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	4057	A. BUILDING: _____ B. WING _____	C 07/07/2021

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ELMCROFT OF QUINTESSENCE	7101 EUBANK BLVD NE ALBUQUERQUE, NM 87112

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A 000	Initial Comments The following deficiencies were cited during a Complaint survey completed on 07/07/21 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living. Complaint # NM51912 was substantiated with deficiencies cited.	A 000		
A 016	7 NMAC 8.2.16 Staff Qualifications STAFF QUALIFICATIONS: A facility shall employ staff with the following qualifications. 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: (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 from persons unrelated to the applicant; and (9) comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC.	A 016	NMAC 8.2.16 Staff Qualifications Facility updated its hiring practices on 8/18/21 to ensure that the request for the Employee Abuse Registry (EAR) is sent at time of offer to ensure that results are received prior to official start date. Facility created a new hire checklist on 8/16/21 to include items to be completed at time of offer and items to be completed at time of hire.	8/30/21

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A 016	Continued From page 1 B. Direct care staff: (1) shall be at least eighteen (18) years of age; (2) shall have adequate education, relevant training, or experience to provide for the needs of the residents; (3) shall comply with the pre-employment requirements pursuant to the Employee Abuse Registry, 7.1.12 NMAC; and (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; (5) if a facility provides transportation for residents, the employees of the facility who drive vehicles and transport residents shall have copies of the following documents on file at the facility: (a) a valid New Mexico driver ' s license with the appropriate classification for the vehicle that is used to transport residents; (b) documentation of training in transportation safety for the elderly and disabled, including safe vehicle operation; (c) proof of insurance; and (d) documentation of a clean driving record; (6) any person who provides direct care who is not employed by an agency that is covered by the requirements of the Caregivers Criminal History Screening Requirements, 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 (7) employers shall comply with the requirements of the Caregivers Criminal History Screening Requirements, 7.1.9 NMAC. [7.8.2.16 NMAC - Rp, 7.8.2.16 NMAC, 01/15/2010]	A 016	The Business Office Coordinator was trained on 8/18/21 on the new protocol and checklist and new hire files after July 7, 2021, have been audited to ensure that all required paperwork was completed as required. Business Office Coordinator and Executive Director will audit all new hire paperwork prior to official start date to ensure that the EAR has been received prior to hire date. This tag will be reviewed monthly at our QA meeting and any issues or concerns will be addressed at that time.	

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A 016	Continued From page 2 This REQUIREMENT is not met as evidenced by: 7.8.2.16. B (3) Refer to 7.1.12 EMPLOYEE ABUSE REGISTRY 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. 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. B. Prohibited employment. A provider may not employ or contract with an individual to be an employee if the individual is listed on the registry as having a substantiated registry-referred incident of abuse, neglect or exploitation of a person receiving care or services from a provider. C. Applicant's identifying information required. In making the inquiry to the registry prior to employing or contracting with an employee, the	A 016		

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A 016	Continued From page 3 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. 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. 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. F. Consequences of noncompliance. The department or other governmental agency having regulatory enforcement authority over a provider may sanction a provider in accordance with applicable law if the provider fails to make an appropriate and timely inquiry of the registry, or fails to maintain evidence of such inquiry, in connection with the hiring or contracting of an employee; or for employing or contracting any 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	A 016		

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A 016	Continued From page 4 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] 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 has the potential to affect the safety and welfare of the 49 (R #s 1-49) residents identified on the census provided by the Administrator on 07/06/21. If residents are being provided care by staff who may have a previous history of abusing, neglecting, and/or exploiting residents. The findings are: A. Record review of DCS #3's employee file (hire date 11/18/20) revealed that the EAR clearance was not completed until 11/23/20. B. Record review of DCS #4's employee file (hire date 06/25/20) revealed that the EAR clearance was not completed until 06/26/20. C. On 07/06/21 at 3:10 pm, during an interview with the Administrator, she confirmed that the EAR clearance for DCS #s 3 & 4 were not completed prior to their date of hire.	A 016		
A 025	7 NMAC 8.2.25 Resident Evaluation RESIDENT EVALUATION: A. A resident evaluation shall be completed by an appropriate staff member within fifteen (15) days prior to admission to determine the level of assistance that is needed and if the level of services required by the resident can be met by the facility.	A 025	NMAC 8.2.25 Resident Evaluation	8/30/21

