) identifying and safeguarding resident possessions;	{A 022}		

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{A 022}	<p>Continued From page 10</p> <p>(19) securing medical assistance if a resident's own physician is not available; (20) staff training appropriate to staff responsibilities; (21) staff training for employees who provide assistance to residents with boarding or alighting from motor vehicles and safe operation of motor vehicles to transport residents; (22) witnessed destruction of unused, outdated or recalled medication by the facility administrator with the consulting pharmacist present; and (23) mealtimes, daily snacks, menus, special diets, resident ' s personal preference for eating alone or in the dining room setting. [7.8.2.22 NMAC - Rp, 7.8.2.23 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.22 A (10) (b)</p> <p>This is an uncorrected deficiency from survey dated [REDACTED]/22</p> <p>Based on record review and interview, the facility failed to have a complete written emergency disaster plan in the event of a community-wide or regional disaster.</p> <p>This deficient practice could likely negatively affect the health and safety of the [REDACTED] residents identified as currently residing in the facility by the Owner on [REDACTED]/23, if there is no emergency evacuation plan for region/area wide disasters.</p>	{A 022}		

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{A 022}	Continued From page 11 The findings are: A. Record review of the facility's "Evacuation Procedures for Tornadoes and City Wide Disaster," revealed there was no written plan for persons to be notified, refuge areas, and the responsibilities of personnel during emergencies. B. On 07/13/23 at 1:30 pm, during an interview, the Owner confirmed that their written emergency disaster plan in the event of a community-wide or regional disaster was not completed.	{A 022}		
{A 025}	7 NMAC 8.2.25 Resident Evaluation RESIDENT EVALUATION: A. A resident evaluation shall be completed by an appropriate staff member within fifteen (15) days prior to admission to determine the level of assistance that is needed and if the level of services required by the resident can be met by the facility. B. The initial resident evaluation shall establish a baseline in the resident ' s functional status and thereafter assist with identifying resident changes. The resident evaluation shall be reviewed and updated at a minimum of every six (6) months or when there is a significant change in the resident ' s health status. C. The resident ' s evaluation shall be documented on a resident evaluation form and at a minimum include the following abilities, behaviors or status: (1) activities of daily living; (2) cognitive abilities; reasoning and perception; the ability to articulate thoughts, memory function or impairment, etc; (3) communication and hearing; ability to communicate needs and understand instructions,	{A 025}		

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{A 025}	<p>Continued From page 12</p> <p>etc; (4) vision; (5) physical functioning and skeletal problems; (6) incontinence of bowel/bladder; (7) psychosocial well-being; (8) mood and behavior; (9) activity interests; (10) diagnoses; (11) health conditions; (12) nutritional status; (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]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.25 B E</p>	{A 025}	<p>The facility will ensure that resident evaluations are reviewed and updated at a minimum of every 6 months or change in the resident's health status. The Administrator will notify the facility's contracted nurse of the frequency for reviewing evaluations and monitor monthly. The Administrator will ensure that the evaluations contain a signature when reviewed by the nurse. The updated evaluations will be placed in the resident's file. The Administrator will update R #1's evaluation and ensure it is reviewed/signed by the contracted nurse. The Administrator will monitor all resident evaluations for updates monthly for a period of 90 days and maintain documentation for a period of three (3) years.</p>	<p>█/24</p>
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{A 025}	<p>Continued From page 13</p> <p>This is a uncorrected deficiency from survey dated [REDACTED]/22</p> <p>Based on record review and interview, the facility failed to ensure for 1 (R #1) of 4 (R #s 1, 2, 3, and 5) residents whose evaluations were reviewed for compliance that they were:</p> <ol style="list-style-type: none"> 1. Reviewed and updated at a minimum of every six (6) months. 2. Reviewed and in needed revised by a Licensed Practical Nurse (LPN), Registered Nurse (RN) or Physician Extender (PE) at a minimum of every six months or when a change in health status occurs. <p>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 current needs are.</p> <p>The findings are:</p> <p>A. Record review of R #1's initial evaluation dated [REDACTED]/22, had not been reviewed/updated at a minimum of every six (6) months by an LPN, RN, or PE.</p> <p>B. On 07/11/23 at 9:00 am, during an interview, the Owner confirmed that R #1's evaluation dated [REDACTED]/22 had not been reviewed/updated at a minimum of every six months by a LPN, RN, PE.</p>	{A 025}		
{A 026}	<p>7 NMAC 8.2.26 Individual Service Plan</p> <p>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.</p>	{A 026}		

