

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5712	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/06/2019
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NAME OF PROVIDER OR SUPPLIER SENIOR LIVING SYSTEMS	STREET ADDRESS, CITY, STATE, ZIP CODE 5 THOMAS ROAD BUILDING II LOS LUNAS, NM 87031
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A 000	<p>Initial Comments</p> <p>Deficiencies were cited as a result of a Complaint survey completed on 09/06/19 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living Facilities.</p> <p>Complaint Intake NM#32352 was substantiated with deficiencies cited</p>	A 000		
A 017	<p>7 NMAC 8.2.17 Staff Training</p> <p>STAFF TRAINING:</p> <p>A. Training and orientation for each new employee and volunteer that provides direct care shall include a minimum of sixteen (16) hours of supervised training prior to providing unsupervised care for residents.</p> <p>B. Documentation of orientation and subsequent trainings shall be kept in the personnel file at the facility.</p> <p>C. Training shall be provided at orientation and at least twelve (12) hours annually, the orientation, training and proof of competency shall include:</p> <ol style="list-style-type: none"> (1) fire safety and evacuation training; (2) first aid; (3) safe food handling practices (for persons involved in food preparation), to include: <ol style="list-style-type: none"> (a) instructions in proper storage; (b) preparation and serving of food; (c) safety in food handling; (d) appropriate personal hygiene; and (e) infectious and communicable disease control; (4) confidentiality of records and resident information; (5) infection control; (6) resident rights; (7) reporting requirements for abuse, neglect or exploitation in accordance with 7.1.13 NMAC; (8) smoking policy for staff, residents and visitors; (9) methods to provide quality resident care; 	A 017		

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

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A 017	<p>Continued From page 1</p> <p>(10) emergency procedures; (11) medication assistance, including the certificate of training for staff that assist with medication delivery; and (12) the proper way to implement a resident ISP for staff that assist with ISPs.</p> <p>D. If a facility provides transportation to residents, employees of the facility who drive vehicles and transport residents shall have training in transportation safety for the elderly and disabled, including safe vehicle operation. [7.8.2.17 NMAC - Rp, 7.8.2.17 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.17 A B</p> <p>Based on record review and interview the facility failed to ensure that the Direct Care Staff (DCS) had documentation of completing 16 hours of supervised training prior to working independently with residents. This deficient practice has the potential for all 13 (R #s 1-13) residents to be at risk of harm or injury if DCS have not received training on the proper methods of providing care and services. The findings are:</p> <p>A. Record review of DCS #3's employee file (date of hire 08/28/15), revealed no documentation in the employee's file of completing the 16 hours of supervised training prior to working interdependently with residents.</p> <p>B. Record review of DCS #4's employee file (date of hire 04/29/19), revealed no documentation in the employee's file of completing the 16 hours of supervised training prior to working interdependently with residents.</p>	A 017		

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A 017	Continued From page 2 C. On 09/06/19 at 11:35 am, during an interview with the Manager, she confirmed that DCS #s 3 & 4 employee files revealed no documentation in the employee's file of completing the 16 hours of supervised training prior to working interdependently with residents.	A 017		
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;	A 020		

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A 020	<p>Continued From page 3</p> <p>(11) the facility's bed hold policy; and (12) the admission agreement may be terminated if an appropriate placement is found for the resident, under the following circumstances: (a) there shall be a fifteen (15) day written notice of termination given to the resident or his or her surrogate decision maker, unless the resident requests the termination; (b) the resident has failed to pay for a stay at the facility as defined in the admission agreement; (c) the facility ceases to operate or is no longer able to provide services to the resident; (d) the resident's health has improved sufficiently and therefore no longer requires the services of the facility; (e) termination without prior notice is permitted in emergency situations for the following reasons: (i) the transfer or discharge is necessary for the resident's safety and welfare; (ii) the resident's needs cannot safely be met in the facility; or (iii) the safety and health of other residents and staff in the facility are endangered; (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 (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</p>	A 020		

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

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A 020	<p>Continued From page 5</p> <p>writing, signed and dated by all team members and the approval shall be maintained in the resident's record and shall:</p> <p>(a) be based upon an individual service plan (ISP) which identifies the resident's specific needs and addresses the manner that such needs will be met;</p> <p>(b) ensure that if the facility is licensed for more than eight (8) residents and does not have complete fire sprinkler coverage, the facility shall maintain an evacuation rating score of prompt as determined by the fire safety equivalency system (FSSES);</p> <p>(c) evaluate and outline how meeting the specific needs of the resident will impact the staff and the other residents; and</p> <p>(d) include an independent advocate such as a certified ombudsman if requested by the resident, the family or the facility.</p> <p>(3) The team recommendation shall be maintained on site in the resident ' s file.</p> <p>(4) When a resident is discharged, the facility shall record where the resident was discharged to and what medications were released with the resident.</p> <p>D. Coordination of care.</p> <p>(1) Assisted living facilities shall have evidence of care coordination on an ISP for all services that are provided in the facility by an outside health care provider, such as hospice or home health providers.</p> <p>(2) Residents shall be given a list of providers, including hospice and home health if applicable, and have the right to choose their provider. If applicable, the referring party shall disclose any ownership interest in a recommended or listed 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 6</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.20 A (5) (12) (a)</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.--</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</p>	A 020		

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A 020	<p>Continued From page 7</p> <p>and the amount of belongings does not preclude renting the unit, the facility may clear the unit and charge the resident's estate for moving and storing the items at a rate equal to the actual cost to the facility, not to exceed ten percent of the regular rate for the unit; provided that the responsible party for the resident is given notice at least one week before the resident's belongings are removed. If the resident's belongings are not claimed within forty-five days after notification, the facility may dispose of them.</p> <p>C. For the purposes of this section, "assisted living facility" means a facility required to be licensed as an assisted living facility for adults by the department of health."</p> <p>SECTION 2. EMERGENCY.--It is necessary for the public peace, health and safety that this act take effect immediately.</p> <p>Based on record review and interview, the facility failed to ensure for 4 (R #'s 1-4) of 4 (R #'s 1-4) residents whose Admission Agreements were reviewed for compliance that they included:</p> <ol style="list-style-type: none"> 1. A refund upon death policy that was in compliance with 7 NMAC 7.8.2.20 and Senate Bill (SB) 0335 - 2013. 2. The admission agreement may be terminated if an appropriate placement is found for the resident. 3. That 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>These deficient practices have the potential for all residents to be at risk of:</p> <ol style="list-style-type: none"> 1. The resident's estate to not be aware of refunds due to the estate or charges that can accrue to the facility after the resident's death. 	A 020		

