

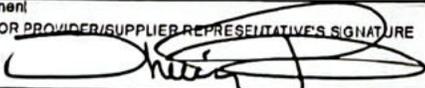
Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 6881	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/18/2024
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NAME OF PROVIDER OR SUPPLIER CASA CONTENTA ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4806 SOMBERETE ROAD SE RIO RANCHO, NM 87124
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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
8 000	<p>Initial Comments</p> <p>The following deficiencies were cited during a complaint survey completed on 10/18/2024 for the State requirements of NMAC 8.370.14, Regulations for Assisted Living Facilities for Adults.</p> <p>Complaint Intake NM # [REDACTED] was investigated, and deficiencies were cited.</p> <p>Complaint Intake NM # [REDACTED] was investigated, and deficiencies were not cited.</p> <p>Complaint Intake NM # [REDACTED] was investigated, and deficiencies were not cited.</p> <p>Resident census: [REDACTED]</p>	8 000		
8 016	<p>8 NMAC 370.14.16 Staff Qualifications</p> <p>A facility shall employ staff with the following qualifications.</p> <p>A. Administrator, director, operator: an assisted living facility shall be supervised by a full-time administrator. Multiple facilities that are located within a 40-mile radius may have one full-time administrator. The administrator shall:</p> <ol style="list-style-type: none"> (1) be at least 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, 8.370.5 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 residents; (6) not work while under the influence of alcohol or illegal drugs; (7) have evidence of education and experience to prove the ability to administer, direct and operate an assisted living facility; the evidence of 	8 016		

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



TITLE

Administrator

(X8) DATE

11-29-2024

Division of Health Improvement

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8 000	<p>Initial Comments</p> <p>The following deficiencies were cited during a complaint survey completed on 10/18/2024 for the State requirements of NMAC 8.370.14, Regulations for Assisted Living Facilities for Adults.</p> <p>Complaint Intake NM [REDACTED] was investigated, and deficiencies were cited.</p> <p>Complaint Intake NM [REDACTED] was investigated, and deficiencies were not cited.</p> <p>Complaint Intake NM [REDACTED] was investigated, and deficiencies were not cited.</p> <p>Resident census [REDACTED]</p>	8 000		
8 016	<p>8 NMAC 370.14.16 Staff Qualifications</p> <p>A facility shall employ staff with the following qualifications.</p> <p>A. Administrator, director, operator: an assisted living facility shall be supervised by a full-time administrator. Multiple facilities that are located within a 40-mile radius may have one full-time administrator. The administrator shall:</p> <p>(1) be at least 21 years of age;</p> <p>(2) have a high school diploma or its equivalent;</p> <p>(3) comply with the requirements of the New Mexico caregivers criminal history screening act, 8.370.5 NMAC;</p> <p>(4) complete a state approved certification program for assisted living administrators;</p> <p>(5) be able to communicate with the residents in the language spoken by the majority of the 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</p>	8 016		

Division of Health Improvement LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____	TITLE _____	(X6) DATE _____
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Division of Health Improvement

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CASA CONTENTA ASSISTED LIVING **4805 SOMBERETE ROAD SE**
RIO RANCHO, NM 87124

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8 016	Continued From page 1 education and experience shall be directly related to the services that are provided at the facility; (8) provide three notarized letters of reference from persons unrelated to the applicant; and (9) comply with the pre-employment requirements pursuant to the employee abuse registry, 8.370.8 NMAC. B. Direct care staff: (1) shall be at least 16 years of age; (2) shall have adequate education, relevant training, or experience to provide for the needs of the residents; (3) shall comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 8.370.8 NMAC; and (4) shall comply with the current requirements of reporting and investigating incidents pursuant to incident reporting, intake processing and training requirements, 8.370.9 NMAC; (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: (a) a valid New Mexico driver's license with the appropriate classification for the vehicle that is used to transport residents; (b) documentation of training in transportation safety for the elderly and disabled, including safe vehicle operation; (c) proof of insurance; and (d) documentation of a clean driving record; (6) any person who provides direct care who is not employed by an agency that is covered by the requirements of the caregivers criminal history screening requirements, 8.370.5 NMAC, shall provide current (within the last 6 months) proof of the caregiver's criminal history screening to the facility; the facility shall maintain and have proof	8 016		