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A 025	Continued From page 5 B. The initial resident evaluation shall establish a baseline in the resident ' s functional status and thereafter assist with identifying resident changes. The resident evaluation shall be reviewed and updated at a minimum of every six (6) months or when there is a significant change in the resident ' s health status. C. The resident ' s evaluation shall be documented on a resident evaluation form and at a minimum include the following abilities, behaviors or status: (1) activities of daily living; (2) cognitive abilities; reasoning and perception; the ability to articulate thoughts, memory function or impairment, etc; (3) communication and hearing; ability to communicate needs and understand instructions, etc; (4) vision; (5) physical functioning and skeletal problems; (6) incontinence of bowel/bladder; (7) psychosocial well-being; (8) mood and behavior; (9) activity interests; (10) diagnoses; (11) health conditions; (12) nutritional status; (13) oral or dental status; (14) skin conditions; (15) medication use and level of assistance needed with medications; (16) special treatments and procedures or special medical needs such as hospice; and (17) safety needs/high risk behaviors; history of falls agitation, wandering, fire safety issues, etc. D. The resident evaluation shall include a history and physical examination and an evaluation report by a physician or a physician extender within six (6) months of admission. A resident	A 025	Facility re-trained the Resident Care Director on assessment requirements on 8/16/21 and will ensure that all assessments for new move ins are completed within 15 days of the resident moving in and that they are uploaded into the electronic documentation system for staff to access upon move in. This tag will be reviewed monthly at our QA meeting and any issues or concerns will be addressed at that time.	

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A 025	Continued From page 6 shall have a medical evaluation by a physician or a physician extender at least annually. E. The resident evaluation shall be reviewed and if needed revised by a licensed practical nurse, registered nurse or physician extender at the time the individual service plan is reviewed, at a minimum of every six (6) months or when a significant change in health status occurs. [7.8.2.25 NMAC - Rp, 7.8.2.25 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.25 A Based on record review and interview, the facility failed to ensure for 1 (R #3) of 5 (R #s 1-5) residents whose initial evaluations were reviewed for compliance had been completed within 15 days prior to admission. This deficient practice is likely to result in residents not receiving appropriate care/services upon admission if the Direct Care Staff (DCS) are not aware of what the resident's needs are. The findings are: A. Record review of R #3's evaluation dated 04/13/20, revealed that the initial evaluation was not completed within 15-days prior to admission on [redacted]20. B. On 07/07/21 at 10:05 am, during an interview with the Administrator, she confirmed that R #3's evaluation was not completed within 15-days prior to admission.	A 025		

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A 033	Continued From page 7	A 033		
A 033	7 NMAC 8.2.33 Resident Rights RESIDENT RIGHTS: All licensed facilities shall understand, protect and respect the rights of all residents. A. Prior to admission to a facility, a resident and legal representative shall be given a written description of the legal rights of the resident, translated into another language, if necessary, to meet the resident ' s understanding. B. If the resident has no legal representative and is incapable of understanding his or her legal rights, a written copy of the resident's legal rights shall be provided to the most significant responsible party in the following order: (1) the resident's spouse; (2) significant other; (3) any of the resident's adult children; (4) the resident's parents; (5) any relative the resident has lived with for six or more months before admission; (6) a person who has been caring for, or paying benefits on behalf of the resident; (7) a placing agency; (8) resident advocate; or (9) the ombudsman. C. The resident rights shall be posted in a conspicuous public place in the facility and shall include the telephone numbers for the incident management hotline and for the state ombudsman program. D. To protect resident rights, the facility shall: (1) treat all residents with courtesy, respect, dignity and compassion; (2) not discriminate in admission or services based on gender, sexual orientation, resident's age, race, religion, physical or mental disability, or nationality; (3) provide residents written information about all	A 033	NMAC 8.2.33 Resident Rights On 5/10/21 the facility followed Department of Health Regulations by reporting the incident immediately, suspending the associate, investigating and because of the investigation terminating the associate. The resident was sent to the Emergency Room on 5/10/21 for evaluation and the resident's physician and family were contacted. The facility re-trained associates on Resident Rights and recognizing Abuse, Neglect and Exploitation on 8/18/21 and 8/19/21.	8/30/21