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A 020	<p>Continued From page 8</p> <p>2. Being discharged before an appropriate placement has been found.</p> <p>3. That a (15) day written notice of termination shall be given to the resident or his or her surrogate decision maker, unless the resident requests the termination.</p> <p>The findings are:</p> <p>A. Record Review of R #s 1-4 Admission Agreements revealed that they did not include:</p> <p>1. A refund upon death policy that was in compliance with the Regulations for Assisted Living Facilities NMAC 7.8.2.20 and Senate Bill (SB) 0335 - 2013.</p> <p>2. The admission agreement may be terminated if an appropriate placement is found for the resident.</p> <p>3. 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. On 09/06/19 at 11:02 pm, during an interview with the Manager, she confirmed that the Admission Agreements for 4(R #s 1-4) were missing the above listed information.</p>	A 020		
A 021	<p>7 NMAC 8.2.21 Resident Records</p> <p>RESIDENT RECORDS:</p> <p>A. Record contents. A record for each resident shall be maintained in accordance with the specific requirements of this section. Entries in each resident's record shall be legible, dated and authenticated by the signature of the person making the entry. Resident records shall be readily available on site and organized utilizing a table of contents. Each resident record shall</p>	A 021		

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A 021	Continued From page 9 include: (1) the admission agreement records, as set forth in 7.8.2.20 NMAC; (2) the resident evaluation form, that is to be completed within fifteen (15) days prior to admission and updated at a minimum of every six (6) months; (3) the current ISP, that is to be completed within ten (10) calendar days of admission and updated at a minimum of every six (6) months; (4) the physical examination report; the physical examination report shall have been completed within the past six (6) months, by a primary care physician, a nurse practitioner or a physician ' s assistant and shall be on file in the resident ' s record within ten (10) days of admission; (5) personal and demographic information for the resident, to include: (a) current names, addresses, relationship and phone numbers of family members, or surrogate decision makers updated as necessary; (b) resident's name; (c) age; (d) recent photograph; (e) marital status; (f) date of birth; (g) sex; (h) address prior to admission; (i) religion (optional); (j) personal physician; (k) dentist; (l) social history; (m) surrogate decision maker or other emergency contact person; (n) language spoken and understood; (o) legal documentation relevant to commitment or guardianship status; (p) current medications list; and (q) required diet;	A 021		

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A 021	<p>Continued From page 10</p> <p>(6) unless included in the admission agreement, a separate written agreement between the facility and the resident relating to the resident's funds, in accordance with the facility's policy and procedures;</p> <p>(7) entries by direct care staff, appropriate health care professionals and others authorized to care for the resident; entries shall be dated and signed by the person making the entry and shall include significant information related to the ISP;</p> <p>(8) entries that provide a written account of all accidents, injuries, illnesses, medical and dental appointments, any problems or improvements observed in the resident, any condition that would indicate a need for alternative placement or medical attention and entries reflecting appropriate follow-up; the maintenance of such written documentation in the resident record may be by copy of an incident or accident report, if the original incident or accident report is maintained elsewhere by the facility;</p> <p>(9) the medication assistance record (MAR); the MAR is the document that details the resident's medication; the MAR shall include all of the information pursuant to Subsection G of 7.8.2.35 NMAC of this rule;</p> <p>(10) progress notes completed by any contract agency (e.g., hospice, home health); the progress notes shall include the date, time and type of health services provided;</p> <p>(11) copies of all completed and signed transfer forms from the accepting facility when a resident is transferred to a hospital or another health care facility and when the resident is transferred back to the facility; and</p> <p>(12) upon the death or transfer of a resident, documentation of the disposition of the resident's personal effects and money or valuables that are deposited with the assisted living facility.</p>	A 021		

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A 021	<p>Continued From page 11</p> <p>B. Resident records maintenance.</p> <p>(1) Current resident records shall be maintained on-site and stored in an organized, accessible and permanent manner.</p> <p>(2) The facility shall establish a policy to maintain and ensure the confidentiality of resident records, including the authorized release of information from the resident records.</p> <p>(3) Non-current resident records shall be maintained by the facility against loss, destruction and unauthorized use for a period of not less than five (5) years from the date of discharge and readily available within twenty-four (24) hours of request.</p> <p>(4) There shall be a policy and procedure in place for record retention in the event of facility closure.</p> <p>(5) Failure to follow facility policies is grounds for sanctions.</p> <p>[7.8.2.21 NMAC - Rp, 7.8.2.22 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.21 A (5) (a) (c) (e) (h) (j-m) (o-q)</p> <p>Based on record review and interview the facility failed to ensure that 2 (R #s 2 and 4) of 4 (R #s 1-4) resident files reviewed for compliance have the required personal and demographic information, to include:</p> <ol style="list-style-type: none"> 1. Current names, addresses, relationship and phone numbers of family members, or surrogate decision makers updated as necessary 2. Age 3. Marital status 4. Address prior to admission 5. Personal physician 6. Dentist. 	A 021		

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A 021	<p>Continued From page 12</p> <ol style="list-style-type: none"> 7. Social history. 8. Surrogate decision maker or other emergency contact person 9. Legal documentation relevant to commitment or guardianship status 10. Current medications list 11. Required diet <p>This deficient practice could result in a delay in care or harm to the residents if documents or important information is missing from the residents' records. The findings are:</p> <p>A. Record review of R #2's resident file revealed, the following personal/demographic information was missing:</p> <ol style="list-style-type: none"> 1. Dentist 2. Required diet <p>B. Record review of R #4's file revealed, the following personal/demographic information was missing:</p> <ol style="list-style-type: none"> 1. Current names, addresses, relationship and phone numbers of family members, or surrogate decision makers updated as necessary 2. Age 3. Marital status 4. Address prior to admission 5. Personal physician 6. Dentist. 7. Social history. 8. Surrogate decision maker or other emergency contact person 9. Legal documentation relevant to commitment or guardianship status 10. Current medications list 11. Required diet <p>C. On 09/06/19 at 11:06 am, during an interview</p>	A 021		