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8 016	<p>Continued From page 2</p> <p>of such screening readily available; and (7) employers shall comply with the requirements of the caregivers criminal history screening requirements, 8.370.5 NMAC. [8.370.14.16 NMAC - N, 7/1/2024]</p> <p>This REQUIREMENT is not met as evidenced by: 8.370.14.16 B (3)</p> <p>Refer to 8.370.8 EMPLOYEE ABUSE REGISTRY</p> <p>8.370.8 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 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</p>	8 016		

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8 016	<p>Continued From page 3</p> <p>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> <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</p>	8 016		

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8 016	<p>Continued From page 4</p> <p>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. [8.370.8.8 NMAC - N, 07/01/2024]</p> <p>8.370.5.8 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 8.370.5.8 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 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</p>	8 016		

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8 016	<p>Continued From page 5</p> <p>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>...</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> <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 8.370.5.7 NMAC, no later than twenty (20) calendar days from the first day of employment or effective date of a contractual relationship with</p>	8 016		

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8 016	<p>Continued From page 6</p> <p>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 Direct Care Staff (DCS):</p> <ol style="list-style-type: none"> 1. Were cleared by the Employee Abuse Registry (EAR) prior to hire. 2. Within 20 days of hire, the applicant submitted their application and fingerprints to the Caregivers Criminal History Screening Program (CCHSP). <p>These deficient practices could likely result in the █ (R #s █ residents identified on the census provided by the the House Manager on 09/30/24, to be at risk of harm or abuse if residents are being provided care by staff who may have a previous history of abusing, neglecting, and/or exploiting residents, and may be a convicted</p>	8 016		

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8 016	Continued From page 7 felon. The findings are: A. Record review of DCS #1's employee file (date of hire 06/25/23), revealed the facility did not ensure that DCS #1: 1. Received a clearance from the EAR prior to hire. 2. That the application and fingerprints were submitted to the CCHSP within 20 days of hire. B. Record review of DCS #2's employee file (date of hire 08/01/23), revealed the facility did not ensure that DCS #2: 1. Received a clearance from the EAR prior to hire. 2. That the application and fingerprints were submitted to the CCHSP within 20 days of hire. C. Record review of DCS #3's employee file (date of hire 07/12/24), revealed the facility did not ensure that DCS #3: 1. Received a clearance from the EAR prior to hire. 2. That the application and fingerprints were submitted to the CCHSP within 20 days of hire. D. On 09/30/24 at 1:55 pm, during an interview, the House Manager confirmed for DCS #s 1, 2, and 3, the facility did not ensure that DCS #s 1, 2, and 3: 1. Were cleared from the EAR prior to hire. 2. That the application and fingerprints were submitted to the CCHSP within 20 days of hire.	8 016	(8016 A.1.) EAR's are now being done by the Administrator prior to first date of employment. EAR's will be conducted once employee application is done and monitored weekly to ensure compliance, via CCHSP reporting. (By the Administrator) (8016 A.2.) The Administrator is now directing all Fingerprints to be done through Identi-Go within 20 days of first date of employment. Fingerprint compliance will be monitored weekly to ensure compliance. (By the Administrator) (8016 B.1.) EAR's are now being done by the Administrator prior to first date of employment. EAR's will be conducted once employee application is done and monitored weekly to ensure compliance, via CCHSP reporting. (By the Administrator) (8016 B.2.) The Administrator is now directing all Fingerprints to be done through Identi-Go within 20 days of first date of employment. Fingerprint compliance will be monitored weekly to ensure compliance. (By the Administrator) (8016 C.1.) EAR's are now being done by the Administrator prior to first date of employment. EAR's will be conducted once employee application is done and monitored weekly to ensure compliance, via CCHSP reporting. (By the Administrator) (8016 C.2.) The Administrator is now directing all Fingerprints to be done through Identi-Go within 20 days of first date of employment.	12/1/2024 12/1/2024 12/1/2024 12/1/2024
8 019	8 NMAC 370.14.19 Staffing Ratios The following staffing levels are the minimum	8 019	Fingerprint compliance will be monitored weekly to ensure compliance. (By the Administrator)	12/1/2024

