

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>5712</b>	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>01/09/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SENIOR LIVING SYSTEMS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5 THOMAS ROAD BUILDING II LOS LUNAS, NM 87031</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCS (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG 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 Revisit/Follow-up survey completed on 01/09/20 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living.	{A 000}		
{A 020}	7 NMAC 8.2.20 Admissions and Discharge  ADMISSIONS AND DISCHARGE: The facility shall complete an admission agreement for each resident. The administrator of the facility or a designee responsible for admission decisions shall meet with the resident or the resident ' s surrogate decision maker prior to admission. No resident shall be admitted who is below the age of eighteen (18) or for whom the facility is unable to provide appropriate care. A. Admission agreement. The admission agreement shall include the following information: (1) the parties to the agreement; (2) the program narrative; (3) the facility's rules; (4) the cost of services and the method of payment; (5) the refund provision in case of death, transfer, voluntary or involuntary discharge; (6) information to formulate advance directives; (7) a written description of the legal rights of the residents translated into another language, if necessary; (8) the facility's staffing ratio; (9) written authorization for staff to assist with medications; (10) notification of rights and responsibilities pursuant to the Incident Reporting Intake, Processing and Training Requirements, 7.1.13 NMAC; (11) the facility ' s bed hold policy; and (12) the admission agreement may be terminated if an appropriate placement is found for the	{A 020}		

Division of Health Improvement LABORATORY D RECTOR'S OR PROV DER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE <b>01/09/20</b>
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{A 020}	<p>Continued From page 1</p> <p>resident, under the following circumstances:</p> <p>(a) there shall be a fifteen (15) day written notice of termination given to the resident or his or her surrogate decision maker, unless the resident requests the termination;</p> <p>(b) the resident has failed to pay for a stay at the facility as defined in the admission agreement;</p> <p>(c) the facility ceases to operate or is no longer able to provide services to the resident;</p> <p>(d) the resident's health has improved sufficiently and therefore no longer requires the services of the facility;</p> <p>(e) termination without prior notice is permitted in emergency situations for the following reasons:</p> <p>(i) the transfer or discharge is necessary for the resident's safety and welfare;</p> <p>(ii) the resident's needs cannot safely be met in the facility; or</p> <p>(iii) the safety and health of other residents and staff in the facility are endangered;</p> <p>(13) the facility shall provide a thirty (30) day written notice to residents regarding any changes in the cost or the material services provided; a new or amended admission agreement must be executed whenever services, costs or other material terms are changed; and</p> <p>(14) facilities representing their services as "specialized" must disclose evidence of staff specialty training to prospective residents.</p> <p>B. Restrictions in admission. The facility shall not admit or retain individuals that require twenty-four (24) hour continuous nursing care, refer to Subsection U of 7.8.2.7 NMAC Definitions. This rule does not apply to hospice residents who have elected to receive the hospice benefit. Conditions or circumstances that usually require continuous nursing care may include but are not limited to the following:</p> <p>(1) ventilator dependency;</p>	{A 020}		

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{A 020}	<p>Continued From page 2</p> <p>(2) pressure sores and decubitus ulcers (stage III or IV);</p> <p>(3) intravenous therapy or injections;</p> <p>(4) any condition requiring either physical or chemical restraints;</p> <p>(5) nasogastric tubes;</p> <p>(6) tracheostomy care;</p> <p>(7) residents that present an imminent physical threat or danger to self or others;</p> <p>(8) residents whose psychological or physical condition has declined and placement in the current facility is no longer appropriate as determined by the PCP;</p> <p>(9) residents with a diagnosis that requires isolation techniques;</p> <p>(10) residents that require the use of a Hoyer lift; and</p> <p>(11) ostomy (unless resident is able to provide self care).</p> <p>C. Exceptions to admission, readmission and retention. If a resident requires a greater degree of care than the facility would normally provide or is permitted to provide and the resident wishes to be re-admitted or remain in the facility and the facility wishes to re-admit or retain the resident. The facility shall comply with the following requirements.</p> <p>(1) Convene a team, comprised of:</p> <p>(a) the facility administrator and a facility health care professional if desired;</p> <p>(b) the resident or resident ' s surrogate decision maker; and</p> <p>(c) the hospice or home health clinician.</p> <p>(2) The team shall jointly determine if the resident should be admitted, readmitted or allowed to remain in the facility. Team approval shall be in writing, signed and dated by all team members and the approval shall be maintained in the resident's record and shall:</p>	{A 020}		