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A 021	Continued From page 13 with the Manager, she confirmed that R #s 2 & 4 residents' files were incomplete and missing the above listed personal/demographic information.	A 021		
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 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	A 022		

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A 022	<p>Continued From page 14</p> <p>served, including snacks;</p> <p>(9) record of monthly fire drills conducted at the facility and the fire safety evaluation system (FSES) rating, if applicable;</p> <p>(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 include 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:</p> <p>(a) an emergency that affects just the facility; and</p> <p>(b) a region/area wide emergency;</p> <p>(11) a copy of this rule, Requirements for Assisted Living Facilities for Adults, 7.8.2 NMAC);</p> <p>(12) for facilities with two or more residents (that are not related to the owner), a valid custodial 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</p> <p>(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</p>	A 022		

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A 022	<p>Continued From page 15</p> <p>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 following areas:</p> <p>(1) actions to be taken in case of accidents or emergencies;</p> <p>(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;</p> <p>(3) policy for medication errors;</p> <p>(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.);</p> <p>(5) the handling of resident's funds, if the facility provides such services;</p> <p>(6) reporting of incidents, including abuse, neglect and misappropriation of property, injuries</p>	A 022		

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A 022	<p>Continued From page 16</p> <p>of unknown cause, environmental hazards and law enforcement interventions in accordance with 7.1.13 NMAC;</p> <p>(7) reporting and investigating internal complaints;</p> <p>(8) reporting and investigating complaints to the incident management bureau;</p> <p>(9) staff and resident fire and safety training;</p> <p>(10) smoking policy for staff, residents and visitors;</p> <p>(11) the facility's bed hold policy;</p> <p>(12) admission agreement;</p> <p>(13) admission records;</p> <p>(14) resident records including maintenance and record retention if the facility closes;</p> <p>(15) program narrative;</p> <p>(16) resident's rights with regard to making health care decisions and the formulation of advance directives;</p> <p>(17) personnel policies;</p> <p>(18) identifying and safeguarding resident possessions;</p> <p>(19) securing medical assistance if a resident's own physician is not available;</p> <p>(20) staff training appropriate to staff responsibilities;</p> <p>(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;</p> <p>(22) witnessed destruction of unused, outdated or recalled medication by the facility administrator with the consulting pharmacist present; and</p> <p>(23) mealtimes, daily snacks, menus, special diets, resident's personal preference for eating alone or in the dining room setting.</p> <p>[7.8.2.22 NMAC - Rp, 7.8.2.23 NMAC, 01/15/2010]</p>	A 022		

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A 022	<p>Continued From page 17</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.22 A (10)</p> <p>Based on record review and interview the facility failed to ensure that they had written policies for emergency evacuation plan for community wide disasters. This deficient practice has the potential for all 13 (R #s 1-13) residents listed on the census, provided by the Manager Supervisor on 09/03/19. to be at risk of harm, injury, and/or death if a community wide disaster occurred and the residents were unable to be safely evacuated from the community.</p> <p>The findings are:</p> <p>Findings related to emergency plan:</p> <p>A. Record request for the emergency evacuation plan for community wide disasters revealed, no documentation that the facility had a plan in place.</p> <p>B. On 09/05/19 at 11:00 am, during an interview with the Administrator, she confirmed that the facility does not have a written emergency evacuation plan for community wide disasters and that she was working on it.</p>	A 022		
A 031	<p>7 NMAC 8.2.31 Handling of Emergencies</p> <p>HANDLING OF EMERGENCIES: A. Upon admission, each resident or surrogate decision maker shall designate a primary care</p>	A 031		

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A 031	<p>Continued From page 18</p> <p>practitioner (PCP) to be called in case of a medical necessity. Each resident or representative shall also designate a concerned person to be called in case of an emergency. The facility shall establish a policy to secure medical assistance if the resident's own physician is not available. In the event of an illness or an injury to the resident, the PCP or a physician extender shall be notified by the facility.</p> <p>B. The facility shall have a first aid kit that contains at a minimum, gauze, adhesive tape, antiseptic ointment and bandages for emergencies. The first aid kit shall be kept in a designated, easily accessible place within the facility.</p> <p>C. An easily accessible and functional telephone shall be available in each facility for summoning help in case of an emergency. A pay telephone does not fulfill this requirement.</p> <p>D. A list of emergency numbers including: fire department, police department, ambulance services and poison control shall be posted near each public telephone in the facility. [7.8.2.31 NMAC - Rp, 7.8.2.32 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.31 D</p> <p>Based on observation and interview, the facility failed to ensure that a list of emergency phone numbers (fire, police, ambulance, poison control, etc) was posted by the phone used by residents, families, and visitors. This deficient practice has the potential for all 13 (R #s 1-13) residents identified on the census provided by the Manager</p>	A 031		

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A 031	<p>Continued From page 19</p> <p>Supervisor on 09/03/19, to be at risk of delayed response from emergency services and to potentially not receive needed first aid/medical treatment.</p> <p>The finding(s) was:</p> <p>A. On 09/03/19 at 2:30 pm, during an observation of the facility, no emergency numbers (fire, police, ambulance, poison control, etc) were observed to be posted in an easily accessible location where residents/families/visitors have access to the numbers.</p> <p>B. On 09/03/19 at 2:37 pm, during an interview with the Manager Supervisor, she confirmed there was no list of emergency numbers (fire, police, ambulance, poison control, etc) posted by the phone used by residents, families, and visitors.</p>	A 031		
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</p>	A 034		

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A 034	<p>Continued From page 20</p> <p>in a locked room, as approved by the board of pharmacy and the key shall be in the care of the administrator or designee.</p> <p>(2) Internal medication shall be kept separate from external medications. Drugs to be taken by mouth shall be separated from all other delivery forms.</p> <p>(3) A separate, locked refrigerator shall be provided by the facility for medications. The refrigerator temperature shall be kept in compliance with the state board of pharmacy requirements for medications.</p> <p>(4) All medications, including non-prescription medications, shall be stored in separate compartments for each resident and all medications shall be labeled with the resident's name.</p> <p>(5) A resident may be permitted to keep his or her own medication in a locked compartment in his or her room for self-administration, if the physician's order deems it appropriate.</p> <p>(6) The facility shall not require the residents to purchase medications from any particular pharmacy.</p> <p>(7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes shall comply with the national fire protection association (NFPA) 99.</p> <p>(8) A proof of use record shall be maintained separately for each schedule II through IV drug (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>	A 034		