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8 019	<p>Continued From page 8</p> <p>requirements.</p> <p>A. The facility shall employ the sufficient number of staff to provide the basic care, resident assistance and the required supervision based on the assessment of the residents' needs.</p> <p>(1) During resident waking hours, facilities shall have at least one direct care staff person on duty and awake at all times for each 15 residents.</p> <p>(2) During resident sleeping hours, facilities with 15 or fewer residents shall have at least one direct care staff person on duty, awake and responsible for the care and supervision of the residents.</p> <p>(3) During resident sleeping hours, facilities with 16 to 30 residents shall have at least one direct care staff person on duty and awake at all times and at least one additional staff person available on the premises.</p> <p>(4) During resident sleeping hours, facilities with 31 to 60 residents shall have at least two direct care staff persons on duty and awake at all times and at least one additional staff person immediately available on the premises.</p> <p>(5) During resident sleeping hours, facilities with more than 61 residents shall have at least three direct care staff persons on duty and awake at all times and one additional staff person immediately available on the premises for each additional 30 residents or fraction thereof in the facility.</p> <p>B. Upon request of the authority, the facility shall provide the staffing ratios per each 24 hour day for the past 30 days. [8.370.14.19 NMAC - N, 7/1/2024]</p> <p>This REQUIREMENT is not met as evidenced by: 8.370.14.19 A</p>	8 019	<p>(8016 D.) The House Manager on 09/30/2024 has been released from employment as this was part of her duties and responsibilities.</p> <p>EAR's are now being done by the Administrator prior to first date of employment.</p> <p>(8016 D. 1.) EAR's will be conducted once employee application is done and monitored weekly to ensure compliance, via CCHSP reporting. (By the Administrator)</p> <p>(8016 D. 2.) The Administrator is now directing all Fingerprints to be done through Identi-Go within 20 days of first date of employment.</p> <p>Fingerprint compliance will be monitored weekly to ensure compliance. (By the Administrator)</p> <p>(8019 A.) Casa Contenta will ensure there will be no Hoyer use (except 2 person shower from Hospice) During an emergency it has been determined by our facility and hospice, that 1 DCS can safely transfer resident from bed to W.C. during all hours. This has been communicated to all employees and new house manager by the Administrator and will be monitored by the Administrator.</p> <p>(8019 B.) ISP's will reveal only hospice shower aids will conduct 2 person Hoyer transfer. Facility staff may use 2 person Hoyer transfer during day but no Hoyer transfer at night.</p> <p>A training & observation has been done with 1 person No Hoyer transfer & found to be safe. This has been communicated to all employees and new house manager by the Administrator and will be monitored by the Administrator.</p> <p>(8019 C.) One DCS will suffice during overnight hours per Facility and Hospice nurse. This has been communicated to all employees and new house manager by the Administrator and will be monitored by the Administrator.</p> <p>(8019 D.) Resident has opportunity if wanted to get out of bed overnight hours as needed with 1 DCS transfer from bed to chair, No Hoyer needed. This has been communicated to all employees and new house manager by the Administrator and will be monitored by the Administrator.</p>	<p>12/1/2024</p> <p>12/1/2024</p> <p>12/1/2024</p> <p>12/1/2024</p> <p>12/1/2024</p> <p>12/1/2024</p> <p>12/1/2024</p> <p>12/1/2024</p>

