

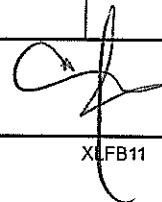
Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5810	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/24/2023
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NAME OF PROVIDER OR SUPPLIER SIERRA VISTA	STREET ADDRESS, CITY, STATE, ZIP CODE 402 EAST RODEO ROAD SANTA FE, NM 87505
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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 000	<p>Initial Comments</p> <p>The following deficiencies were cited during a Full-Onsite/Complaint survey completed on [REDACTED] 23 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Livings for Adults.</p> <p>Complaint Intake [REDACTED] was investigated with no deficiencies cited.</p> <p>Complaint Intake [REDACTED] was investigated with no deficiencies cited.</p> <p>Resident Census is 20.</p>	A 000		
A 016	<p>7 NMAC 8.2.16 Staff Qualifications</p> <p>STAFF QUALIFICATIONS: A facility shall employ staff with the following qualifications.</p> <p>A. Administrator, director, operator: an assisted living facility shall be supervised by a full-time administrator. Multiple facilities that are located within a forty (40) mile radius may have one full-time administrator. The administrator shall:</p> <ol style="list-style-type: none"> (1) be at least twenty-one (21) years of age; (2) have a high school diploma or its equivalent; (3) comply with the requirements of the New Mexico Caregivers Criminal History Screening Act, 7.1.9 NMAC; (4) complete a state approved certification program for assisted living administrators; (5) be able to communicate with the residents in the language spoken by the majority of the residents; (6) not work while under the influence of alcohol or illegal drugs; (7) have evidence of education and experience to prove the ability to administer, direct and operate an assisted living facility; the evidence of education and experience shall be directly related to the services that are provided at the facility; (8) provide three (3) notarized letters of reference 	A 016		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE *Executive Director* (X6) DATE 09/13/23

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A 016	<p>Continued From page 1</p> <p>from persons unrelated to the applicant; and</p> <p>(9) comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC.</p> <p>B. Direct care staff:</p> <p>(1) shall be at least eighteen (18) years of age;</p> <p>(2) shall have adequate education, relevant training, or experience to provide for the needs of the residents;</p> <p>(3) shall comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC; and</p> <p>(4) shall comply with the current requirements of reporting and investigating incidents pursuant to Incident Reporting, Intake Processing and Training Requirements, 7.1.13 NMAC;</p> <p>(5) if a facility provides transportation for residents, the employees of the facility who drive vehicles and transport residents shall have copies of the following documents on file at the facility:</p> <p>(a) a valid New Mexico driver ' s license with the appropriate classification for the vehicle that is used to transport residents;</p> <p>(b) documentation of training in transportation safety for the elderly and disabled, including safe vehicle operation;</p> <p>(c) proof of insurance; and</p> <p>(d) documentation of a clean driving record;</p> <p>(6) any person who provides direct care who is not employed by an agency that is covered by the requirements of the Caregivers Criminal History Screening Requirements, 7.1.9 NMAC, shall provide current (within the last 6 months) proof of the caregivers criminal history screening to the facility; the facility shall maintain and have proof of such screening readily available; and</p> <p>(7) employers shall comply with the requirements of the Caregivers Criminal History Screening</p>	A 016		

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A 016	<p>Continued From page 2</p> <p>Requirements, 7.1.9 NMAC. [7.8.2.16 NMAC - Rp, 7.8.2.16 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.16. B (3)</p> <p>Refer to 7.1.12 EMPLOYEE ABUSE REGISTRY</p> <p>7.1.12.8 REGISTRY ESTABLISHED; PROVIDER INQUIRY REQUIRED: Upon the effective date of this rule, the department has established and maintains an accurate and complete electronic registry that contains the name, date of birth, address, social security number, and other appropriate identifying information of all persons who, while employed by a provider, have been determined by the department, as a result of an investigation of a complaint, to have engaged in a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider. Additions and updates to the registry shall be posted no later than two (2) business days following receipt. Only department staff designated by the custodian may access, maintain and update the data in the registry.</p> <p>A. Provider requirement to inquire of registry. A provider, prior to employing or contracting with an employee, shall inquire of the registry whether the individual under consideration for employment or contracting is listed on the registry.</p> <p>B. Prohibited employment. A provider may not employ or contract with an individual to be an employee if the individual is listed on the registry as having a substantiated registry-referred</p>	A 016		