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A 033	Continued From page 8 services provided by the facility and their costs and give advance written notice of any changes; (4) provide residents with a safe and sanitary living environment; (5) provide humane care for all residents; (6) provide the right to privacy, including privacy during medical examinations, consultations and treatment; (7) protect the confidentiality of the resident ' s medical record; (8) protect the right to personal privacy, including privacy in personal hygiene; privacy during visits with a spouse, family member or other visitor; and privacy in the resident's own room; (9) protect the right to communicate privately and freely with any person, including private telephone conversations and private correspondence; and the right to receive visits from family, friends, lawyers, ombudsmen and community organizations; (10) prohibit the use of any and all physical and chemical restraints; (11) ensure that residents: (a) are free from physical and emotional abuse neglect and misappropriation/or exploitation; (b) are free from financial abuse and misappropriation by facility staff or management; (c) are free to participate in religious, social, community and other activities and freely associate with persons in and out of the facility; (d) are free to leave the facility and return without unreasonable restriction; (e) are given a fifteen (15) calendar day, written notice before room transfers or discharge from the facility unless there is immediate danger to self or others in the facility; (f) have an environment that fosters social interaction and avoids social isolation; (g) or their surrogate decision makers, are	A 033	The Facility will re-train all associates providing care on the residents ISP and how to locate the ISP in our documentation system by 9/3/21. The facility has trained and will continue to train staff on Resident Rights and recognizing Abuse, Neglect and Exploitation through online and in person trainings. The Resident Services Director and Resident Care Director will ensure that associates are trained/re-trained as changes occur in resident ISP's and on new resident ISP's as needed. This tag will be reviewed monthly at our QA meeting and any issues or concerns will be addressed at that time.	

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A 033	Continued From page 9 informed of and consent to the services provided by the facility; (h) have the right to voice grievances to the facility staff, public officials, the ombudsmen, any state agency, or any other person, without fear of reprisal or retaliation; (i) have the right to have their complaints addressed within fourteen (14) calendar days or sooner; (j) have the right to participate in the development of their care plan/ISP; (k) have the right to choose a doctor, pharmacist and other health care provider(s); (l) have the right to participate in medical treatment decisions and formulate advance directives such as living wills and powers of attorney; (m) have the right to keep and use personal possessions without loss or damage; (n) have the right to manage and control their personal finances; (o) have the right to freely organize and participate in a resident association that may recommend changes in the facility's policies, services and management; (p) shall not be required to work for the facility; and (q) are protected from unjustified room transfers or discharge. E. The resident's rights shall not be restricted unless this restriction is for the health and safety of the resident, agreed to by the resident or the resident ' s surrogate decision maker and outlined in the resident ' s individual service plan. [7.8.2.33 NMAC - Rp, 7.8.2.34 NMAC, 01/15/2010]	A 033		