Based on observation, record review, and

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RIO RANCHO, NM 87124

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8 019	<p>Continued From page 9</p> <p>interview, the facility failed to ensure for 1 (R ■) of 1(R ■) resident who required a 2-person assist for transfers, that the facility had two Direct Care Staff (DCS) working each shift.</p> <p>This deficient practice could likely place residents at risk for harm anytime the resident needs to be transferred, especially in an emergency evacuation situation in which timeliness is crucial.</p> <p>The findings are:</p> <p>A. On 09/30/24 at 10:50 am during an observation of R ■ room, a Hoyer lift (a device that helps caregivers transfer patients or individuals with limited mobility) was near the closet.</p> <p>B. Record review of R ■ Individual Service Plan (ISP) dated ■ revealed R ■ required the use of a Hoyer lift and facility staff will conduct a 2-person assist transfers.</p> <p>C. Record review of the staff schedules for the dates 07/29/24 through 10/06/24, revealed only one staff member scheduled to work the 12-hour night shift (7:00 pm - 7:00 am).</p> <p>D. On 10/07/24 at 10:45 am during an interview, ■ stated the following:</p> <ol style="list-style-type: none"> 1. "Sometimes one, sometimes two" DCS that transfer ■ during the day shift. 2. "They don't move me at night because there is only one person here, so they do not get me up at nighttime." <p>E. On 10/18/24 at 09:30 am, during an interview with the Administrator, she confirmed there was only one staff member scheduled per night shift.</p>	8 019	<p>(8019 E.) Only 1 DCS member will be on night shift moving forward. Facility will not allow DCS to operate Hoyer for any other resident. This has been communicated to all employees and new house manager by the Administrator and will be monitored by the Administrator.</p>	12/1/2024

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

CASA CONTENTA ASSISTED LIVING **4805 SOMBERETE ROAD SE**
RIO RANCHO, NM 87124

(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
8 020	Continued From page 10	8 020		
8 020	<p>8 NMAC 370.14.20 Admissions and Discharge</p> <p>The facility shall not admit or retain individuals that require 24 hour continuous nursing care, refer to Subsection U of 8.370.14.7 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> <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 hooyer 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>	8 020		

(1) Convene a team, comprised of:

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8 020	<p>Continued From page 11</p> <p>(a) the facility administrator and a facility health care professional if desired;</p> <p>(b) the resident or resident's surrogate decision maker; and</p> <p>(c) the hospice or home health clinician.</p> <p>(2) The team shall jointly determine if the resident should be admitted, readmitted or allowed to remain in the facility. Team approval shall be in writing, signed and dated by all team members and the approval shall be maintained in the resident's record and shall:</p> <p>(a) be based upon an individual service plan (ISP) which identifies the resident's specific needs and addresses the manner that such needs will be met;</p> <p>(b) ensure that if the facility is licensed for more than eight 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 (FSES);</p> <p>The facility shall not admit or retain individuals that require 24 hour continuous nursing care, refer to Subsection U of 8.370.14.7 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> <p>(6) tracheostomy care;</p> <p>(7) residents that present an imminent physical threat or danger to self or others;</p>	8 020		

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8 020	<p>Continued From page 12</p> <p>(8) residents whose psychological or physical condition has declined and placement in the current facility is no longer appropriate as determined by the PCP;</p> <p>(9) residents with a diagnosis that requires isolation techniques;</p> <p>(10) residents that require the use of a hooyer lift; and</p> <p>(11) ostomy (unless resident is able to provide self-care).</p> <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> <p>(1) Convene a team, comprised of:</p> <p>(a) the facility administrator and a facility health care professional if desired;</p> <p>(b) the resident or resident's surrogate decision maker; and</p> <p>(c) the hospice or home health clinician.</p> <p>(2) The team shall jointly determine if the resident should be admitted, readmitted or allowed to remain in the facility. Team approval shall be in writing, signed and dated by all team members and the approval shall be maintained in the resident's record and shall:</p> <p>(a) be based upon an individual service plan (ISP) which identifies the resident's specific needs and addresses the manner that such needs will be met;</p> <p>(b) ensure that if the facility is licensed for more than eight 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</p>	8 020		

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8 020	<p>Continued From page 13</p> <p>(FSES);</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>[8.370.14.20 NMAC - N, 7/1/2024]</p> <p>This REQUIREMENT is not met as evidenced by: 8.370.14.20 C 1 (a-c) C 2 (a, c)</p> <p>Based on record review and interview, the facility failed to ensure for 1 (R ■■■ of 3 (R ■■■, R ■■■ and R ■■■ residents whose records were reviewed for compliance:</p> <p>1. A team was convened comprised of: the facility administrator, the resident or resident's Power of Attorney (POA), and the hospice or home health</p>	8 020		