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{A 020}	<p>Continued From page 3</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 &amp; 7.8.2.20 NMAC, 01/15/2010]</p>	{A 020}		

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{A 020}	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.20 A (5)</p> <p>This is an uncorrected deficiency from survey dated 09/06/19</p> <p>Refer to Senate Bill (SB) 0335 - 2013 AN ACT RELATING TO HEALTH CARE; REQUIRING CONTRACTS FOR ASSISTED LIVING FACILITIES TO CONTAIN A REFUND POLICY UPON TERMINATION OF A CONTRACT DUE TO THE DEATH OF THE RESIDENT; PROVIDING FOR STORAGE OF A RESIDENT'S BELONGINGS; DECLARING AN EMERGENCY. BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:</p> <p>SECTION 1. A new section of the Public Health Act is enacted to read: "ASSISTED LIVING FACILITIES CONTRACTS--LIMIT ON CHARGES AFTER RESIDENT DEATH.-- A. The contract for each resident of an assisted living facility shall include a refund policy to be implemented at the time of a resident's death. The refund policy shall provide that the resident's estate or responsible party is entitled to a prorated refund based on the calculated daily rate for any unused portion of payment beyond the termination date after all charges have been paid to the licensee. For the purpose of this section, the termination date shall be the date the unit is vacated by the resident due to the resident's death and cleared of all personal belongings. B. If a resident's belongings are not removed within one week of the resident's death and the amount of belongings does not preclude</p>	{A 020}		

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{A 020}	<p>Continued From page 5</p> <p>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 3 (R #s 1 - 3) of 3 (R #s 1 - 3) residents whose Admission/Discharge Agreements were reviewed for compliance included a refund upon death policy that is in compliance with NMAC 7.8.2.20 Regulations for Assisted Living Facilities and (SB) 0335 - 2013.</p> <p>This deficient practice has the potential for all residents to be at risk of the resident's estate not receiving monies owed to them and/or being aware of extra charges that could occur for storage of the residents' belongings.</p> <p>The finding(s) are:</p> <p>A. Record review of R #s 1 - 3 Admissions/Discharge Agreements revealed that they did not include a refund policy upon death that was in compliance with NMAC 7.8.2.20 Regulations for Assisted Living Facilities and (SB)</p>	{A 020}		

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{A 020}	Continued From page 6  0335 - 2013.  B. On 01/09/20 at 12:00 pm, during an interview with the Administrator and Managers #s 1 & 2, they confirmed the facility refund policy upon death was not in compliance with NMAC 7.8.2.20 Regulations for Assisted Living Facilities and Senate Bill (SB) 0335 - 2013.	{A 020}		
{A 035}	7 NMAC 8.2.35 Medication  MEDICATIONS: Administration of medications or staff assistance with self-administration of medications shall be in accordance with state and federal laws. No medications, including over-the-counter medications, PRN (when needed) medications, or treatment shall be started, changed or discontinued by the facility without an order from the physician, physician assistant or nurse practitioner and with entry into the resident's record.  A. State board of nursing licensed or certified health care professionals are responsible for the administration of medications. Administration may only be performed by these individuals.  B. Facility staff may assist a resident with the self-administration of medications if written consent by the resident is given to the administrator of the facility or the administrator ' s designee. If the resident is incapable of giving consent, the surrogate decision maker named in accordance with New Mexico law may give written consent for assistance with self-administration of medications. All staff that assist with self-administration of medications shall have successfully completed a state approved assistance with self-administration of medication training program or be licensed or certified by the state board of nursing.	{A 035}		

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{A 035}	<p>Continued From page 7</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 medications shall know interactions or possible side effects that might occur.</p> <p>F. Medications prescribed for one resident shall not be used for another resident.</p> <p>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:</p> <p>(1) the resident's name;</p> <p>(2) any known allergies to medication that the resident has;</p> <p>(3) the name of the resident's PCP or the</p>	{A 035}		