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A 034	<p>Continued From page 21</p> <p>(f) the signature of the person assisting with delivery of the medication; and</p> <p>(g) the balance of medication remaining.</p> <p>(9) Any remaining medication discontinued by a physician ' s order, or upon discharge or death of the resident shall be inventoried and moved to a separate locked storage container. Such discontinued medications shall be destroyed upon the next quarterly visit by the consulting pharmacist in accordance with 16.19.11.10 NMAC.</p> <p>(10) The record of medication destruction shall be signed by the administrator or designee and the pharmacist and shall be kept on file at the facility.</p> <p>B. Consulting pharmacist. The facility shall maintain records demonstrating that the consulting pharmacist provides the following oversight and guidance.</p> <p>(1) Reviews the medication regimen as needed, but at least quarterly/every three (3) months, to determine that all medications and records are accurate and current. All irregularities shall be reported to the administrator of the facility and these irregularities shall be resolved by the administrator within seventy-two (72) hours.</p> <p>(2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation.</p> <p>(3) Consultation shall be provided on all aspects 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</p>	A 034		

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A 034	<p>Continued From page 22</p> <p>and 7.8.2 NMAC. [7.8.2.34 NMAC - Rp, 7.8.2.35 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.34 A (7) (9)</p> <p>Refer to NFPA (National Fire Protection Agency) 99.</p> <p>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. 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. 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. 11.3.2.2 Oxidizing gases, such as oxygen and nitrous oxide, shall not be stored with any flammable gas, liquid, or vapor. 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)</p>	A 034		

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A 034	<p>Continued From page 23</p> <p>(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</p> <p>(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 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</p>	A 034		

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A 034	<p>Continued From page 24</p> <p>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 NO SMOKING 2012 Edition</p> <p>Based on observation, and interview, the facility failed to ensure that:</p> <ol style="list-style-type: none"> 1. Oxygen cylinder tanks were stored and secured correctly. 2. The rooms were identified with oxygen in use/no smoking warning signs. 3. Medication in resident's cart were listed on 	A 034		

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A 034	<p>Continued From page 25</p> <p>Medication Admission Record (MAR)</p> <p>These deficient practices have the potential of harm to all 13 (R #s 1-13) residents identified on the census provided by the Manager on 09/03/19, and all occupants of the building if:</p> <ol style="list-style-type: none"> 1. Unsecured oxygen cylinder tanks were to be knocked over, leaked gas, when stored with combustibles (clothes and shoes), and accelerate a fire if it occurred. 2. The door(s) to the room with the oxygen cylinder tanks were not identified with "Oxygen in use" and "No Smoking" warning signs of the danger. 3. Medication in resident's cart was not recorded on MAR <p>The findings are:</p> <p>Findings related to oxygen</p> <p>A. On 09/03/19 at 2:30 pm, during observation, of R #2's room 2 large oxygen cylinder tanks were observed being stored in the closet with combustibles (clothes, shoes, chucks, and incontinent briefs).</p> <p>B. On 09/03/19 At 2:25 pm, during observation of R #7's room 5 small unsecured oxygen cylinder tanks were observed being stored in the closet with combustibles (clothes, shoes) and there was no oxygen warning sign posted on the door.</p> <p>C. On 09/03/19 at 2:37 pm, during an interview with the Manager Supervisor, she confirmed that the observation of the oxygen cylinder tanks were being stored in closets for both resident #s 2 and #7 resident rooms and that R #7s there was not oxygen in use signage on the outside of the door.</p>	A 034		

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A 034	<p>Continued From page 26</p> <p>Finding related to medications</p> <p>D. On 09/05/19 at 1:30 pm, during observation/audit of the medication cart, it was observed that R #1 had [REDACTED] in the cart but not listed on the Medical Administration Record (MAR).</p> <p>E. On 09/05/19 at 1:30 pm, during observation/audit of the medication cart, it was observed that R #3 had a bottle of [REDACTED] but it was not listed on the MAR.</p> <p>F. On 09/05/19 at 1:35 pm, during an interview, Direct Care Staff (DCS) #5 confirmed that the above listed medications for R #s 1 & 3 were in the medication cart, but not on the MARs.</p> <p>G. On 09/06/19 at 11:25 am, during interview with the House Manager, she confirmed the above listed medications for R #s 1 & 3 were in the cart, but not listed on the MARs. In addition she stated that R #1 was no longer taking the Afrin and it should have been removed from cart when discontinued.</p>	A 034		
A 035	<p>7 NMAC 8.2.35 Medication</p> <p>MEDICATIONS: Administration of medications or staff assistance with self-administration of medications shall be in accordance with state and federal laws. No medications, including over-the-counter medications, PRN (when needed) medications, or treatment shall be started, changed or discontinued by the facility without an order from the physician, physician assistant or nurse practitioner and with entry into the resident's record.</p>	A 035		

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A 035	<p>Continued From page 27</p> <p>A. State board of nursing licensed or certified health care professionals are responsible for the administration of medications. Administration may only be performed by these individuals.</p> <p>B. Facility staff may assist a resident with the self-administration of medications if written consent by the resident is given to the administrator of the facility or the administrator ' s designee. If the resident is incapable of giving consent, the surrogate decision maker named in accordance with New Mexico law may give written consent for assistance with self-administration of medications. All staff that assist with self-administration of medications shall have successfully completed a state approved assistance with self-administration of medication training program or be licensed or certified by the state board of nursing.</p> <p>C. PRN (pro re nada) medication.</p> <p>(1) Physician or physician extender ' s orders for PRN medications shall clearly indicate the circumstances in which they are to be used, the number of doses that may be given in a 24-hour period and indicate under what circumstances the primary care practitioner (PCP) is to be notified.</p> <p>(2) The utilization of PRN medications shall be reviewed routinely. Frequent or escalating use of PRN medications shall be reported to the PCP.</p> <p>D. Only a licensed nurse (RN or LPN) shall administer any medications or conduct any invasive procedures provided by the following routes: intravenous (IV), subcutaneous (SQ), intramuscular (IM), vaginal or rectal. Only a licensed nurse shall administer non-premixed nebulizer treatments.</p> <p>E. The facility shall have medication reference material that contains information relating to drug interactions and side effects on the premises. Staff that assist in the self-administration of</p>	A 035		