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8 020	<p>Continued From page 14</p> <p>clinician to jointly determine if the resident could be admitted or retained.</p> <p>2. The team jointly determined if the resident should be admitted, readmitted or allowed to remain in the facility. Team approval was in writing, signed and dated by all team members and the approval was maintained in the resident's record and:</p> <p style="padding-left: 20px;">a. was based upon an individual service plan (ISP) which identified the resident's specific needs and addressed the manner that such needs would be met;</p> <p style="padding-left: 20px;">c. evaluated and outlined how meeting the specific needs of the resident would impact the staff and the other residents;</p> <p>These deficient practices could likely result in harm to the resident if the level of care needed for the resident's health and well-being exceeds the level of care the facility is able to provide to the resident.</p> <p>The findings are:</p> <p>A. Record review of R [REDACTED] admission date [REDACTED] initial resident assessment, not dated Revealed R [REDACTED] was a 2-person assist.</p> <p>B. Record review of R [REDACTED] Individual Service Plan (ISP) dated [REDACTED] revealed R [REDACTED] required the use of a Hoyer lift (a device that helps caregivers transfer patients or individuals with limited mobility) and was a 2-person assist with transfers.</p> <p>C. Record review of R [REDACTED] admission agreement documents did not contain any documentation of meetings with the [REDACTED] agency, facility administration, and R [REDACTED] POA to jointly</p>	8 020	<p>(8020 A.) All resident admission paperwork will be signed & dated. This facility will no longer accept any resident that requires a 2 person transfer. The Administrator has final approval on all new admissions. The Administrator will ensure all admission paperwork is Signed & Dated</p> <p>(8020 B.) Hoyer lifts will only be permitted for 2 person Hospice staff to use. This has been communicated to all employees and new house manager by the Administrator and will be monitored by the Administrator.</p> <p>(8020 C.) All admission agreements shall contain documentation of meeting with hospice or home health agencies and facility administrator – Dated and Signed by POA, resident, Admin & clinician. The Administrator will ensure the admission agreement is dated & signed by appropriate representative & hospice or home health as needed.</p>	<p>12/15/2024</p> <p>12/15/2024</p> <p>12/15/2024</p>

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8 020	<p>Continued From page 15</p> <p>determine if the facility could meet R [REDACTED] additional needs (requiring a Hoyer lift and a 2-person assist for transfers) and that [REDACTED] could remain in the facility.</p> <p>D. On 10/07/24 at 10:00 am during an interview, the [REDACTED] stated that there should have been a meeting to jointly determine if the facility could meet the additional needs of R [REDACTED] that [REDACTED] could remain in the facility.</p> <p>E. On 10/07/24 at 10:45 am during an interview, R [REDACTED] wants to be up more; however, the staff will not get her up out of bed at night (between the hours of 7:00 pm and 7:00 am) because there is only one staff member working and [REDACTED] requires a 2-person assist.</p> <p>F. On 10/10/24 at 2:00 pm during an interview, the Administrator confirmed there was a two-week assessment completed for R [REDACTED] but there was not a meeting to jointly determine if the facility could meet the additional needs of R [REDACTED]</p> <p>G. On 10/18/24 at 9:20 am, during an interview, the Administrator confirmed she did not have two staff working at night for R [REDACTED] who requires a Hoyer lift and was a 2-person assist with transfers.</p>	8 020	<p>(8020 D.) Addressed R1 needs and determined she may remain in facility using 1 DCS at facility and 2 DCS Hospice shower aides for showers. (Training conducted which determined that we can safely transfer resident w/o a Hoyer. This has been communicated to all employees and new house manager by the Administrator and will be monitored by the Administrator.</p> <p>(8020 E.) All residents at the facility are encouraged to be up, (not in bed) during non-sleeping hours, whether during the day or night. This has been communicated to all employees and new house manager by the Administrator and will be monitored by the Administrator.</p> <p>(8020 F.) Facility assessments will be done before resident moves in, to determine level of care. After assessment & before resident moves in, if on hospice or H.H. there will be a care plan meeting to determine if facility can meet any additional needs. Meeting will consist of Admin, Clinician and resident or POA. The Administrator will ensure the admission agreement is dated & signed by appropriate representative.</p>	12/1/2024
8 026	<p>8 NMAC 370.14.26 Individual Service Plan</p> <p>An ISP shall be developed and implemented within 10 calendar days of admission for each resident residing in the facility.</p> <p>A. The ISP shall address those areas of need as identified in the resident evaluation and through staff observation</p>	8 026	<p>(8020 G.) A meeting with Administrator, Hospice Clinician, and resident, plus training, has been determined a 1 person assist with transfers can be done safely. No Hoyer will be used by DCS staff. This has been communicated to all employees and new house manager by the Administrator and will be monitored by the Administrator.</p>	12/1/2024