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A 016	<p>Continued From page 3</p> <p>incident of abuse, neglect or exploitation of a person receiving care or services from a provider.</p> <p>C. Applicant's identifying information required. In making the inquiry to the registry prior to employing or contracting with an employee, the provider shall use identifying information concerning the individual under consideration for employment or contracting sufficient to reasonably and completely search the registry, including the name, address, date of birth, social security number, and other appropriate identifying information required by the registry.</p> <p>D. Documentation of inquiry to registry. The provider shall maintain documentation in the employee's personnel or employment records that evidences the fact that the provider made an inquiry to the registry concerning that employee prior to employment. Such documentation must include evidence, based on the response to such inquiry received from the custodian by the provider, that the employee was not listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation.</p> <p>E. Documentation for other staff. With respect to all employed or contracted individuals providing direct care who are licensed health care professionals or certified nurse aides, the provider shall maintain documentation reflecting the individual's current licensure as a health care professional or current certification as a nurse aide.</p> <p>F. Consequences of noncompliance. The department or other governmental agency having regulatory enforcement authority over a provider may sanction a provider in accordance with applicable law if the provider fails to make an appropriate and timely inquiry of the registry, or fails to maintain evidence of such inquiry, in connection with the hiring or contracting of an</p>	A 016		

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A 016	<p>Continued From page 4</p> <p>employee; or for employing or contracting any person to work as an employee who is listed on the registry. Such sanctions may include a directed plan of correction, civil monetary penalty not to exceed five thousand dollars (\$5000) per instance, or termination or non-renewal of any contract with the department or other governmental agency. [7.1.12.8 NMAC - N, 01/01/2006]</p> <p>Based on record review and interview, the facility failed to ensure that the Direct Care Staff, (DCS) had been cleared by the Employee Abuse Registry (EAR) prior to hire. This deficient practice could likely affect the safety and welfare of the [redacted] residents identified on the census. [redacted] the Assistant Executive Director [redacted] 3, if residents are being provided care by staff who may have a previous history of abusing, neglecting, and/or exploiting residents. The findings are:</p> <p>A. Record review of DCS #1's employee file (hire date [redacted] 22) revealed that the EAR clearance was [redacted] mpleted until [redacted] /22.</p> <p>B. Record review of DCS #2's employee file (hire date [redacted] /22) revealed that the EAR clearance was [redacted] mpleted until [redacted] /22.</p> <p>C. On [redacted] 2/23 at 10:40 am, during an interview, the Ass[redacted] nt Executive Director confirmed that the EAR clearances for DCS #s 1 and 2 were not completed prior to their date of hire.</p>	A 016	<p>Facility was having difficulty obtaining information for clearance timely. Facility will moving forward not hire with out proper clearance documentation</p>	
A 023	<p>7 NMAC 8.2.23 Pets</p> <p>PETS: Pets are permitted in a licensed facility, in accordance with the facility's rules.</p>	A 023	<p>[redacted] /24 Executive and Assistant Director will run background checks and FP so that all new hires will have EAR clearance prior to</p>	

to employment date and will ensure the process is completed to satisfy Regulation.