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A 035	Continued From page 28 medications shall know interactions or possible side effects that might occur. F. Medications prescribed for one resident shall not be used for another resident. G. Medication assistance record (MAR). For residents who are not independent and require assistance with self administration, the facility shall have a MAR that documents the details of the residents' medication, including PRN and over-the-counter medication that is assisted with self-administration by qualified staff or administered to the resident by licensed or certified staff. The information in the MAR shall include: (1) the resident's name; (2) any known allergies to medication that the resident has; (3) the name of the resident's PCP or the prescriber of the medication; (4) the diagnosis or reason for the medication; (5) the name of the medication, including the drug product brand name and the generic name; (6) notation if the medication is a schedule II-IV drug; (7) the dosage of the medication; (8) the strength of the medication; (9) the frequency or how often the medication is to be taken or given; (10) the route of delivery for the medication (mouth, eye, ear, other); (11) the method of delivery for the medication (pills, drops, IM injection, other); (12) the date that the medication was started or discontinued; (13) any change in the medication order; (14) pre-medication information (i.e., pulse, respiration, blood pressure, blood sugar) as required by the medication order; (15) the date and time that the medication is	A 035		

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A 035	<p>Continued From page 29</p> <p>self-administered, administered with assistance or is administered;</p> <p>(16) the initials and signature of the person assisting with or administering the medication;</p> <p>(17) the desired results obtained from or problems encountered with the medication (pain relieved, allergic reaction, etc.);</p> <p>(18) any refused dose of medication;</p> <p>(19) any missed dose of medication; and</p> <p>(20) any medication error.</p> <p>H. No medication shall be stopped or started without specific orders from the primary care physician.</p> <p>I. If a resident refuses to take a prescribed medication, it shall be documented and the facility shall report it to the prescriber.</p> <p>J. A suspected adverse reaction to a medication shall be documented on the MAR and reported immediately to the PCP and the resident's surrogate decision maker. If applicable, emergency medical treatment shall be arranged. Documentation of the event shall be kept in the resident's record.</p> <p>K. Prescription medication, other than blister packs and unit dose containers, shall be kept in the original container with a pharmacy label that includes the following:</p> <p>(1) the resident's name;</p> <p>(2) the name of the medication;</p> <p>(3) the date that the prescription was issued;</p> <p>(4) the prescribed dosage and the instructions for administration of the medication; and</p> <p>(5) the name and title of the prescriber.</p> <p>L. Any medication that is removed from the pharmacy container or blister pack shall be given immediately and documented by the staff that assisted with the medication delivery.</p> <p>M. The facility shall report all medication errors to the physician, documentation of medication</p>	A 035		

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A 035	<p>Continued From page 30</p> <p>errors and the prescriber's response shall be kept in the resident's record.</p> <p>N. The facility shall develop and follow a written policy for unused, outdated, or recalled medications kept in the facility in accordance with 16.19.11.10 NMAC (AS AMENDED). [7.8.2.35 NMAC - Rp, 7.8.2.35 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.35 G (5)</p> <p>Based on record review and interview, the facility failed to ensure that 4 residents (R #s 1-4) whose Medication Administration Records (MARs) were reviewed for compliance included both the brand/generic names of the medications.</p> <p>This deficient practice has the potential for all 13 (R#1-13) residents listed on the census, provided by the Manager Supervisor on 09/04/19 to be at risk of harm if medications do not have both the brand/generic names and the Direct Care Staff (DCS) who assist with medications do not know what the new medication is for.</p> <p>The findings are:</p> <p>A. Record review of R #1's 09/01/19 through 09/06/19 MAR revealed that 18 out of the 25 medications had no documentation of the both the brand/generic names.</p> <p>B. Record review of R #2's 09/01/19 through 09/06/19 MAR revealed 18 out of the 20 medications had no documentation of the</p>	A 035		

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A 035	Continued From page 31 Brand/Generic names. C. Record review of R #3's 09/01/19 through 09/06/19 MAR revealed 9 out of the 11 medications had no documentation of the Brand/Generic names. D. Record review of R #4's 09/01/19 through 09/06/19 MAR revealed 18 out of the 24 medications had no documentation of the Brand/Generic names. E. On 09/06/19 at 11:25 am, during an interview with the House Manager, she confirmed the the number of medications for R #s 1-4 listed above were missing either the brand or generic mame. F. On 09/06/19 at 11:30 am, during the exit conference, the Administrator and Manager confirmed all the MAR findings listed above for R #s 1-4.	A 035		
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	A 036		

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A 036	Continued From page 32 premises and that govern the following requirements. (1) Meal service. The facility shall: (a) serve at least three (3) meals or their equivalent each day at regular times with no more than sixteen (16) hours between the evening meal and morning meal with snacks freely available; (b) provide snacks of nourishing quality and post on the daily menu; (c) develop menus enjoyed by the residents and served at normal intervals appropriate to the residents ' preferences; (d) post the weekly menu, including snacks where residents and families are able to view it; posted menus shall be followed and any substitution shall be of equivalent nutritional value and recorded on the posted menu; identical menus shall not be used within a one (1) week cycle; (e) have special menus or meal items following guidelines from the resident ' s physician for residents who have medically prescribed special diets; (f) serve all residents in a dining room except for residents with a temporary illness, or with documented specific personal preference to have meals in their room; (g) allow sufficient time for meals to enable residents to eat at a leisurely pace and to socialize; and (h) contact the resident ' s PCP within forty-eight (48) hours if a resident consistently refuses to eat. (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: (a) instruction in proper food storage;	A 036		

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A 036	<p>Continued From page 33</p> <p>(b) preparation and serving food; (c) safety in food handling; (d) appropriate personal hygiene; and (e) infectious and communicable disease control.</p> <p>B. Dietary records. The facility shall maintain the following documentation onsite: (1) a systematic record of all menus and revisions, including snacks, for a minimum of thirty (30) calendar days; (2) a systematic record of therapeutic diets as prescribed by a PCP; (3) a copy of the most recent licensing inspection and for facilities with 10 or more residents, a copy of the New Mexico environment department inspection with notations made by the facility of action taken to comply with recommendations or citations; and (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. (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. (b) Utensils shall be stored in a clean, dry place protected from contamination. (c) The walls, ceiling and floors of all rooms that food or drink is stored, prepared or served shall be kept clean and in good repair.</p> <p>(2) Washing and sanitizing kitchenware. (a) All reusable tableware and kitchenware shall</p>	A 036		