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{A 035}	<p>Continued From page 8</p> <p>prescriber of the medication;</p> <p>(4) the diagnosis or reason for the medication;</p> <p>(5) the name of the medication, including the drug product brand name and the generic name;</p> <p>(6) notation if the medication is a schedule II-IV drug;</p> <p>(7) the dosage of the medication;</p> <p>(8) the strength of the medication;</p> <p>(9) the frequency or how often the medication is to be taken or given;</p> <p>(10) the route of delivery for the medication (mouth, eye, ear, other);</p> <p>(11) the method of delivery for the medication (pills, drops, IM injection, other);</p> <p>(12) the date that the medication was started or discontinued;</p> <p>(13) any change in the medication order;</p> <p>(14) pre-medication information (i.e., pulse, respiration, blood pressure, blood sugar) as required by the medication order;</p> <p>(15) the date and time that the medication is 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</p>	{A 035}		

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{A 035}	<p>Continued From page 9</p> <p>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> <ol style="list-style-type: none"> <li>(1) the resident's name;</li> <li>(2) the name of the medication;</li> <li>(3) the date that the prescription was issued;</li> <li>(4) the prescribed dosage and the instructions for administration of the medication; and</li> <li>(5) the name and title of the prescriber.</li> </ol> <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 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 (4) (5)</p> <p>This is an uncorrected deficiency from survey dated 09/06/19.</p>	{A 035}		



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{A 035}	<p>Continued From page 11</p> <p>were missing either the brand or generic name and diagnosis/reason of the medications</p> <p>[REDACTED]</p> <p>C. Record review of R #3's [REDACTED] /20 thru [REDACTED] /20 MAR revealed, that all the medications listed were missing either the brand or generic name of the medications:</p> <p>[REDACTED]</p> <p>D. On 01/09/20 at 12:00 pm, during an interview with the Administrator and Managers #s 1 &amp; 2, they confirmed that the medications listed above for R #1-3's 01/01/20 to 01/09/20 MARs were missing either diagnosis and the brand or generic names of the medications.</p>	{A 035}		
{A 036}	<p>7 NMAC 8.2.36 Nutrition</p> <p>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</p>	{A 036}		

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{A 036}	Continued From page 12  the national academy of sciences. Meals shall meet the nutritional needs of the residents in accordance with the " 2005 USDA dietary guidelines for Americans. " Vending machines shall not be considered a source of snacks. A. Dietary services policies and procedures. The facility will develop and implement written policies and procedures that are maintained on the premises and that govern the following requirements. (1) Meal service. The facility shall: (a) serve at least three (3) meals or their equivalent each day at regular times with no more than sixteen (16) hours between the evening meal and morning meal with snacks freely available; (b) provide snacks of nourishing quality and post on the daily menu; (c) develop menus enjoyed by the residents and served at normal intervals appropriate to the residents ' preferences; (d) post the weekly menu, including snacks where residents and families are able to view it; posted menus shall be followed and any substitution shall be of equivalent nutritional value and recorded on the posted menu; identical menus shall not be used within a one (1) week cycle; (e) have special menus or meal items following guidelines from the resident ' s physician for residents who have medically prescribed special diets; (f) serve all residents in a dining room except for residents with a temporary illness, or with documented specific personal preference to have meals in their room; (g) allow sufficient time for meals to enable residents to eat at a leisurely pace and to socialize; and	{A 036}		

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NAME OF PROVIDER OR SUPPLIER  <b>SENIOR LIVING SYSTEMS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5 THOMAS ROAD BUILDING II LOS LUNAS, NM 87031</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCS (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 036}	<p>Continued From page 13</p> <p>(h) contact the resident ' s PCP within forty-eight (48) hours if a resident consistently refuses to eat.</p> <p>(2) Staff in-service training. The facility shall provide an in-service training program for staff that are involved in food preparation at orientation and at least annually and that includes:</p> <p>(a) instruction in proper food storage;</p> <p>(b) preparation and serving food;</p> <p>(c) safety in food handling;</p> <p>(d) appropriate personal hygiene; and</p> <p>(e) infectious and communicable disease control.</p> <p>B. Dietary records. The facility shall maintain the following documentation onsite:</p> <p>(1) a systematic record of all menus and revisions, including snacks, for a minimum of thirty (30) calendar days;</p> <p>(2) a systematic record of therapeutic diets as prescribed by a PCP;</p> <p>(3) a copy of the most recent licensing inspection and for facilities with 10 or more residents, a copy of the New Mexico environment department inspection with notations made by the facility of action taken to comply with recommendations or citations; and</p> <p>(4) a daily log of the recorded temperatures for all facility refrigerators, freezers and steam tables maintained and available for inspection for thirty (30) calendar days.</p> <p>C. Clean and sanitary conditions. All practices shall be in accordance with the standards of the state environment department, pursuant to 7.6.2 NMAC.</p> <p>(1) Kitchen sanitation.</p> <p>(a) Equipment and work areas shall be clean and in good repair. Surfaces with which food or beverages come into contact shall be of smooth, impervious material free of open seams, not readily corrodible and easily accessible for</p>	{A 036}		