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A 023	<p>Continued From page 5</p> <p>A. Prohibited areas. Animals are not permitted in food processing, preparation, storage, display and serving areas, or in equipment or utensil washing areas. Guide dogs for the blind and deaf and service animals for the handicapped shall be permitted in dining areas pursuant to Subsection K of 7.6.2.9 NMAC.</p> <p>B. Vaccination. Pets shall be vaccinated in accordance with all state and local requirements and records of such vaccination shall be kept on file in the facility. [7.8.2.23 NMAC - Rp, 7.8.2.24 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.23 B</p> <p>Based on record review, observation, and interview, the facility has failed to maintain proper documentation that the pets who live in the facility had been vaccinated. This deficient practice could likely result in all ██████████ residents identified on the census provided by the Assistant Executive Director on ████████/23, to be at risk of contracting communicable diseases through direct/indirect contact with the pets, become ill, and need medical treatment if the pets were not up to date on their vaccinations. The findings are:</p> <p>A. On ████████/23 at 11:00 am, during observation, the facility has one (1) pet bird (cockatiel) and one (1) pet turtle.</p> <p>B. Record request for the current vaccination records for the two pets living at the facility revealed no documentation that the animals had been vaccinated.</p>	A 023	<p>Facility Administrator was unaware that the pets living in and outside of home required proof of vaccinations being that they were farm animals. A vet has since been brought in examined animals and given a clean bill of health and determined which are in need of vaccinations please refer to Exb. A.</p>	

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A 023	Continued From page 6 C. On [REDACTED] 23 at 11:05 am, during an interview, the Assistant Executive Director confirmed that the facility did not have vaccination records for either of the animals.	A 023	Maintenance personnel have reached out to mobile vet willing to do routine checkups on all animals This has been completed will be scheduled annually by maintenance and overseen by ED and AED	[REDACTED] 24
A 044	7 NMAC 8.2.44 Heating, Air-Conditioning and Ventilation HEATING, AIR-CONDITIONING AND VENTILATION: A. Heating, air-conditioning, piping, boilers and ventilation equipment shall be furnished, installed and maintained to meet all requirements of current state and local mechanical, electrical and construction codes. All facilities shall have documentation that fuel-fire heating systems have been checked, tested and maintained annually by qualified personnel. B. The heating method used by the facility shall provide a minimum temperature of seventy (70) degrees fahrenheit, measured at three (3) feet above the floor, in all rooms used by the residents. C. No open-face gas or electric heater nor unprotected single shell gas or electric heating device shall be used for heating the facility. Portable heating units shall not be used for heating the facility. All heating appliances shall be permanently anchored and kept away from flammables such as curtains, bedcovering, trash containers, or clothing. No heating appliance shall be located where the unit or wiring is a tripping hazard or presents danger from electrical shock. D. Fireplaces and open flame heating shall not be utilized in sleeping rooms. E. Gas fired water heaters shall not be located in sleeping rooms, bathrooms, or rooms opening into sleeping rooms.	A 044		

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A 044	<p>Continued From page 7</p> <p>F. The facility shall be adequately ventilated at all times to provide fresh air and the control of unpleasant odors by either mechanical or natural means.</p> <p>G. All openings to the outside air used for ventilation shall be screened for the control of insects and rodents. Screen doors shall be equipped with self-closing devices.</p> <p>H. The facility shall have a system for maintaining the residents comfort during periods of hot weather. Fans shall not be located where the unit or wiring is a tripping hazard. Fans shall be provided with protective shields when there is a potential for contact by any individual. [7.8.2.44 NMAC - Rp, 7.8.2.45 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.44 A</p> <p>Based on record review and interview, the facility failed to ensure that the facility's gas/fuel-fired heater was checked and tested annually by qualified personnel. [redacted] practice could likely result in the [redacted] residents identified on the re [redacted] provided by the Assistant Administrator on [redacted]/23, to be at risk of injury, illness, or death b [redacted] bon monoxide poisoning, or if a gas leak or fire occurred. The findings are:</p> <p>A. Record request for the Annual Inspection Report for the gas/fuel-fired heater, revealed the last no documentation that the heater had been inspected annually by a qualified person.</p> <p>B. On [redacted]/23 at 2:00 pm, during an interview, the Ass [redacted] Administrator confirmed that the</p>	A 044	<p>Inspections have been Done and will be Scheduled at least annually Refer to Exb. B</p> <p>Maintenance personnel [redacted] has scheduled annual inspections to take place w- th mechanics [redacted] and will be over seen by E and AC/D</p>	