(1) The ISP shall detail the services that are

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RIO RANCHO, NM 87124

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8 026	<p>Continued From page 16</p> <p>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 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>[8.370.14.26 NMAC - N, 7/1/2024]</p> <p>This REQUIREMENT is not met as evidenced by: 8.370.14.26 B (1)</p> <p>Based on record review and interview, the facility failed to ensure for 1 (R [REDACTED] of 3 (R [REDACTED] and R [REDACTED] residents whose Individual Service Plans (ISPs) were reviewed for compliance, that the</p>	8 026		

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8 026	<p>Continued From page 17</p> <p>resident's ISP included a description of identified needs as noted in the resident evaluation.</p> <p>This deficient practice could likely cause harm to the resident if the Direct Care Staff (DCS) are unaware of resident needs identified in the evaluation and cannot provide adequate care.</p> <p>The findings are:</p> <p>A. Record review of R [REDACTED] initial assessment (not dated) revealed R [REDACTED] had a [REDACTED]</p> <p>B. Record review of R [REDACTED] Individual Service Plan (ISP) dated [REDACTED] revealed the [REDACTED] identified on the assessment (not dated) was not documented on the ISP.</p> <p>C. On 10/10/24 at 02:40 pm, during an interview, the Administrator confirmed R [REDACTED] ISP did not include [REDACTED]</p>	8 026		
8 033	<p>8 NMAC 370.14.33 Resident Rights</p> <p>All licensed facilities shall understand, protect and respect the rights of all residents.</p> <p>A. Prior to admission to a facility, a resident and legal representative shall be given a written description of the legal rights of the resident, translated into another language, if necessary, to meet the resident's understanding.</p> <p>B. If the resident has no legal representative and is incapable of understanding his or her legal rights, a written copy of the resident's legal rights shall be provided to the most significant</p>	8 033		

responsible party in the following order:

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8 033	<p>Continued From page 18</p> <ul style="list-style-type: none"> (1) the resident's spouse; (2) significant other; (3) any of the resident's adult children; (4) the resident's parents; (5) any relative the resident has lived with for six or more months before admission; (6) a person who has been caring for, or paying benefits on behalf of the resident; (7) a placing agency; (8) resident advocate; or (9) the ombudsman. <p>C. The resident rights shall be posted in a conspicuous public place in the facility and shall include the telephone numbers for the incident management hotline and for the state ombudsman program.</p> <p>D. To protect resident rights, the facility shall:</p> <ul style="list-style-type: none"> (1) treat all residents with courtesy, respect, dignity and compassion; (2) not discriminate in admission or services based on gender, sexual orientation, resident's age, race, religion, physical or mental disability, or nationality; (3) provide residents written information about all services provided by the facility and their costs and give advance written notice of any changes; (4) provide residents with a safe and sanitary living environment; (5) provide humane care for all residents; (6) provide the right to privacy, including privacy during medical examinations, consultations and treatment; (7) protect the confidentiality of the resident's medical record; (8) protect the right to personal privacy, including privacy in personal hygiene; privacy during visits with a spouse, family member or other visitor; and privacy in the resident's own room; (9) protect the right to communicate privately and 	8 033		