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{A 026}	<p>Continued From page 14</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}	<p>The facility will ensure that resident ISP's are reviewed and or revised at a minimum of every six months or when there is a significant change in the resident's health status.</p> <p>The Administrator will notify the facility's contracted nurse of the frequency for ISP review and monitor monthly. The updated ISP's will be placed in the resident's file. The Administrator will update R #1's ISP and ensure it is reviewed/signed by the contracted nurse.</p> <p>The Administrator will monitor all resident ISP's for updates monthly for a period of 90 days and maintain documentation for a period of three (3) years.</p>	<p>█/24</p>
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{A 026}	<p>Continued From page 15</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.26 A (3) B (1)</p> <p>This is an uncorrected deficiency from survey dated [REDACTED]/22</p> <p>Based on record review and interview, the facility failed to ensure for 1 (R #1) of 4 (R #s 1, 2, 3, and 5) residents whose Individual Service Plans (ISPs) were reviewed for compliance, that the ISP was reviewed and/or revised at a minimum of every six (6) months.</p> <p>This deficient practices could likely result in the residents not receiving appropriate care/services if the resident's ISP is not current, because it had not been reviewed and if needed revised at a minimum of every 6 months.</p> <p>The findings are:</p> <p>A. Record review of R #1's (admission date [REDACTED]/22) initial ISP dated [REDACTED]/22, revealed it had not been reviewed and/or revised at a minimum of every six months.</p> <p>B. On 07/13/23 at 1:30 pm, during an interview, the Owner confirmed R #1's ISP dated [REDACTED]/22, had not been reviewed and or revised at a minimum of every six months.</p>	{A 026}		
{A 032}	<p>7 NMAC 8.2.32 Reporting of Incidents</p> <p>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.</p>	{A 032}		

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{A 032}	<p>Continued From page 16</p> <p>(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.</p> <p>(2) The facility shall not delay a report to the complaint hotline while an internal investigation is conducted.</p> <p>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:</p> <p>(1) a narrative description of the incident;</p> <p>(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</p> <p>(3) plans for further actions in response to the incident.</p> <p>[7.8.2.32 NMAC - Rp, 7.8.2.32 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.32 A (1) B</p> <p>This is an uncorrected deficiency from survey dated 06/28/22</p> <p>7.1.13 INCIDENT REPORTING, INTAKE, PROCESSING AND TRAINING</p>	{A 032}	<p>The facility (Administrator or person with the most direct knowledge of the incident) will report any "Reportable incident" (meaning an incident of possible abuse, neglect, exploitation, injuries of unknown origin and other events including but not limited to: falls which cause injury, unexpected death, elopement, 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). Reportable incident may also be an incident resulting in the need for off-site medical treatment or evaluation due to an unwitnessed fall or injury of unknown origin, and/or an unusual occurrence. The facility will document the reportable incident and report it to the licensing authority within 24 hours or the next business day if it is a holiday or weekend. The facility will complete a thorough investigation and submit a follow up investigation report within 5 business days.</p> <p>The Administrator and staff will attend incident report training provided by NMDOH.</p> <p>The Administrator will create a log for internal and reportable incidents and update each time an incident occurs. The log will be reviewed by the Administrator monthly for 90 days and maintained for 3 years.</p>	<p>█/24</p>
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{A 032}	<p>Continued From page 17</p> <p>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, elopement), 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>B. (2) Division incident report form and notification by licensed health care facilities: The licensed health care facility shall report incidents utilizing the division's incident report form consistent with the requirements of the division's incident management system guide and CMS regulations as applicable. The licensed health care facility shall ensure that all incident report forms alleging abuse, neglect, exploitation, injuries of unknown origin or other reportable incidents are submitted by a reporter with direct knowledge of an incident, are completed on the bureau's incident report form and received by the division within twenty-four (24) hours of an incident or allegation of an incident or the next business day if the incident occurs on a weekend or a holiday. The licensed health care facility shall ensure that the reporter with the most direct knowledge of the incident assists with the preparation of the incident report form.</p> <p>Based on record review and interview, the facility failed to ensure for 1 (R #4) of 4 (R #s 1-4) residents whose resident files and Incident Reports were reviewed for compliance that:</p> <p>1. The facility reported any incident of unusual occurrence which has or could threaten the</p>	{A 032}		
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{A 032}	<p>Continued From page 18</p> <p>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> <p>2. Conducted an internal investigation, and/or submitted an investigation follow-up report to the Licensing Authority within five (5) business days from the date an incident occurred.</p> <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.</p> <p>The findings are:</p> <p>A. Record review of R [REDACTED] Hospital Notes (dated [REDACTED] /22), revealed R [REDACTED] was sent to the hospital for a fall with injury, which included an injury to [REDACTED] forehead, with abrasions (scraping/cuts) to the head and face, bridge of the nose, and right cheek, there was no documentation that:</p> <p>1. The incident was reported to the Licensing Authority within 24 hours or by the next business day, if a holiday or weekend.</p> <p>2. The facility conducted an internal investigation and/or submitted a Follow-Up Investigation Report to the Licensing Authority within five (5)-business days from the date the incident occurred.</p> <p>B. On [REDACTED] /23 at 1:32 pm, during an interview, the Owner confirmed the incident involving R [REDACTED] falling on [REDACTED] 22:</p> <p>1. Was not reported to the to the Licensing Authority within twenty-four (24) hours or by the next business day,</p> <p>2. The facility did not submit an investigation follow-up report to the Licensing Authority within five (5) business days from the date an incident</p>	{A 032}		