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A 044	Continued From page 8 facility did not have any documentation of an annual heater inspection by qualified personnel, because they were not aware they had to have the heater inspected annually.	A 044		
A 060	<p>7 NMAC 8.2.60 Fire Clearance and Inspections</p> <p>FIRE CLEARANCE AND INSPECTIONS:</p> <p>A. Written documentation of a facility's compliance with applicable fire prevention codes shall be obtained from the state fire marshal ' s office or the fire prevention authority with jurisdiction and shall be submitted to the licensing authority prior to the issuance of an initial license.</p> <p>B. The facility shall request an annual fire inspection from the local fire prevention authorities. If the policy of the local fire department does not provide an annual inspection of the facility, the facility will document the date the request was made and to whom and then contact licensing authorities. If the local fire prevention authorities do make annual inspections, a copy of the latest inspection must be kept on file in the facility.</p> <p>[7.8.2.60 NMAC - Rp, 7.8.2.59 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.60 B</p> <p>Based on record review and interview the facility failed to ensure that the facility had an annual inspection from the local fire prevention authority having jurisdiction. This deficient practice could likely result in the [REDACTED] residents listed on the census provided by the Assistant Executive Director on [REDACTED] 23, and all occupants</p>	A 060	<p>Fire Marshal was contacted to schedule had been unavailable has since done inspection but under wrong address See Exhbt C</p>	

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A 060	Continued From page 9 of the building, to be at risk of injury or death if a fire were to occur. The findings are: A. Record review of facility records revealed, the last fire inspection from the local fire prevention authority having jurisdiction was on [REDACTED] 19. B. On [REDACTED] 23 at 10:55 am, during an interview, the Assistant Executive Director confirmed that the last fire inspection from the local fire prevention authority having jurisdiction was on [REDACTED] 19.	A 060	Due to the Availability of the Fire Marshal the facility is at the agencies mercy to complete annual inspections in a timely manner maintenance personnel will continue to reach out and schedule inspections and will keep detailed log as to communications with date of request and results the ED and AED will oversee this is done	[REDACTED] 24
A 063	7 NMAC 8.2.63 Fire Extinguishers FIRE EXTINGUISHERS: Fire extinguisher(s) must be located in the facility, as approved by the state fire marshal or the fire prevention authority with jurisdiction. A. Facilities must as a minimum have two (2) 2A10BC fire extinguishers: (1) one (1) extinguisher located in the kitchen or food preparation area; (2) one (1) extinguisher centrally located in the facility; (3) all fire extinguishers shall be inspected yearly and recharged as needed; all fire extinguishers must be tagged noting the date of the inspection; (4) the maximum distance between fire extinguishers shall be fifty (50) feet. B. Fire extinguishers, alarm systems, automatic detection equipment and other fire fighting equipment shall be properly maintained and inspected as recommended by the manufacturer, state fire marshal, or the local fire authority. [7.8.2.63 NMAC - Rp, 7.8.2.62 NMAC, 01/15/2010]	A 063		

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A 063	<p>Continued From page 10</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.63 B</p> <p>Reference NFPA 10, Standard for Portable Fire Extinguishers, 1998 Edition: 4-3 Inspection. 4-3.1* Frequency. Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals. Fire extinguishers shall be inspected at more frequent intervals when circumstances require.</p> <p>Based on observation and interview, the facility failed to ensure that the fire extinguishers were being inspected monthly as recommended by the manufacturer. [redacted] ent practice could likely result in all [redacted] residents identified on the census [redacted] nt Executive Director on 08/21/23, staff members, and other building occupants to be at risk of harm, injury, or death if a fire were to occur and the fire extinguishers do not work. The findings are:</p> <p>A. On [redacted] /23 at 10:05 am, during observation of two [redacted] tinguishers (1 across from the TV/den area and 1 to the left of the outside patio door), was observed that they had not been inspected monthly as recommended by the manufacturer since the last annual inspection in June 2023.</p> <p>B. On [redacted] /23 at 10:15 am, during an interview, the Ass [redacted] Executive Director confirmed that the fire extinguishers in the facility had not been inspected monthly.</p>	A 063	<p>Facility Administrator was under the impression was only done by person's inspection. Since [redacted] will facility inspections See Exb D</p>	
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This has been added to our calendars, and maintenance personnel will initial tags monthly and ED and JED will oversee it is being done