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A 036	<p>Continued From page 34</p> <p>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 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</p>	A 036		

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A 036	<p>Continued From page 35</p> <p>a five (5) calendar day supply of non-perishables or canned foods is available for the residents.</p> <p>(2) The facility refrigerator and freezer shall have an accurate thermometer which reads within or not more than plus or minus three (3) degrees fahrenheit of the required temperature, located in the warmest section of the refrigerator and freezer and shall be accessible and easily read.</p> <p>(a) The temperature of the refrigerator shall be thirty-five (35) - forty-one (41) degrees fahrenheit.</p> <p>(b) Freezer temperatures shall be maintained at zero (0) degrees fahrenheit or below.</p> <p>(3) Refrigerators and freezers shall be kept clean and sanitary at all times. Food stored in refrigerators and freezers shall be covered, dated and labeled. Unused leftover food shall be discarded after three (3) calendar days.</p> <p>(4) Steam tables, hot food tables, slow cookers, crock pots and other hot food holding devices shall not be used in heating or reheating food. Hot food temperatures shall be checked periodically to insure that a minimum of one hundred forty (140) degrees fahrenheit is maintained.</p> <p>(5) Medication, biological specimens, poisons, detergents and cleaning supplies shall not be kept in the same storage areas used for storage of foods. Medications shall not be stored in the 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</p>	A 036		

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A 036	<p>Continued From page 36</p> <p>back-flow or contamination by condensation, leakage, rodents or vermin.</p> <p>(8) The facility shall ensure the following:</p> <p>(a) all perishable food is refrigerated and the temperature is maintained no higher than forty-one (41) degrees fahrenheit;</p> <p>(b) the temperature for all hot foods is maintained at one hundred forty (140) degrees fahrenheit; and</p> <p>(c) all displayed or transported food is protected from environmental contamination and maintained at proper temperatures in clean containers, cabinets or serving carts.</p> <p>E. Milk.</p> <p>(1) Raw milk shall not be used.</p> <p>(2) Condensed, evaporated, or dried milk products that are nationally recognized may be employed as "additives" in cooked food preparation but shall not be substituted or served to residents in place of milk.</p> <p>F. Collateral requirements. Compliance with this rule does not relieve a facility from the responsibility of meeting more stringent municipal regulations, ordinances or other requirements of state or federal laws governing food service establishments. Local health authority having jurisdiction means municipal, county, state or federal agency(s) that have laws and regulations 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 C (1) (a) (4) D (3-5) (8) (b-c)</p> <p>Based on observation and interview the facility</p>	A 036		

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A 036	<p>Continued From page 37</p> <p>failed to ensure that the serving carts, kitchen, and Bistro where uncooked food is stored and meals are prepared:</p> <ol style="list-style-type: none"> 1. Were kept clean and sanitary all times. 2. That the equipment, kitchen, and serving areas were clean, in good repair, and the surfaces that food/beverages come into contact are smooth and easily accessible for cleaning. 3. That the refrigerator in the Bristro is clean and free from food debris and liquid spills. 4. That all chemicals (some poisons) and cleaning supplies were stored in secure, locked areas separate from where food is stored. 5. That all garbage/kitchen refuse was kept in a watertight containers with close-fitting covers. 6. That prepared food that is transported from the Bistro to the kitchen was maintained at the required temperature for hot food at 140 degrees Fahrenheit (F). <p>These deficient practices have the potential for all 13 (R #s 1-13) residents on the resident census provided by the House Manager-Manager on 09/05/19, to be at risk of illness/death from foodborne illnesses if food was not stored, prepared, and transported in a clean environment, the food maintained and served at the correct temperatures, and chemicals were being stored in an unsecured area with food. The findings are:</p> <p>A. On 09/05/19 at 10:21 am, during observation of the three tier carts used to transport food from the Bistro to the kitchen, were observed to be dirty the had dark grime stuck in the textured plastic of the carts with food crumbs, spilled liquids, and stains on them.</p> <p>B. On 09/05/19 at 12:12 pm, during observation of the Bistro the following was observed:</p>	A 036		

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A 036	<p>Continued From page 38</p> <p>1. The refrigerator used to store resident food had crumbs, pieces, and liquid splatter on the bottom shelf.</p> <p>2. (3) Three trash cans in the Bistro and (1) one trash can in the kitchen were all observed to be uncovered.</p> <p>3. The beet salad served to the residents was not refrigerated and when tested the temperature was 70 degrees Fahrenheit.</p> <p>C. On 09/04/19 at 10:07 am, during observation of the kitchen the following chemicals/cleaning were observed to be stored in an unlocked cabinet at under the sink:</p> <ol style="list-style-type: none"> 1. Two (2) 1 gallon bottles of disinfectant 2. One (1) 18oz can disinfectant spray 3. One (1) 64 oz bottle liquid cleaner <p>D. On 09/05/19 at 12:34, pm, during observation of the the lunch meal, the temperature of the hot foods (beef, potato, and vegetable hash dish), transported from the Bistro to the kitchen/dining area, and served to the residents was observed to be 112 degrees Fahrenheit.</p> <p>E. On 09/05/19 at 12:35 pm, during an interview, the Administrator confirmed the findings listed above for the Bistro, kitchen, and hot temperatures of the transported food.</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 of dirt, rubbish and dust.</p> <p>A. All common living areas and all bathrooms</p>	A 038		

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A 038	<p>Continued From page 39</p> <p>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 A C</p> <p>Based on observation and interview the facility failed to ensure that:</p> <ol style="list-style-type: none"> 1. All common areas and bathrooms were clean, sanitary, and free of offensive odors 2. Kitchen area for serving food and snacks was sanitary and in good repair 3. Opened cans of paint were kept in an locked/secured room 4. Cleaning supplies/chemicals were kept in secured rooms, closets, cabinets or storage rooms. 5. A container of liquid sanitizer used to sterilize medication cups was not secured and accessible to residents <p>These deficient practices have the potential for all</p>	A 038		