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{A 032}	Continued From page 19 occurred.	{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> <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</p>	{A 034}		

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{A 034}	<p>Continued From page 20</p> <p>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 (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>	{A 034}	<p>The facility will ensure that all oxygen tanks are secured in cylinder stands and that there are no more than two (2) tanks stored in the resident's room. Any additional tanks will be removed, secured in a cylinder stand and stored in an enclosure away from open flames, heating elements and other sources of ignition. The storage enclosure will be indicated with a precautionary sign stating: CAUTION: OXIDIZING GAS(ES) STORED WITHIN.</p> <p>The Administrator will check each resident room daily for a period of 90 days, then weekly there after, to ensure that oxygen tanks are secured properly and there are no more than 2. The Administrator will create a check list with each room and indicate on the check list that the room has been inspected each day, indicating the date and initials of person inspecting. The Check list will be maintained for a period of 3 years.</p>	<p>█/24</p>
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{A 034}	<p>Continued From page 21</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 of pharmacy services in the facility, including reference information regarding side effects and, when needed, physician consultation in cases involving the use of psychotropic medications.</p> <p>(4) The consulting pharmacist will be responsible for assuring that the facility meets all requirements for storage, labeling, destruction and documentation of medications as required by the state board of pharmacy, 16.19.11.10 NMAC and 7.8.2 NMAC. [7.8.2.34 NMAC - Rp, 7.8.2.35 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: .8.2.34 A (7) B (1, 2, 4)</p> <p>This is an uncorrected deficiency from survey dated 06/28/22</p> <p>Refer to: NFPA (National Fire Prevention Association) 99. 2012 Edition. 11.3 Cylinder and Container Storage Requirements. 11.3.1* Storage for nonflammable gases equal to or greater than 85 m3 (3000 ft3) at STP shall comply with 5.1.3.3.2 and 5.1.3.3.3.</p>	{A 034}		
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{A 034}	<p>Continued From page 22</p> <p>11.3.2* Storage for nonflammable gases greater than 8.5 m3 (300 ft3), but less than 85 m3 (3000 ft3), at STP shall comply with the requirements in 11.3.2.1 through 11.3.2.3.</p> <p>11.3.2.1 Storage locations shall be outdoors in an enclosure or within an enclosed interior space of noncombustible or limited combustible construction, with doors (or gates outdoors) that can be secured against unauthorized entry.</p> <p>11.3.2.2 Oxidizing gases, such as oxygen and nitrous oxide, shall not be stored with any flammable gas, liquid, or vapor.</p> <p>11.3.2.3 Oxidizing gases such as oxygen and nitrous oxide shall be separated from combustibles or materials by one of the following: (1) Minimum distance of 6.1 m (20 ft) (2) Minimum distance of 1.5 m (5 ft) if the entire storage location is protected by an automatic sprinkler system designed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems (3) Enclosed cabinet of noncombustible construction having a minimum fire protection rating of 1/2 hour</p> <p>11.3.2.4 Gas cylinder and cryogenic liquid container storage shall comply with 5.1.3.5.12.</p> <p>11.3.2.5 Cylinder and container storage locations shall comply with 5.1.3.3.1.7 with respect to temperature limitations.</p> <p>11.3.2.6 Cylinder or container restraints shall comply with 11.6.2.3.</p> <p>11.3.2.7 Smoking, open flames, electric heating elements, and other sources of ignition shall be prohibited within storage locations and within 6.1 m (20 ft) of outside storage locations.</p> <p>11.3.2.8 Cylinder valve protection caps shall comply with 11.6.2.3.</p> <p>11.3.2.9 Gas cylinder and liquefied gas container storage shall comply with 5.1.3.5.12.</p> <p>11.3.3 Storage for nonflammable gases with a</p>	{A 034}		

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{A 034}	<p>Continued From page 23</p> <p>total volume equal to or less than 8.5 m3 (300 ft3) shall comply with the requirements in 11.3.3.1 and 11.3.3.2.</p> <p>11.3.3.1 Individual cylinder storage associated with patient care areas, not to exceed 2100 m2 (22,500 ft2) of floor area, shall not be required to be stored in enclosures.</p> <p>11.3.3.2 Precautions in handling cylinders specified in 11.3.3.1 shall be in accordance with 11.6.2.</p> <p>11.3.3.3 When small-size (A, B, D, or E) cylinders are in use, they shall be attached to a cylinder stand or to medical equipment designed to receive and hold compressed gas cylinders.</p> <p>11.3.3.4 Individual small-size (A, B, D, or E) cylinders available for immediate use in patient care areas shall not be considered to be in storage.</p> <p>11.3.3.5 Cylinders shall not be chained to portable or movable apparatus such as beds and oxygen tents.</p> <p>11.3.4 Signs.</p> <p>11.3.4.1 A precautionary sign, readable from a distance of 1.5 m (5 ft), shall be displayed on each door or gate of the storage room or enclosure.</p> <p>11.3.4.2 The sign shall include the following wording as a minimum: CAUTION: OXIDIZING GAS(ES) STORED WITHIN (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>Based on observation, and interview, the facility failed to ensure:</p> <p>1. Oxygen cylinder tanks were stored securely and protected from accidental damage or dislocation.</p>	{A 034}		