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8 033	Continued From page 19 freely with any person, including private telephone conversations and private correspondence; and the right to receive visits from family, friends, lawyers, ombudsmen and community organizations; (10) prohibit the use of any and all physical and chemical restraints; (11) ensure that residents: (a) are free from physical and emotional abuse neglect and misappropriation/or exploitation; (b) are free from financial abuse and misappropriation by facility staff or management; (c) are free to participate in religious, social, community and other activities and freely associate with persons in and out of the facility; (d) are free to leave the facility and return without unreasonable restriction; (e) are given a 15 calendar day, written notice before room transfers or discharge from the facility unless there is immediate danger to self or others in the facility; (f) have an environment that fosters social interaction and avoids social isolation; (g) or their surrogate decision makers, are informed of and consent to the services provided by the facility; (h) have the right to voice grievances to the facility staff, public officials, the ombudsmen, any state agency, or any other person, without fear of reprisal or retaliation; (i) have the right to have their complaints addressed within 14 calendar days or sooner; (j) have the right to participate in the development of their care plan/ISP; (k) have the right to choose a doctor, pharmacist and other health care provider(s); (l) have the right to participate in medical treatment decisions and formulate advance directives such as living wills and powers of	8 033		

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RIO RANCHO, NM 87124

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8 033	<p>Continued From page 20</p> <p>attorney;</p> <p>(m) have the right to keep and use personal possessions without loss or damage;</p> <p>(n) have the right to manage and control their personal finances;</p> <p>(o) have the right to freely organize and participate in a resident association that may recommend changes in the facility's policies, services and management;</p> <p>(p) shall not be required to work for the facility; and</p> <p>(q) are protected from unjustified room transfers or discharge.</p> <p>E. The resident's rights shall not be restricted unless this restriction is for the health and safety of the resident, agreed to by the resident or the resident's surrogate decision maker and outlined in the resident's individual service plan. [8.370.14.33 NMAC - N, 7/1/2024]</p> <p>This REQUIREMENT is not met as evidenced by: 8.370.14.33 D (11) (a) Based on record review and interview, the facility failed to ensure that 1(R# [REDACTED]) of 1(R# [REDACTED]) resident was free from physical neglect while in respite care at the facility by not changing [REDACTED] when soiled. (Respite care provides short-term relief for primary caregivers, giving them time to rest, travel, or spend time with other family and friends. The care may last anywhere from a few hours to several weeks at a time. Respite care can take place at home, in a health care facility, or at an adult day care center).</p> <p>This deficient practice could likely result in the [REDACTED] (R #s [REDACTED] residents identified on the census provided by the House Manager on 09/30/24, to be at risk of harm if staff are not changing residents when they become soiled.</p>	8 033		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5881	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/18/2024
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

CASA CONTENTA ASSISTED LIVING 4805 SOMBERETE ROAD SE
RIO RANCHO, NM 87124

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8 033	Continued From page 22 C. On 10/15/24 at 1:27 pm, during an interview, the House Manager (HM) confirmed the following: 1. She met R [REDACTED] for the first time on [REDACTED] and was not familiar with [REDACTED]. 2. [REDACTED] was informed by facility staff that when other DCS tried to clean/change R [REDACTED] would push them away and was calling out in [REDACTED]. Not knowing what R [REDACTED] was saying and appearing to be aggressive, other DCS did not pursue attempting to [REDACTED]. [REDACTED] 01/30/24, R [REDACTED] family moved him out of the facility.	8 033	(8033 C.1.) All facility staff including the HM, will have an ISP to read and sign/date before move in, including Respite Care The ISP will be provided by the Administrator to the HM no later than actual move in day. The will be monitored by the Administrator. (8033 C.2.) HCG will call HM or Administrator with all questions or concerns – if respite/long term resident is deemed unable to stay at facility family will be notified. Facility staff will redirect an aggressive resident and call HM or Administrator. This has been communicated to all employees and new house manager by the Administrator and will be monitored by the Administrator. (8033 C.3.) Family was notified and moved resident out. Family will be notified right away with any incident and a PoC made between POA & Administrator (move out or stay). Incident report will be made by DCS involved & administrator. This has been communicated to all employees and new house manager by the Administrator and will be monitored by the Administrator.	12/15/2024 12/1/2024 12/1/2024