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A 038	<p>Continued From page 40</p> <p>13 residents (R #s 1-13) identified on the census provided by the Manager on 09/04/19, to be at risk of harm, illness, or injury if they were to use the unsanitary soiled toilets, breath in contaminated air, ingest or spill cleaning supplies/chemicals on their face or body.</p> <p>The findings are:</p> <p>A. On 09/03/19 at 2:10 pm, during observation of all resident's rooms, hallways, common areas, shower, and bathrooms, the following unsanitary areas were observed:</p> <ol style="list-style-type: none"> 1. Two (2) toilets were not flushed and smeared with feces on the seats 2. One (1) sink in the bathroom had feces by the wash basin 3. Resident #8 was ill, did not have a trash can, so used tissues were being thrown on the floor 4. Two (2) dirty towels were on the floor beside R #8 who was ill. 3. R #7's bed had a wet soiled chuck and the whole room and hallway smelt of urine 4. A bedroom closet in an unlocked empty room was used to store paint 5. Kitchen utensils and food carts dirty and unsanitary left in the hallway beside the kitchen <p>B. On 09/03/19 at 2:20 pm, during observation, resident room #H (empty) was observed to have five (5) one-gallon cans of paint, and one (1) five-gallon bucket of paint.</p> <p>C. On 09/03/19 at 2:37 pm, during an interview the Manager Supervisor she confirmed all the findings listed above.</p> <p>D. On 09/04/19 at 10:09 am, during observation of the kitchen, medication cups were observed</p>	A 038		

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A 038	<p>Continued From page 41</p> <p>floating in a container of liquid sanitizer on top of the counter where residents get their snacks. The Demonstrator confirmed the observation.</p> <p>E. On 09/05/19 at 12:35 pm, during an observation of an unlocked cabinet under the sink in the resident meal/snack serving area, the following cleaning supplies/chemicals were observed to be accessible to the residents:</p> <ol style="list-style-type: none"> 1. (2) 1-gallon bottles of disinfectant 2. (1) 18 can disinfectant spray 3. (1) 64oz bottle liquid cleaner <p>F. On 09/05/19 at 12:40 pm, during observation, the kitchen cabinets in the resident meal/snack area were observed:</p> <ol style="list-style-type: none"> 1. to be dirty and stained. 2. One cabinet exposed screws and had a hole in the floor with and unattached pipe going to the ground. The hole had dirty water and garbage in it. <p>G. On 09/06/19 at 11:30 am, during the exit interview with the Administrator and Manager both confirmed all the above listed findings.</p> 	A 038		
A 042	<p>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:</p> <p>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</p>	A 042		

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A 042	<p>Continued From page 42</p> <p>create a fire hazard.</p> <p>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>Based on observation and interview, the facility failed to ensure that the:</p> <ol style="list-style-type: none"> 1. Building grounds were maintained in a safe and presentable condition, free from the accumulation of refuse, discarded appliances, and other items that create a hazard. 2. Interior floors were free from tripping hazards. <p>These deficient practices have the potential for all 13 (R #s 1-13) residents identified on the census provided by the Manager Supervisor on 09/03/19, to be at risk of being injured due to safety hazards in the side yard on the North side of the facility and to be at risk of tripping and falling inside the facility. The findings are:</p> <p>A. On the North side of the building the following items were observed:</p> <ol style="list-style-type: none"> 1. (1) black 40 gallon trash can uncovered and full of trash 2. (6) 5 gallon buckets of unknown contents 3. A stack of used wooden boards 4. (1) broken TV 5. (1) milk crate filled with trash 6. (1) used wheel chair tire 7. (1) roll of Christmas lights <p>B. Residents rooms and the TV room had carpet</p>	A 042		

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A 042	Continued From page 43 on the floor was observed to be frayed and pulling up. C. On 09/06/19 at 11:16 pm, during an interview with the Administrator, she confirmed the observation of the discarded broken TV, buckets, trash can, garden tools, and boards furniture and all other items laying in the flower beds on the North side of the facility and the fraying pulled up carpet inside the facility.	A 042		
A 043	7 NMAC 8.2.43 Hazardous Areas HAZARDOUS AREAS: Hazardous areas include: Fuel fired equipment rooms (not a typical residential kitchen), bulk laundries or laundry rooms with more than one hundred (100) sq. ft., storage rooms more than fifty (50) sq. ft. but less than one hundred (100) sq. ft. not storing combustibles, storage rooms with more than one hundred (100) sq. ft. storing combustibles, chemical storage rooms with more than fifty (50) sq. ft., garages and maintenance shops/rooms. A. Hazardous areas on the same floor as, and in or abutting, a primary means of escape or a sleeping room shall be protected by either: (1) an enclosure of at least one hour fire rating with self-closing or automatic closing on smoke detection fire doors having a three-quarter (3/4) hour rating; or (2) an automatic fire protection (sprinkler) and separation of hazardous area with self-closing doors or doors with automatic-closing on smoke detection; or (3) other hazardous areas shall be enclosed with walls with at least a twenty (20) minute fire rating and doors equivalent to one and three-quarter (1 3/4) inch solid bonded wood core, operated by self-closures or automatic closing on smoke	A 043		

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A 043	<p>Continued From page 44</p> <p>detection.</p> <p>B. Boiler, furnace or fuel fired water heater rooms. For facilities with four (4) or more residents: all boiler, furnace or fuel fired water heater rooms shall be protected from other parts of the building by construction having a fire resistance rating of not less than one (1) hour. Doors to these rooms shall be one and three-quarter (1-3/4) inch solid core. [7.8.2.43 NMAC - Rp, 7.8.2.44 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.43 B</p> <p>Based on observation and interview, the facility failed to ensure that the walls of the Mechanical room had no perforations or combustible items including flammable chemicals stored in the hazardous areas with a fuel fired boiler and water heater. These deficient practices have the potential for all 13 (R #1-13) residents on the census, provided by the Manager Supervisor on 09/03/19, to be at risk of harm, injury, or death if a fire were to occur. The findings are:</p> <p>A. The Mechanical Room walls were water damaged and moldy, with a perforation where the ceiling and wall meet.</p> <p>B. (1) one 19 ounce can of spray foam was found sitting on top of the boiler in the unlocked Mechanical Room.</p> <p>C. On 09/06/19 at 11:19 am, during an interview with the Administrator, she confirmed the finding listed above for the mechanical room.</p>	A 043		