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{A 034}	<p>Continued From page 24</p> <p>2. That the facility's posted Consulting Pharmacist's license was current and that the facility was contracted as required with a Consultant Pharmacist to provide oversight and guidance of the facility's medications</p> <p>These deficient practices could likely result in the ██████████ residents listed on the resident census, provided by the owner on ████████/23, to be at risk of harm, injury, or death if:</p> <p>1. 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.</p> <p>2. There is no medication regimen oversight by at Consultant Pharmacist to review the facility's medication process of receipt and disposition of all drugs to ensure an accurate reconciliation of all medications, and all requirements for storage, labeling, destruction, and documentation of medications as required by the state board of pharmacy.</p> <p>The findings are:</p> <p>Findings related to Oxygen tanks:</p> <p>A. On ████████/23 at 8:05 am, during observation of ████████ room closet, two (2) tall oxygen cylinder tanks were observed to be unsecured and not protected from toppling over.</p> <p>B. On ████████/23 at 1:30 pm, during an interview, the Owner confirmed the oxygen cylinder tanks in ████████ closet were unsecured, could fall over, and be damaged.</p> <p>Findings related to Consulting Pharmacist.</p>	{A 034}		

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{A 034}	Continued From page 25 C. On [REDACTED]/23 at 7:40 am, during observation of the Consulting Pharmacist License it was expired. D. On [REDACTED]/23 at 4:30 pm. during an interview, the Owner confirmed the facility does not have a Consulting Pharmacist who is providing oversight and guidance to the facility.	{A 034}		
{A 036}	7 NMAC 8.2.36 Nutrition NUTRITION: The facility shall provide planned and nutritionally balanced meals from the basic food groups in accordance with the " recommended daily dietary allowance " of the American dietetic association, the food and nutrition board of the national research council, or the national academy of sciences. Meals shall meet the nutritional needs of the residents in accordance with the " 2005 USDA dietary guidelines for Americans. " Vending machines shall not be considered a source of snacks. A. Dietary services policies and procedures. The facility will develop and implement written policies and procedures that are maintained on the premises and that govern the following requirements. (1) Meal service. The facility shall: (a) serve at least three (3) meals or their equivalent each day at regular times with no more than sixteen (16) hours between the evening meal and morning meal with snacks freely available; (b) provide snacks of nourishing quality and post 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	{A 036}		

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{A 036}	<p>Continued From page 26</p> <p>where residents and families are able to view it; posted menus shall be followed and any substitution shall be of equivalent nutritional value and recorded on the posted menu; identical menus shall not be used within a one (1) week cycle;</p> <p>(e) have special menus or meal items following guidelines from the resident ' s physician for residents who have medically prescribed special diets;</p> <p>(f) serve all residents in a dining room except for residents with a temporary illness, or with documented specific personal preference to have meals in their room;</p> <p>(g) allow sufficient time for meals to enable residents to eat at a leisurely pace and to socialize; and</p> <p>(h) contact the resident ' s PCP within forty-eight (48) hours if a resident consistently refuses to eat.</p> <p>(2) Staff in-service training. The facility shall provide an in-service training program for staff that are involved in food preparation at orientation and at least annually and that includes:</p> <p>(a) instruction in proper food storage;</p> <p>(b) preparation and serving food;</p> <p>(c) safety in food handling;</p> <p>(d) appropriate personal hygiene; and</p> <p>(e) infectious and communicable disease control.</p> <p>B. Dietary records. The facility shall maintain the following documentation onsite:</p> <p>(1) a systematic record of all menus and revisions, including snacks, for a minimum of thirty (30) calendar days;</p> <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</p>	{A 036}	<p>The Administrator will create a weekly menu including snacks and post in a visible area for residents, family and visitors. The Administrator will maintain the weekly menus on-site for a period of 3 years. The Administrator will also log the daily temperatures for the refrigerator and freezer and maintain the logs on-site for a period of 3 years. The Administrator will ensure that the dishwasher is thoroughly cleaned and that there are temperature logs maintained daily each month. The Administrator will maintain the logs on-site for a period of 3 years.</p> <p>The Administrator will purchase kitchen garbage cans that have close fitting lids and ensure that the lids are in place when trash is not being disposed of. The Administrator will ensure that staff are educated and also ensure the kitchen trash can lids are in place when not in use.</p>	<p>█/24</p>
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{A 036}	<p>Continued From page 27</p> <p>inspection with notations made by the facility of action taken to comply with recommendations or citations; and</p> <p>(4) a daily log of the recorded temperatures for all facility refrigerators, freezers and steam tables maintained and available for inspection for thirty (30) calendar days.</p> <p>C. Clean and sanitary conditions. All practices shall be in accordance with the standards of the state environment department, pursuant to 7.6.2 NMAC.</p> <p>(1) Kitchen sanitation.</p> <p>(a) Equipment and work areas shall be clean and in good repair. Surfaces with which food or beverages come into contact shall be of smooth, impervious material free of open seams, not readily corrodible and easily accessible for cleaning.</p> <p>(b) Utensils shall be stored in a clean, dry place protected from contamination.</p> <p>(c) The walls, ceiling and floors of all rooms that food or drink is stored, prepared or served shall be kept clean and in good repair.</p> <p>(2) Washing and sanitizing kitchenware.</p> <p>(a) All reusable tableware and kitchenware shall be cleaned in accordance with procedures that include separate steps for prewashing, washing, rinsing and sanitizing.</p> <p>(b) Proper dishwashing procedures and techniques shall be utilized and understood by the dishwashing staff.</p> <p>(c) Periodic monitoring of the operation of the detergent dispenser, washing, rinsing and sanitizing temperatures shall be performed and documented.</p> <p>(d) When a dishwashing machine is utilized, the cleanliness of the machine, its jets and its thermostatic controls shall be monitored and documented by the facility. A monthly log of the</p>	{A 036}		