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{A 036}	Continued From page 14  cleaning. (b) Utensils shall be stored in a clean, dry place protected from contamination. (c) The walls, ceiling and floors of all rooms that food or drink is stored, prepared or served shall be kept clean and in good repair. (2) Washing and sanitizing kitchenware. (a) All reusable tableware and kitchenware shall be cleaned in accordance with procedures that include separate steps for prewashing, washing, rinsing and sanitizing. (b) Proper dishwashing procedures and techniques shall be utilized and understood by the dishwashing staff. (c) Periodic monitoring of the operation of the detergent dispenser, washing, rinsing and sanitizing temperatures shall be performed and documented. (d) When a dishwashing machine is utilized, the cleanliness of the machine, its jets and its thermostatic controls shall be monitored and documented by the facility. A monthly log of the recorded temperature of the dishwasher shall be maintained in the facility and available for inspection. (3) Sinks for hand washing shall include hot and cold running water, hand-washing soap and disposable towels. (4) All garbage and kitchen refuse that is not disposed of through a garbage disposal unit shall be kept in watertight containers with close-fitting covers and disposed of daily in a safe and sanitary manner. (5) Cooks and food handlers shall wear clean outer garments and hair nets or caps and shall keep their hands clean at all times when engaged in handling food, drink, utensils or equipment in accordance with the local health authority. Disposable gloves shall be used in accordance	{A 036}		

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{A 036}	Continued From page 15  with the local health authority. 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. (1) The facility shall ensure that a minimum of a three (3) calendar day supply of perishables and a five (5) calendar day supply of non-perishables or canned foods is available for the residents. (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. (a) The temperature of the refrigerator shall be thirty-five (35) - forty-one (41) degrees fahrenheit. (b) Freezer temperatures shall be maintained at zero (0) degrees fahrenheit or below. (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. (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. (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.	{A 036}		

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{A 036}	<p>Continued From page 16</p> <p>(6) Canned or preserved foods shall be procured from sources that process the food under regulated quality and sanitation controls. This does not preclude the use of local fresh produce. The facility shall not use home-canned foods.</p> <p>(7) Dry or staple food items shall be stored at least six (6) inches off the floor in a ventilated room that is not subject to sewage, waste water back-flow or contamination by condensation, leakage, rodents or vermin.</p> <p>(8) The facility shall ensure the following:</p> <p>(a) all perishable food is refrigerated and the temperature is maintained no higher than forty-one (41) degrees fahrenheit;</p> <p>(b) the temperature for all hot foods is maintained at one hundred forty (140) degrees fahrenheit; and</p> <p>(c) all displayed or transported food is protected from environmental contamination and maintained at proper temperatures in clean containers, cabinets or serving carts.</p> <p>E. Milk.</p> <p>(1) Raw milk shall not be used.</p> <p>(2) Condensed, evaporated, or dried milk products that are nationally recognized may be employed as " additives " in cooked food preparation but shall not be substituted or served to residents in place of milk.</p> <p>F. Collateral requirements. Compliance with this rule does not relieve a facility from the responsibility of meeting more stringent municipal regulations, ordinances or other requirements of state or federal laws governing food service establishments. Local health authority having jurisdiction means municipal, county, state or federal agency(s) that have laws and regulations governing food establishments, liquid waste disposal, treatment facilities and private wells.</p> <p>[7.8.2.36 NMAC - Rp, 7.8.2.37 NMAC,</p>	{A 036}		