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A 055	Continued From page 45	A 055		
A 055	<p>7 NMAC 8.2.55 Toilet and Bathing Facilites</p> <p>TOILET AND BATHING FACILITIES: Toilet and bathing facilities shall be located appropriately to meet the needs of residents.</p> <p>A. A minimum of one (1) toilet, one (1) sink and one (1) bathing unit shall be provided for every eight (8) residents or fraction there of.</p> <p>(1) The facility shall provide at least one tub and one shower or combination unit to allow for residents bathing preference.</p> <p>(2) Facilities with four (4) or more residents shall provide a handicap accessible bathroom for every thirty (30) residents that allows for a bathing preference.</p> <p>B. Facilities with four (4) or more residents must comply with accessibility requirements for the disabled.</p> <p>C. Toilet, sink and bathing facilities shall be readily available to the residents. No passage through a resident room by another resident to reach a toilet, bathing unit or sink facility shall be permitted.</p> <p>D. The combination type tub and shower shall be permitted.</p> <p>E. A facility with four (4) or more residents that has live-in staff shall provide a separate toilet, sink and bathing facility for staff.</p> <p>F. Toilets, tubs and showers shall be provided with grab bars.</p> <p>G. Tubs and showers shall have a slip resistant surface.</p> <p>H. The floors of bathrooms and bathing facilities shall have smooth, waterproof and slip-resistant surfaces.</p> <p>I. Toilet paper and soap shall be provided in each toilet room.</p> <p>J. The use of a common towel shall be prohibited.</p> <p>K. Bathrooms and lavatories shall be cleaned as</p>	A 055		

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A 055	<p>Continued From page 46</p> <p>often as necessary to maintain a clean and sanitary condition. [7.8.2.55 NMAC - Rp, 7.8.2.56 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.55 H K</p> <p>Based on observation and interview, the facility failed to ensure that the Community restroom located near the TV room contained a well maintained, clean and sanitary shower. This deficient practice has the potential to negatively affect the health and safety for all 13 (R #s 1-13) residents identified on the census provided by the Administrator on 09/03/19 if they are subjected to bathing in a shower that has broken or missing tiles, is missing grout/caulk, and has mold growth. The findings are:</p> <p>A. On 09/04/19 at 9:42 am, during observation of the Community restroom near the TV room the following was observed:</p> <ol style="list-style-type: none"> 1. The shower had broken and missing tiles on the floor, around the sides, on the walls, and at the step down into the shower. 2. The grout and caulk was missing between and around the tiles. 3. The spaces between the tiles were brown and moldy looking. <p>B. On 09/05/19 at 2:45 pm, during an interview with Administrator, she confirmed the findings listed above for the Community restroom near the TV room.</p>	A 055		

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A 067 A 067	<p>Continued From page 47</p> <p>7 NMAC 8.2.67 Smoking</p> <p>SMOKING:</p> <p>A. Smoking by residents and staff shall take place only in supervised areas designated by the facility and approved by the state fire marshal or local fire prevention authorities. Smoking shall not be allowed in a kitchen or food preparation area.</p> <p>B. All designated smoking areas shall be provided with suitable ashtrays that are not made of combustible material.</p> <p>C. Residents shall not be permitted to smoke in bed.</p> <p>D. Smoking shall not be permitted where oxygen is in use, is present or is stored.</p> <p>[7.8.2.67 NMAC - Rp, 7.8.2.64 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.67 A B C D</p> <p>Based on observation and interview, the facility failed to ensure that:</p> <ol style="list-style-type: none"> 1. Smoking was only allowed in designated areas had suitable ashtrays 2. Residents were not smoking in bed 3. Smoking was not permitted where oxygen was in use <p>These deficient practices present a risk for all 13 (R #s 1-13) residents identified on the census provided by the Manager on 09/04/19, to be at risk of harm or death if a fire were to occur.</p> <p>The findings are:</p> <p>A. On 09/03/19 thru 09/05/19 during observation R #2 (on oxygen) was observed on 3 different</p>	A 067 A 067		

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A 067	<p>Continued From page 48</p> <p>occasions smoking outside the door to the courtyard common area, with her oxygen canula pulled out of her nose and placed on her lap. She was not near any secured ashtray, or being supervised, the observations occurred on the following dates/times:</p> <ol style="list-style-type: none"> 1. 09/03/19 at 2:20 pm. 2. 09/04/19 at 1:30 pm. 3. 09/05/19 at 12:00 noon. <p>B. On 09/03/19 at 2:30 pm, during observation, there were cigarette butts all over the ground; residents routinely flicked cigarette butts onto the ground near the 3 entrances to the building from the courtyard, some were not completely put out.</p> <p>C. On 09/03/19 at 2:10 pm, during observation R #5 was observed smoking in his room.</p> <p>D. On 09/05/19 at 10:00 am, during observation R #5 was again observed smoking in his room.</p> <p>E. On 09/05/19 at 9:05 am, during observation several residents were smoking in the courtyard and following was observed:</p> <ol style="list-style-type: none"> 1. An unsecured open container/bucket with sand was being used as an ashtray. 2. Residents were observed to flick the cigarette butts onto the ground, some still lit. 3. The area near the 3 doors that lead to the courtyard/recreation area was littered with cigarette butts. <p>F. On 09/03/19 at 2:2:20 pm, the house manager confirmed all the findings above.</p> <p>G. On 09/06/19 at 11:30 am during out exit conference, the Administrator and Manager confirmed that:</p>	A 067		

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5712	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/06/2019
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NAME OF PROVIDER OR SUPPLIER SENIOR LIVING SYSTEMS	STREET ADDRESS, CITY, STATE, ZIP CODE 5 THOMAS ROAD BUILDING II LOS LUNAS, NM 87031
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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
A 067	Continued From page 49 1. Residents were not provided with an approved and suitable ashtray in the designated smoking area 2. R #2 smoked right outside the facility door while her oxygen was in her lap without supervision 3. R #5 smoked in his room 4. Facility grounds were littered with cigarette butts.	A 067		