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{A 036}	<p>Continued From page 28</p> <p>recorded temperature of the dishwasher shall be maintained in the facility and available for inspection.</p> <p>(3) Sinks for hand washing shall include hot and cold running water, hand-washing soap and disposable towels.</p> <p>(4) All garbage and kitchen refuse that is not disposed of through a garbage disposal unit shall be kept in watertight containers with close-fitting covers and disposed of daily in a safe and sanitary manner.</p> <p>(5) Cooks and food handlers shall wear clean outer garments and hair nets or caps and shall keep their hands clean at all times when engaged in handling food, drink, utensils or equipment in accordance with the local health authority. Disposable gloves shall be used in accordance with the local health authority.</p> <p>D. Food management. The facility shall store, prepare, distribute and serve food under sanitary conditions and in accordance with the regulations governing food establishments of local health authority having jurisdiction, 7.6.2 NMAC.</p> <p>(1) The facility shall ensure that a minimum of a three (3) calendar day supply of perishables and a five (5) calendar day supply of non-perishables or canned foods is available for the residents.</p> <p>(2) The facility refrigerator and freezer shall have an accurate thermometer which reads within or not more than plus or minus three (3) degrees fahrenheit of the required temperature, located in the warmest section of the refrigerator and freezer and shall be accessible and easily read.</p> <p>(a) The temperature of the refrigerator shall be 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</p>	{A 036}		

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{A 036}	<p>Continued From page 29</p> <p>refrigerators and freezers shall be covered, dated and labeled. Unused leftover food shall be discarded after three (3) calendar days.</p> <p>(4) Steam tables, hot food tables, slow cookers, crock pots and other hot food holding devices shall not be used in heating or reheating food. Hot food temperatures shall be checked periodically to insure that a minimum of one hundred forty (140) degrees fahrenheit is maintained.</p> <p>(5) Medication, biological specimens, poisons, detergents and cleaning supplies shall not be kept in the same storage areas used for storage of foods. Medications shall not be stored in the refrigerator with food; an alternate refrigerator for medication shall be used pursuant to Subsection B of 7.6.2.8 NMAC.</p> <p>(6) Canned or preserved foods shall be procured from sources that process the food under regulated quality and sanitation controls. This does not preclude the use of local fresh produce. The facility shall not use home-canned foods.</p> <p>(7) Dry or staple food items shall be stored at least six (6) inches off the floor in a ventilated room that is not subject to sewage, waste water back-flow or contamination by condensation, leakage, rodents or vermin.</p> <p>(8) The facility shall ensure the following:</p> <p>(a) all perishable food is refrigerated and the temperature is maintained no higher than forty-one (41) degrees fahrenheit;</p> <p>(b) the temperature for all hot foods is maintained at one hundred forty (140) degrees fahrenheit; and</p> <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>	{A 036}		