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{A 036}	<p>Continued From page 17 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.36 C (1) (a, c) (4) D (3-5) (8) (a-c)</p> <p>This is an uncorrected deficiency from survey dated 09/06/19</p> <p>Based on observation and interview the facility failed to ensure that the:</p> <ol style="list-style-type: none"> <li>1. Kitchen was kept in a clean/sanitary condition.</li> <li>2. Trash cans had tight-fitting lids.</li> <li>3. Food stored in the refrigerator was sealed.</li> <li>4. Detergents and cleaning supplies were in a separate storage area and not in the same area used for food storage.</li> <li>5. Prepared food that is transported to the facility from the main kitchen is maintained at the required temperature for hot foods at 140 degrees Fahrenheit (F) and cold foods at 41 degrees F.</li> </ol> <p>These deficient practices have the potential for all 14 (R #s 1-14) residents listed on the census provided by Manager #2 on 01/08/20, to be at risk of illness/death if:</p> <ol style="list-style-type: none"> <li>1. The food or beverages consumed by residents were to becomes contaminated with germs/bacteria due to the unsanitary kitchen conditions.</li> <li>2. Residents consume food that has been cross-contaminated with bacteria and germs from the uncovered trash can.</li> <li>3. Residents consume food that has been contaminated with bacteria and germs if the food has not been stored properly.</li> </ol>	{A 036}		

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{A 036}	<p>Continued From page 18</p> <p>4. The food became contaminated with chemicals and residents ingest the food.</p> <p>5. The food is not maintained and served at the correct temperatures.</p> <p>The findings are:</p> <p>A. On 01/08/20 at 8:10 am, during observation of the main kitchen, the following was observed:</p> <ol style="list-style-type: none"> <li>1. There were dirty dishes by the sink.</li> <li>2. There was visible dust and food debris.</li> <li>3. Food was uncovered on a counter.</li> <li>4. Food was not stored properly in fridge #7.</li> <li>5. There were no lids on trash cans.</li> </ol> <p>B. On 01/08/20 at 8:20 am, during an observation of the main kitchen, unsecured chemicals were observed to be stored in the same area with the food. The following were found:</p> <ol style="list-style-type: none"> <li>1. Window cleaner ½ gallon</li> <li>2. All-purpose cleaner 2 gallons</li> <li>3. Dish detergent 1 gallon</li> <li>4. Unknown chemical ½ gallon</li> <li>5. Machine dish soap 1 gallon</li> </ol> <p>C. On 01/08/20 at 1:34 pm, during an observation, the hot foods were being kept warm in a stove oven in the facility's kitchen after transfer from the main kitchen to keep the food warm. The food temperature for pasta was observed to be 130 degrees F. The food temperature for a mixed vegetable salad was observed to be 72 degrees F.</p> <p>D. On 01/09/20 at 12:00 pm, during an interview with the Administrator and Managers #s 1 &amp; 2, they confirmed the findings listed above for the main kitchen.</p>	{A 036}		

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A 037	Continued From page 19	A 037		
A 037	<p>7 NMAC 8.2.37 Laundry Services</p> <p>LAUNDRY SERVICES:</p> <p>A. General requirements. The facility shall provide laundry services for the residents, either on the premises or through a commercial laundry and linen service.</p> <p>(1) On-site laundry facilities shall be located in areas separate from the resident units and shall be provided with necessary washing and drying equipment.</p> <p>(2) Soiled laundry shall be kept separate from clean laundry, unless the laundry facility is provided for resident use only.</p> <p>(3) Staff shall handle, store, process and transport linens with care to prevent the spread of infectious and communicable disease.</p> <p>(4) Soiled laundry shall not be stored in the kitchen or dining areas. The building design and layout shall ensure the separation of laundry room from kitchen and dining areas. An exterior route to the laundry room is not an acceptable alternative, unless it is completely enclosed.</p> <p>(5) In new construction or newly licensed facilities with more than fifteen (15) residents, washers shall be in separate rooms from dryers. The rooms with washers shall have negative air pressure from the other facility rooms.</p> <p>(6) All linens shall be changed as needed and at least weekly or when a new resident is to occupy the bed.</p> <p>(7) The mattress pad, blankets and bedspread shall be laundered as needed and at least once per month or when a new resident is to occupy the bed.</p> <p>(8) Bath linens consisting of hand towel, bath towel and washcloth shall be changed as needed and at least weekly.</p> <p>(9) There shall be a clean, dry, well ventilated</p>	A 037		

