Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5873	A. BUILDING: _____ B. WING _____	C 10/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARISTOCRAT OPERATING COMPANY I, LLC	252 ROBERT H BRADLEY DRIVE ALAMOGORDO, NM 88310

(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 a Full/Complaint survey conducted on 10/27/22 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living for Adults. Complaint NM #43184 was investigated with no deficiencies cited. Complaint NM #54671 was investigated with deficiencies cited. Complaint NM #56530 was investigated with deficiencies cited.	A 000		
A 032	7 NMAC 8.2.32 Reporting of Incidents REPORTING OF INCIDENTS: A. The facility shall insure that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 7.1.13 NMAC. (1) The facility shall also report any incident or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within twenty-four (24) hours or by the next business day, if it is a weekend or a holiday. (2) The facility shall not delay a report to the complaint hotline while an internal investigation is conducted. B. The facility is responsible for conducting and documenting the investigation of all incidents within five (5) business days and shall submit a copy of the investigation report to the licensing authority. A copy of the report and the documentation, including the date and time that it was submitted to the licensing authority, shall be maintained on file at the facility. The investigation shall include the following: (1) a narrative description of the incident; (2) the result of the facility's investigation shall be	A 032	In Service was completed with the facility nurses All incidents will be Reported in a timely manner. State Reportable Along with 5 Day follow-up and investigations. Files our maintained in binders in ~~Dents~~ Administraters office and building 2 office. Ongoing monitoring by Nurses.	11/1/22 ongoing

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

Division of Health Improvement

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A 032	Continued From page 1 recorded on the state approved incident report form for the current year, pursuant to 7.1.13 NMAC; and (3) plans for further actions in response to the incident. [7.8.2.32 NMAC - Rp, 7.8.2.32 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: Surveyor: Fleming, Tammy 7.8.2.32 A (1-2) B (1-3) Based on record review and interview, the facility failed to ensure for 2 (R #s 5 - 6) of 7 (R #s 1-7) residents whose resident records were reviewed for compliance that all suspected cases or known incidents of resident abuse, neglect or exploitation were reported to the Licensing Authority, investigated internally, and that documentation of the unusual occurrence (fall with injury/unknown injuries etc) investigation was submitted to the Licensing Authority within five (5) business days. This deficient practice could likely cause residents to be at risk for harm, injury, or death if there is no oversight by the Licensing Authority. The findings are: A. Record review of Complaint Intake #56530, dated 03/07/22, revealed that on 01/03/22, Adult Protective Services (APS) reported that they were contacted by an unnamed person, on an undisclosed date, who reported that upon entering the Memory Care Facility they observed R #5 and documented: 1. R #5 [redacted]	A 032		

Division of Health Improvement

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A 032	Continued From page 2 2. The [redacted] was of an unknown nature and could have been due to abuse or a fall. 3. Neglect was observed. 4. The facility had no documentation concerning the bruising. B. Record review of R #5's resident records, revealed no documentation that the facility: 1. Self-report the incident to the Licensing Authority within 24 hours or the next business day if a holiday or weekend. 2. Conducted an internal investigation. 3. Submitted a follow-up investigation report to the Licensing Authority within 5 business days from the date of the incident. C. Record review of Complaint Intake #54671 dated 09/29/21, revealed that on 09/26/21, R #6 was involved in an unwitnessed incident in which the staff were unable to locate the resident inside the facility and at an undocumented time the resident was found by a staff member (name unknown) in the courtyard outside of the facility with [redacted] D. Record review of R #6's resident records, revealed no documentation that the facility: 1. Self-report the incident to the Licensing Authority within 24 hours or the next business day if a holiday or weekend. 2. Conducted an internal investigation. 3. Submitted a follow-up investigation report to the Licensing Authority within 5 business days from the date of the incident. E. On 10/26/22 at 9:42 am, during an interview with the Facility Nurse she confirmed that there was no documentation of: 1. R #5s 01/03/22 unusual occurrence/incident being investigated or reported to the Licensing	A 032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 032	Continued From page 3 Authority available for review at the facility. 2. R #6's 09/26/21 unusual occurrence/incident investigated or reported to the Licensing Authority available for review at the facility.	A 032		

Section #2

1. Department of Health Notification
2. Criminal History Certificate
   (Only if Fingerprints done and waiting on results)
3. Abuse Registry Clearance
4. Background Check Authorization and Release Form

Addendum:

DOH Clearance requirement was NOT completed by prior Administrative. It was completed by Acting Administrator on 12/2023. Luz Haro

November 4th,2022

DOH Reg.