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{A 036}	<p>Continued From page 30</p> <p>(1) Raw milk shall not be used. (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. F. Collateral requirements. Compliance with this rule does not relieve a facility from the responsibility of meeting more stringent municipal regulations, ordinances or other requirements of state or federal laws governing food service establishments. Local health authority having jurisdiction means municipal, county, state or federal agency(s) that have laws and regulations governing food establishments, liquid waste disposal, treatment facilities and private wells. [7.8.2.36 NMAC - Rp, 7.8.2.37 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.36 A (1) (d) B (1, 4) C (2) (c-d) (4)</p> <p>Based on observation, record request, and interview the facility failed to ensure:</p> <ol style="list-style-type: none"> 1. A weekly menu including snacks was posted where residents/family/visitors could see it and that dietary records were maintained onsite for a minimum of 30 calendar days, 2. A daily refrigerator and freezer temperatures log for all facility refrigerators and freezers were maintained for thirty (30) calendar days and available for inspection. 3. The dishwasher was kept clean and sanitary, met the required temperature to ensure proper disinfection and cleaning of dishes, and documentation was available for inspection. 4. That all garbage and kitchen refuse was kept 	{A 036}		
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{A 036}	<p>Continued From page 31</p> <p>in a watertight container with close fitting covers.</p> <p>These deficient practices could likely result in the ██████████ residents listed on the resident census provided by the Owner on ████████/23, to be at risk of:</p> <ol style="list-style-type: none"> 1. Residents/families not being aware of what meals or snacks available during the week to ensure residents are being provided nutritious meals/snacks, meet their dietary needs and have a freedom of choice in what foods they want to eat. 2. Contracting foodborne illnesses from consuming food if: <ol style="list-style-type: none"> a. The refrigerated and/or frozen foods stored, prepared, and served to residents are not maintained at the correct temperatures. b. The dishwasher used to wash the residents' dishes and utensils is not cleaned and temperatures are not adequate to ensure that the dishes, cups, and utensils used by the residents are sanitized and free from food residue and bacteria c. That is contaminated with germs and bacteria from the exposed refuse/garbage <p>The findings are:</p> <p>A. On ████████/23 at 8:54 am, during observation of the facility kitchen and menus the following was revealed:</p> <ol style="list-style-type: none"> 1. Weekly menu, including snacks were not posted where residents/family/visitors could see it. 2. The garbage and kitchen refuse was not being kept in watertight containers with close fitting covers <p>B. On ████████1/23 at 10:25 am, during observation of the facility kitchen, the refrigerator and freezer</p>	{A 036}		

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{A 036}	<p>Continued From page 32</p> <p>temperature logs were not completed daily.</p> <p>C. Record request for the last 30-days of menus including snacks as served, revealed no documentation of the menus were available for review.</p> <p>D. On [REDACTED]/23 at 2:27 pm, during observation of the facility dishwasher:</p> <ol style="list-style-type: none"> 1. The dishwasher was dirty with stains on the inside of the dishwasher door. 2. There were no logs that the dishwasher temperatures were being recorded. <p>E. On [REDACTED]/23 at 10:31 am during an interview, Owner confirmed the following:</p> <ol style="list-style-type: none"> 1. Weekly menus including nutritious snacks are not being posted. 2. Monthly menus are not maintained onsite for a minimum of 30 days. 3. The refrigerator and freezer temperatures are not being monitored and documented on the daily refrigerator/freezer temperature log sheets. 4. The kitchen trash can did not have a water tight lid. <p>F. On [REDACTED]/23 at 1:31 pm, during an interview, the Owner confirmed the dishwasher was not clean and monthly logs of recorded temperatures of the dishwasher were not maintained in the facility and available for inspection.</p>	{A 036}		
{A 038}	<p>7 NMAC 8.2.38 Housekeeping Services</p> <p>HOUSEKEEPING SERVICES. The facility shall maintain the interior and exterior of the facility in a safe, clean, orderly and attractive manner. The facility shall be free from offensive odors, safety hazards, insects and rodents and accumulations</p>	{A 038}		