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A 069	Continued From page 11	A 069		
A 069	<p>7 NMAC 8.2.69 Memory Care Units</p> <p>MEMORY CARE UNITS: An assisted living facility that provides a memory care unit to serve residents with dementia shall comply with the provisions of subsection A-J below in addition to the rules applicable to all assisted living facilities, 7.8.2 NMAC.</p> <p>A. Additional definitions: The following definitions, in addition to those in 7.8.2.7 NMAC, shall apply.</p> <p>(1) " Alzheimer ' s " means a brain disorder that destroys brain cells, causing problems with memory, thinking and behavior that are severe enough to affect work, lifelong hobbies or social life. Alzheimer ' s gets progressively worse and is fatal.</p> <p>(2) " Care coordination agreement requirement " means a written document that outlines the care and services that are provided by other outside agencies for assisted living residents that require additional care and services.</p> <p>(3) " Dementia " means loss of memory and other mental abilities severe enough to interfere with daily life. It is caused by changes in the brain.</p> <p>(4) " Memory care unit " means an assisted living facility or part of or an assisted living facility that provides added security, enhanced programming and staffing appropriate for residents with a diagnosis of dementia, Alzheimer ' s disease or other related disorders causing memory impairments and for residents whose functional needs require a specialized program.</p> <p>(5) " Secured environment " means locked (secured/monitored) doors/fences that restrict access to the public way for residents who require a secure unit.</p> <p>B. Care coordination requirement. An assisted living facility that accepts residents with memory</p>	A 069		

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A 069	<p>Continued From page 12</p> <p>issues shall determine which additional services and care requirements are relevant to the resident and disease process.</p> <p>(1) The medical diagnosis and ISP shall be utilized in the determination of the need for additional services.</p> <p>(2) The assisted living facility shall ensure the coordination of services and shall have evidence of an agreement of care coordination for all services provided in the facility by an outside health care provider.</p> <p>C. Employee training. In addition to the training requirements for all assisted living facilities, pursuant to 7.8.2.17 NMAC, all employees assisting in providing care for memory unit residents shall have a minimum of twelve (12) hours of training per year related to dementia, Alzheimer ' s disease, or other pertinent information.</p> <p>D. Individual service plan (ISP). An assisted living facility that admits memory care unit residents shall create an ISP in coordination with the resident ' s primary care practitioner, in compliance with the requirements outlined in " Individual Service Plan, " 7.8.2.26 NMAC, pursuant to a team meeting as described in " Exceptions to admission, readmission and retention, " Subsection C of 7.8.2.20 NMAC, and which ensures the following criteria:</p> <p>(1) identification of the resident's needs specific to the memory care unit and the services that are provided; each memory unit resident shall receive the services necessary to meet the individual resident ' s needs;</p> <p>(2) medications shall be self-administered, self-administered with assistance by an individual that has completed a state approved program in medication assistance or administered by the following individuals:</p>	A 069		

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A 069	<p>Continued From page 13</p> <p>(a) a physician; (b) a physician extender (PA or NP); (c) a licensed nurse (RN or LPN); (d) the resident if their PCP has approved it; (e) family or family designee; and (f) any other individual in accordance with applicable state and local laws.</p> <p>E. Assessments and reevaluations.</p> <p>(1) An assessment shall be completed by a registered nurse or a physician extender within fifteen (15) days prior to admission. When emergency placement is warranted the fifteen (15) day assessment shall be waived and the assessment shall be completed within five (5) days after admission.</p> <p>(a) The resident shall have a medical evaluation and documentation by a physician, physician's assistant or a nurse practitioner within six (6) months of admission.</p> <p>(b) The pre-admission assessment shall include written findings, an evaluation of less restrictive alternatives and the basis for the admission to the secured environment. The written documentation shall include a diagnosis from the resident's PCP of Alzheimer's disease or other dementia and the need for the resident to reside in a memory care unit.</p> <p>(c) Only those residents who require a secured environment placement or whose needs can be met by the facility, as determined by the assessment prior to admission or on review of the individual service plan (ISP), shall be admitted.</p> <p>(2) A re-evaluation must be completed every six (6) months and when there is a significant change in the medical or physical condition of the resident that warrants intervention or different care needs, or when the resident becomes a danger to self or others, to determine whether the</p>	A 069		