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A 037	<p>Continued From page 20</p> <p>storage area provided for clean linen.</p> <p>(10) Facility laundry supplies and cleaning supplies shall not be kept in the same storage areas used for the storage of foods and clean storage and shall be kept in a secured room or cabinet.</p> <p>B. Residents may do their own laundry, if it is their preference and they are capable of doing so, or if it is part of their skill-building for independent living and is documented as part of their ISP. [7.8.2.37 NMAC - Rp, 7.8.2.39 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to ensure that laundry/cleaning supplies were kept in a secure room or cabinet. This deficient practice has the potential for all 14 (R #s 1-14) residents listed on the census provided by Manager #2 on 01/08/20, to be at risk of harm or injury if they were to ingest or spill the laundry/cleaning supplies on their bodies. The findings are:</p> <p>A. On 01/08/20 at 8:05 am, during observation of the laundry room the following laundry/cleaning supplies were observed to not be in an secured room/cabinet and accessible to residents:</p> <ol style="list-style-type: none"> <li>1. Liquid detergent 230 fl. oz.</li> <li>2. Window cleaner 1.37 gal + 32 oz on a separate spray bottle</li> <li>3. All-purpose cleaner 945 milliliters.</li> <li>4. Unknown chemical 24 oz</li> <li>5. Disinfecting spray 19 oz</li> <li>6. Hand soap 2 containers of 2.36 liters.</li> </ol> <p>B. On 01/09/20 at 12:00 pm, during an interview with the Administrator and Managers #s 1 &amp; 2,</p>	A 037		

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A 037	Continued From page 21  they confirmed that the above listed laundry/cleaning supplies were not in a secure room/cabinet and accessible to residents.	A 037		
{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 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 B</p> <p>This is an uncorrected deficiency from survey dated 09/06/19.</p> <p>Based on observation and interview, the facility failed to ensure that the interior floors were free from tripping hazards. These deficient practices have the potential for all 14 (R #s 1-14) residents identified on the census provided by Manager #2 on 01/08/20, to be at risk of tripping and falling inside the facility. The findings are:</p>	{A 042}		

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{A 042}	Continued From page 22  A. On 01/08/20 at 8:00 am, during an observation, the carpet in the East Hallway and TV room had areas where the carpet was frayed and pulling up.  B. On 01/09/20 at 12:00 pm, during an interview with the Administrator & Managers #s 1 & 2, they confirmed that the carpet in the East hallway and TV room had areas where the carpet was frayed and pulling up.	{A 042}		
{A 067}	7 NMAC 8.2.67 Smoking  SMOKING: 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. B. All designated smoking areas shall be provided with suitable ashtrays that are not made of combustible material. C. Residents shall not be permitted to smoke in bed. D. Smoking shall not be permitted where oxygen is in use, is present or is stored. [7.8.2.67 NMAC - Rp, 7.8.2.64 NMAC, 01/15/2010]  This REQUIREMENT is not met as evidenced by: 7.8.2.67 A B  This is an uncorrected deficiency from survey dated 09/06/19.  Based on observation and interview, the facility failed to ensure that smoking was only allowed in	{A 067}		

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{A 067}	<p>Continued From page 23</p> <p>supervised areas designated by the facility and approved by the state fire marshal or local fire prevention authorities with suitable ashtrays. This deficient practice presents a risk for all 14 (R #s 1-14) residents identified on the census provided by Manager #2 on 01/08/20, to be at risk of harm or death if a fire were to occur.</p> <p>The findings are:</p> <p>A. On 01/08/20 thru 01/09/20 during observation, the following was observed:</p> <ol style="list-style-type: none"> <li>1. Several residents were smoking by the entrance to the courtyard.</li> <li>2. An unsecured open bucket was designated as an ashtray.</li> <li>3. Residents were throwing cigarettes butts in the container and on the ground.</li> <li>4. The residents were smoking so close to the entrance that cigarette smell was entering the facility.</li> </ol> <p>B. On 01/09/20 at 12:00 pm, during an interview with the Administrator and Managers #s 1 &amp; 2, they confirmed that:</p> <ol style="list-style-type: none"> <li>1. Residents were smoking by the entrance to the courtyard.</li> <li>2. An unsecured open bucket was designated as an ashtray.</li> <li>3. Residents were throwing cigarettes butts in the container and ground.</li> <li>4. The residents were smoking so close to the entrance that cigarette smell was entering the facility.</li> </ol>	{A 067}		