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NAME OF PROVIDER OR SUPPLIER ALL-CARE ASSISTED LIVING LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 YORK DRIVE CLOVIS, NM 88101
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{A 038}	<p>Continued From page 33</p> <p>of dirt, rubbish and dust.</p> <p>A. All common living areas and all bathrooms shall be cleaned as often as necessary to maintain a clean and sanitary environment.</p> <p>B. Combustibles such as cleaning rags or flammable substances shall be stored in closed metal containers in approved areas that provide adequate ventilation. Combustibles shall be stored away from the food preparation areas and away from the resident rooms.</p> <p>C. Poisonous or flammable substances shall not be stored in residential areas, food preparation areas or food storage areas. If hazardous chemicals are stored on the property, material safety data sheets shall be maintained and stored in the same area as the chemicals, pursuant to state environment department requirements, 11.5.2.9 NMAC, [7.8.2.38 NMAC - Rp, 7.8.2.39 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.38 C</p> <p>This is an uncorrected deficiency from survey dated [REDACTED]/22</p> <p>Based on observation and interview, the facility failed to ensure:</p> <ol style="list-style-type: none"> 1. Cleaning supplies/hazardous chemicals were stored in secure areas and were not accessible to the residents. 2. Facility was free from offensive odors, safety hazards, insects, rodents and accumulations of dirt, rubbish and dust. <p>These deficient practices could likely result in the [REDACTED] residents listed on the census</p>	{A 038}	<p>The Administrator will ensure that pet urine stains are cleaned from floors and furniture. Pet food will be placed in feeding containers and the Administrator will ensure that the pet feeding area is clean. The Administrator will walk through each room daily and remove all paint, chemicals and hazardous materials.</p>	[REDACTED]/24
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{A 038}	<p>Continued From page 34</p> <p>list provided by the Owner on [REDACTED]/23, to be at risk of harm, illness, or injury if the residents were to spill or ingest the hazardous chemicals or sustain cuts, and injury from unsafe and unsanitary items.</p> <p>The findings are:</p> <p>A. On [REDACTED]/23 at 7:34 am, during observation of the sun room that is used by the residents, the following was revealed:</p> <ol style="list-style-type: none"> 1. Dog urine on the recliner and leaking onto the floor directly in front of the recliner, along with strong urine odor. 2. Cat food spread on the TV stand, not within a bowl. <p>B. On [REDACTED]/23 at 4:02 pm, during observation of the facility's activity room the following chemical/cleaning supplies were being stored in an wooden whicker basket and accessible to residents:</p> <ol style="list-style-type: none"> 1. One (1) can of water-based paint used on metal, wood, and concrete. 2. Two (2) 32 fl oz (ounce) bottles of bleach. <p>C. On [REDACTED]/22 at 2:34 pm, during an interview, the Owner confirmed:</p> <ol style="list-style-type: none"> 1. Cleaning supplies/hazardous chemicals were left out, unsecured in the activity room and accessible to residents. 2. Dog urine was found on the recliner in the sun room (used by residents), leaking onto the floor directly in front of the recliner, and had a strong odor of urine. 3. Cat food was spread directly on the TV stand (not in a cat bowl) in the sun room (used by residents). 	{A 038}		

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{A 042}	<p>Continued From page 35</p> <p>{A 042} 7 NMAC 8.2.42 Maintenance of Building and Grounds</p> <p>MAINTENANCE OF BUILDING AND GROUNDS: The building(s) shall be maintained in good repair at all times. Such maintenance shall include, but is not limited to, the following areas: A. Storage areas/grounds. Storage areas and grounds shall be maintained in a safe, sanitary and presentable condition at all times. Storage areas and grounds shall be kept free from accumulation of refuse, weeds, discarded furniture, old newspapers or other items that create a fire hazard. B. Floors. Floors shall be maintained stable, firm and free of tripping hazards. [7.8.2.42 NMAC - Rp, 7.8.2.43 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.42 A B</p> <p>This is an uncorrected deficiency from survey dated [REDACTED]/22</p> <p>Based on observation and interview, the facility failed to ensure the outdoor patio areas located in the backyard of the facility, was free from environmental and structural factors (building issues related to maintenance and repair) that are detrimental (harmful or dangerous) to the residents' and staffs' health, safety, and welfare.</p> <p>This deficient practice had the potential for all [REDACTED] residents identified on the resident census provided by the Owner on [REDACTED]/23, to be at risk of being injured from safety hazards, and tripping/falling hazards.</p>	{A 042}	<p>The Administrator will walk the exterior of the facility grounds and remove any trash, discarded furniture or other items that are potential safety hazards. The Administrator will restrict access to any trench holes to prevent resident access and provide the licensing authority a timeline on when repairs are expected to be completed.</p>	[REDACTED]/24

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{A 042}	Continued From page 36 The finding are: A. On [REDACTED]/23 at 8:00 am, during observation of the backyard, the following was throughout the backyard, creating safety and tripping hazards: 1. One (1) burned screen laying on top of a fire pit. 2. Exposed plumbing lines 3. Trenches (holes) being dug that were not blocked off to prevent resident access. B. On [REDACTED]/22 at 1:30 pm, during an interview, the Owner confirmed the items listed above that were observed in the backyard of the facility were safety, tripping, and falling hazards, that were detrimental to the health, safety, and welfare of the residents and staff.	{A 042}		
{A 064}	7 NMAC 8.2.64 Fire Safety Equivalency System Rating FIRE SAFETY EQUIVALENCY SYSTEM RATING: In facilities without a sprinkler system; the fire safety equivalency system shall be conducted at least annually. The facility shall maintain an evacuation rating score of prompt when a fire safety equivalency system is required. [7.8.2.64 NMAC - Rp, 7.8.2.19 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.64 This is an uncorrected deficiency from survey dated [REDACTED]/22 and a repeat deficiency from survey dated [REDACTED]/18	{A 064}		