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A 069	<p>Continued From page 14</p> <p>resident ' s stay in the assisted living facility memory care unit is still appropriate.</p> <p>F. Documentation in the resident ' s record. In addition to the required documentation pursuant to 7.8.2.21 NMAC, the following information shall be documented in the resident ' s record:</p> <p>(1) the physician ' s diagnosis for admission to a secure environment or a memory care unit;</p> <p>(2) the pre-admission assessment; and</p> <p>(3) the re-evaluation(s).</p> <p>G. Secured environment.</p> <p>(1) Memory care unit residents may require a secure environment for their safety. A secured environment is any locked (secured/monitored) area in which doors and fences restrict access to the public way. These include but are not limited to:</p> <p>(a) double alarm systems;</p> <p>(b) gates connected to the fire alarm; and</p> <p>(c) tab alarms for residents at risk for elopement.</p> <p>(2) In addition to the interior common areas required by this rule, the facility shall provide a safe and secure outdoor area for the year round use by the residents.</p> <p>(a) Fencing or other enclosures shall prevent elopement and protect the safety and security of the residents.</p> <p>(b) Residents shall be able to independently access the outdoor areas.</p> <p>(3) Locked areas shall have an access code or key which facility employees shall have available on their person or on the locking unit itself at all times.</p> <p>H. Resident rights. In addition to the requirements pursuant to 7.8.2.32 NMAC, the following shall apply:</p> <p>(1) the resident's rights may be limited as required by their condition and as identified in the ISP;</p>	A 069		

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A 069	<p>Continued From page 15</p> <p>(2) the resident who believes that he or she has been inappropriately admitted to the secured environment may request the facility in contact the resident ' s legal guardian, or an advocate such as the ombudsman or the primary care practitioner; upon request, the facility shall assist the resident in making such contact.</p> <p>I. Disclosure to residents. A facility that operates a secured environment shall disclose to the resident and the resident ' s legal representative, if applicable and prior to the resident ' s admission to the facility, that the facility operates a secured environment.</p> <p>(1) The disclosure shall include information about the types of resident diagnosis or behaviors that the facility provides services for and for which the staff are trained to provide care for.</p> <p>(2) The disclosure shall include information about the care, services and the type of secured environment that the facility and trained staff provide.</p> <p>J. Staffing. The facility shall provide the sufficient number of trained staff members to meet the additional needs of the residents in the secured environment. There must be at least one (1) trained staff member awake and in attendance in the secured environment at all times. [7.8.2.69 NMAC - N, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by: 7.8.2.69 G (2) (b)</p> <p>Based on observation and interview, the facility failed to ensure that residents who have Alzheimer's or dementia (memory loss) could independently access the facility's central outdoor courtyard area. This deficient practice could likely result in the [REDACTED] residents</p>	A 069		

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A 069	<p>Continued From page 16</p> <p>identified on the census as having Dementia/Alzheimer's provided by the Assistant Executive Director on [REDACTED]/23, to not be able to enjoy the outdoor areas when they want to. The findings are:</p> <p>A. On [REDACTED] 23 at 10:30 am, during observation of the facility's secured (no outside exit) central outdoor courtyard area available for use by all residents who identified as having Dementia/Alzheimer's, it was observed that a code was needed to enter and exit the door to the courtyard. This prevents residents with Alzheimer's or dementia from being able to independently access the outdoor courtyard.</p> <p>B. On [REDACTED] 23 at 10:35 am, during an interview, the Assistant Executive Director confirmed that the door to the facility's central outdoor courtyard area requires a code to enter/exit and that the residents were not able to independently access the courtyard.</p>	A 069	<p>Residents do have the ability to enjoy the outdoor when they want as all staff are able to open the door to provide access and ensure the safety of elders who may have ambulation difficulties, sight issues. or poor safety awareness. staff is looking into a better system that still takes safety into consideration while complying with regulations.</p> <p>Floor managers will ensure daily that residents can access courtyard independently</p>	[REDACTED] 24