7.8.2.32

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:

In Service was completed on a one on one with facility nurses; regarding the 5 day follow up, submitted on a timely manner per state regulations.

Signature: Linda Caporaletti Date: 11/4/22

Name of Consumer	First: John	Middle:	Last: Doe	SSN: 555-55-5555	Date of Incident: 10-31-2022

After the Incident:

Pt. sent to E.R. Via EMS for Eval/Tx

Person Completing Sections 1& 2

Confidentiality Desired:	Name:	Agency:	Title/Relationship:	Phone:	Date Completed:	Time Completed
☐ Yes ☒ No	Linda Corporol	ARISTOCRAT	Director	575-437-3020	11-01-22	9:15am

SECTION 3 – AGENCY / FACILITY INFORMATION

Reporting Agency:	Aricstocrat OP1		Incident Coordinator:	Linda Corporol
Address: 252 Robert H Bradley	City: Alaamogordo	Zip: 88310	County: Dona Ana	Phone: 575-437-3020

SECTION 4 – ADMINISTRATIVE INFORMATION

*Check the applicable box(s) below:

☐ ICFMR ☐ Diagnostic & Treatment Facility ☐ Limited Diagnostic & Treatment Facility ☐ Specialty Hospital

☒ Adult Residential Care Facility ☐ Home Health ☐ Hospice ☐ Nursing Facility ☐ Other

INITIAL ACTIONS TAKEN BY THE AGENCY/FACILITY TO ASSURE HEALTH & SAFETY:

Pt. sent To Hospital

PLANS FOR FURTHER ACTIONS IN RESPONSE TO THE INCIDENT:

Pending D/C

SECTION 5 – NOTIFICATIONS

Always notify DOH/DHI within 24 hours via FAX: (888-576-0012) or e-mail: incident.management@state.nm.us

Legal Guardian ☐ None ☒ Notified	Guardian Name & Phone #: Fred Filnstone	Date: 10/31/22	Time: 730am	Person Making Contact: Linda Corporol	
	Street Address: PO Box 1030	City: Alamogordo		State: NM	Zip: 88310
Other ☐ None ☐ Notified	Name & Phone #:	Date:	Time:	Person Making Contact:	
	Street Address:	City:		State:	Zip:

Person Completing Sections 3, 4 & 5:

Name: Linda Corporol	Title/Relationship: Director	Phone: 575-437-3020	Date Completed: 10/31/22	Time Completed: 730am

By typing your name below you are effectively signing this document. Your typed name is acceptable as a replacement for your written signature.

Name: Date:

SUSANA MARTINEZ, GOVERNOR

NEW MEXICO DEPARTMENT OF HEALTH

LYNN GALLAGHER, SECRETARY DESIGNATE

Name of Facility: Aristo Cat Assisted Living
Address: 252 Robert H Bradley Phone # 575-437-3020 License# 5729
Administrator Name: Linda Corporal

COMPLAINT NARRATIVE INVESTIGATION FOLLOW-UP REPORT (5 day)

Resident Name: John Doe **Date of incident:** 10/31/22

Brief Summary of incident: (use additional pages in needed)
Resident, Found on floor in Room

Facility Action after the incident: (use additional pages in needed)
Resident was sent to the hospital for evaluation.

Future Preventative/Corrective Action for resident(s) health and safety:
(use additional pages in needed)
Resident to be monitored every 2° hours. Kept hydrated Medication evaluation

Conclusion:

If allegations of abuse/neglect/exploitation: Substantiated or Unsubstantiated

Report completed by:

Linda Corporal LPO

SEND THE 5 DAY FOLLOW UP REPORT TO:
DHI COMPLAINTS UNIT, PO BOX 26110, SANTA FE, NM 87505.
ALTERNATELY, YOU MAY FAX IT TO 888-576-0012
• http://www.dhi.health.state.nm.us

ACCREDITED HEALTH DEPARTMENT • PHAB • PUBLIC HEALTH ACCREDITATION BOARD

November 4th,2022

DOH Reg.