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{A 064}	<p>Continued From page 37</p> <p>FIRE SAFETY EQUIVALENCY SYSTEM RATING: In facilities without a sprinkler system; the fire safety equivalency system shall be conducted at least annually. The facility shall maintain an evacuation rating score of prompt when a fire safety equivalency system is required. [7.8.2.64 NMAC - ARP, 7.8.2.19 NMAC, 01/15/2010]</p> <p>Based on record review, observation and interview, the facility failed to ensure that the facility's Fire Safety Equivalency System Rating (FSES):</p> <ol style="list-style-type: none"> 1. Resident Worksheets (identifies the level of assistance each resident needs to safely evacuate) and facility information forms (size and number of floors in building and staff availability) included accurate information regarding the resident's ability and assistance needed to be safely evacuated from the facility. 2. Facility evacuation score for facilities without a sprinkler system was in the range of "prompt (less than 1.5)" <p>These deficient practices are likely to result in the [REDACTED] residents identified on the census, provided by the Owner on [REDACTED]/23 to be at risk of harm, injury, or death, if there are not enough staff on duty to safely evacuate the residents if a fire or other incident that requires evacuation were to occur.</p> <p>The findings are:</p> <p>A. Record review of the facility's 2022 FSES resident worksheets and the facility score revealed the forms and scores had not been updated to accurately reflect the resident's current level of assistance and the available staff needed to evacuate the facility if a fire or other</p>	{A 064}	<p>The Administrator will ensure that Fire Safety Equivalency System Rating (FSES) score sheets are completed and updated annually and contain correct, accurate responses. The Administrator will ensure that FSES maintain a rating of "prompt" and are reviewed annually or when residents require a higher level of care. The Administrator will review FSES score sheets with resident level of care and update accordingly every month for 90 days and maintain records for a period of 3 years.</p>	[REDACTED]/24
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{A 064}	<p>Continued From page 38</p> <p>emergency that required evacuation occurred.</p> <p>Findings for R #3</p> <p>B. Record review of R #3's Worksheet for Rating Residents dated 2022 (no month or date), revealed an Evacuation Assistance Score of 6 (would only need limited assistance to evacuate).</p> <p>C. On [REDACTED]/23 at 2:00 pm, during observation of the facility, the following was observed:</p> <ol style="list-style-type: none"> 1. The Owner was unable to transfer two (2) residents who require a [REDACTED] person assist without the use of a Hoyer lift. 2. The Owner attempted to transfer R #3 by herself and could not transfer the resident by herself safely. Upon observation of R #3's mobility, [REDACTED] needs full assistance from two staff or the use of a Hoyer lift for all transfers. <p>Findings for R #4</p> <p>D. Record review of R #4's Worksheet for Rating Residents dated [REDACTED]/22, revealed an Evacuation Assistance Score of 1 (follows instructions to evacuate-no assistance needed) and if in bed a score of 20 (needs full assistance-very slow-totally impaired).</p> <p>E. Record review of the FSES resident list revealed that the facility score was based on R #4 having a score of 1 (needing minimum assist) instead of 20 (needs full assistance-very slow-totally impaired). It was noted on the worksheet that if R #4 was in bed [REDACTED] evacuation score would be a 20 (requiring full assistance to evacuate).</p> <p>F. Record review on R #4 resident file revealed the following, R #4:</p>	{A 064}		

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{A 064}	<p>Continued From page 39</p> <p>1. Is a [REDACTED]</p> <p>2. Needs is a total assist with activities of daily living (ADLs).</p> <p>3. Requires the use of a [REDACTED] or the assistance of 2 Direct Care Staff for all transfers. person assist.</p> <p>G. On [REDACTED]/23 at 8:40 am, during an interview , R #4 stated that [REDACTED] requires staff assistance for all transfers and to evacuate due to being [REDACTED]</p> <p>Findings for R #5</p> <p>H. Record review of R #5's Worksheet for Rating Residents dated 2022 revealed an Evacuation Assistance Score of 6 (Risk of mild resistance and needs limited assistance) with the following comments (stubborn and wheelchair bound).</p> <p>I. On [REDACTED]/23 at 3:15 pm, during an attempted interview, R #5 did not respond to questions, appeared to have [REDACTED], and would need total assistance to evacuate.</p> <p>J. On [REDACTED]/23 at 2:00 pm, during observation of the facility, the Owner attempted to transfer R #5 from a recliner to her wheelchair, the resident did not respond or assist in any way with the transfer.</p> <p>K. On 07/13/23 at 1:40 pm, during an interview, the Owner confirmed the following: 1. R #s 3, 4, and 5 Worksheets for Rating Residents for 2022, did not accurately reflect the</p>	{A 064}		

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{A 064}	Continued From page 40 residents current ability or level of need for assistance need to safely evacuate the facility. 2. That based on only 1 DCS (Direct Care Staff (usually the Owner)) being "immediately available" the facility's FSES score would not be in the required range of "prompt".	{A 064}		