7.8.2.32

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In Service was completed on a one on one with facility nurses; regarding the 5 day follow up, submitted on a timely manner per state regulations.

Signature: M. Armstrong Date: 11/4/22

Revised 04/08/09 | New Mexico Department of Health | DOH/DHI Use Only

HFL&C INCIDENT REPORT (SFY 2010) Case #:

SECTION 1 – CONSUMER INFORMATION

Name of Consumer	First: John	Middle:	Last: Doe		
Social Security #	555-55-5555	Gender: ☒ Male ☐ Female		DOB	
Residence Address	Street Address:	City:	Zip:	Phone:	

Consumer Competency Level: ☐ High ☐ Moderate ☐ Low

ADLs (Resident Needs Assistance With) Check All That Apply: ☐ Walking ☐ Wheelchair ☐ Bathing ☐ Eating ☐ Transfer ☐ Total Care ☐ None

Verbal ☐ Yes ☐ No

Diagnosis(es): dementia, Neurophathy, BPH

Name of Doctor & Phone #: Dr Nushoroni (575)555-5555

SECTION 2 – DESCRIPTION OF INCIDENT *(Staff person with the most direct knowledge of incident fills out this section.)*

TYPE OF ALLEGED INCIDENT

☐ Abuse N/A ☐ Neglect ☐ Exploitation ☐ Injuries of Unknown Origin

Person responsible for individual's care at time of incident: Michelle Armstrong

Has this happened before? ☐ Yes ☒ No

Was anyone else present at the time of the incident: ☐ Yes ☒ No If Yes, Identify below:

Name:	Title or Relationship:	Phone:
Name:	Title or Relationship:	Phone:

Date Incident Occurred: 11-1-2022 Time: 10am ☒ AM ☐ PM ☐ Unknown

Before the Incident:

Pt. was in the room

During the Incident:

Pt. was found on the floor with a laceration to the LT side of the head

SUSANA MARTINEZ, GOVERNOR

NEW MEXICO DEPARTMENT OF HEALTH

LYNN GALLAGHER, SECRETARY DESIGNATE

Name of Facility: The Aristocrat
Address: 252 Robert H Bradley Dr **Phone #** 575-437-3000 **License#** 5729
Administrator Name: Alamogordo, Nm 88310 Linda Corporal

COMPLAINT NARRATIVE INVESTIGATION FOLLOW-UP REPORT (5 day)

Resident Name: John Doe **Date of incident:** 11-1-22

Brief Summary of incident: (use additional pages in needed)
Resident in room, found on floor. C laceration to (L) side of head, Sent to ER via EMS for Eval / tx

Facility Action after the incident: (use additional pages in needed)
monitor resident Q 2° when returned from ER and monitor incision for S/S infection

Future Preventative/Corrective Action for resident(s) health and safety:
(use additional pages in needed)

Staff to monitor Resident Q 2° for Safety and toileting

Conclusion: Resident was transferring w/o assistance, did not ask for help D/T Dementia and fell to floor, hitting head. Sent to ER for Eval + tx + Sent back to facility. Caregivers / Med Tech to monitor Q 2°

If allegations of abuse/neglect/exploitation: Substantiated or Unsubstantiated

Report completed by:

M. Armstrong

SEND THE 5 DAY FOLLOW UP REPORT TO:
DHI COMPLAINTS UNIT, PO BOX 26110, SANTA FE, NM 87505.
ALTERNATELY, YOU MAY FAX IT TO 888-576-0012
• http://www.dhi.health.state.nm.us

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Aristocrat Operating Company

November 4th, 2022

Safe Storage Chemicals

DOH Regulations:

DOH Reg. # 7.8.2.38

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.

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.

I understand that by signing, I agree that I won't leave any chemicals lying around or if I see any I will store them in their proper place per regulation noted above.

Employee Signature: Linda Corporal Date: 11/4/22

Aristocrat Operating Company

November 4th, 2022

MA Jameson

Safe Storage Chemicals

DOH Regulations:

DOH Reg. # 7.8.2.38

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I understand that by signing, I agree that I won't leave any chemicals lying around or if I see any I will store them in their proper place per regulation noted above.

Employee Signature: _____ Date: 11.04.22