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A 033	Continued From page 10 This REQUIREMENT is not met as evidenced by: 7.8.2.33 D (11) (a) 7.8.2.7 DEFINITIONS: . . . AW. "Neglect" means the failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness and is defined in the Incident Reporting Intake, Processing & Training Requirements, 7.1.13 NMAC. 7.1.13.7. DEFINITIONS: . . . T. "Neglect" means the failure of the caretaker/staff to provide basic needs of a person, such as clothing, food, shelter, supervision and care for the physical and mental health of that person. Neglect causes, or is likely to cause, harm, or death to a person. Based on record review and interview, the facility failed to ensure the safety and welfare for 1 (R #1) of 1 (R #1) resident who required the assistance of (2) Direct Care Staff (DCS) for all transfers was being assist by 2 DCS during all transfers. This deficient practice resulted in actual harm and injury requiring emergency medical care of R #1 while being transferred by only (1) DCS. The findings are: A. Record review of R #1's Individual Service Plan (ISP) dated 03/30/21 revealed that the resident required the assistance of two DCS for all transfers. B. Record review of a facility incident report for R #1 dated 05/10/21 revealed that the resident reported to [redacted] Home Health Nurse (HHN) that	A 033		

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A 033	Continued From page 11 DCS #1 was rough with [redacted] during transfers and that [redacted] told him he was rough. HHN noted that R #1 had a [redacted] Emergency Medical Services (EMS) were called and resident was taken to the emergency room. R #1's Physian and Power of Attorney (POA) were contacted. C. Record review of the facility's follow-up report (not dated) to the Licensing revealed that the facility investigation confirmed that DCS #1 was rough with R #1 during transfers, that there was [redacted] On 05/13/21 all staff were trained on transferring residents. D. Record review of the hospital records dated 05/10/21 revealed R #1 was diagnosed with a [redacted] Treatment instructions included using ice on the [redacted] and over-the-counter (OTC) medications as needed. E. On 07/07/21 at 12:30 pm, during an interview, DCS #1 confirmed that he did not use the required two-person transfer technique when assisting the resident during a transfer on 05/10/21 and did not know [redacted] required a two-person transfer. F. On 07/07/21 at 12:43 pm, during an interview with the Administrator, she confirmed that DCS #1 admitted to not having used a two-person transfer when assisting the resident on 05/10/21. She also confirmed having seen the [redacted] on the resident on [redacted] 21, and that DCS #1 was terminated as a result of this incident.	A 033		

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A 036	Continued From page 12	A 036		
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 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	A 036	NMAC 8.2.36 Nutrition The facility purchased new close-fitting lids for 2 trash cans on 7/12/31 The facility trained all dietary staff on ensuring that all trash cans have close fitting lids and that the lids are always used on 8/18/21. The Executive Director will conduct a weekly walk through for the next month and the randomly thereafter to ensure the trash can lids are tightly fitting. This tag will be reviewed monthly at our QA meeting and any issues or concerns will be addressed at that time.	8/30/21

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	4057	A. BUILDING: _____ B. WING _____	C 07/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMCROFT OF QUINTESSENCE	7101 EUBANK BLVD NE ALBUQUERQUE, NM 87112

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A 036	Continued From page 13 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; (b) preparation and serving food; (c) safety in food handling; (d) appropriate personal hygiene; and (e) infectious and communicable disease control. 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. C. Clean and sanitary conditions. All practices shall be in accordance with the standards of the	A 036		

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A 036	Continued From page 14 state environment department, pursuant to 7.6.2 NMAC. (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. (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	A 036		

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A 036	Continued From page 15 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 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	A 036		

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A 036	Continued From page 16 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. (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. (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. (8) The facility shall ensure the following: (a) all perishable food is refrigerated and the temperature is maintained no higher than forty-one (41) degrees fahrenheit; (b) the temperature for all hot foods is maintained at one hundred forty (140) degrees fahrenheit; and (c) all displayed or transported food is protected from environmental contamination and maintained at proper temperatures in clean containers, cabinets or serving carts. E. Milk. (1) Raw milk shall not be used. (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. F. Collateral requirements. Compliance with this rule does not relieve a facility from the responsibility of meeting more stringent municipal	A 036		

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A 036	Continued From page 17 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] This REQUIREMENT is not met as evidenced by: 7.8.2.36 C (4) Based on observation and interview the facility failed to have close fitting lids on 2 trash cans in the kitchen. This deficient practice has the potential for all 49 (R #s 1-49) residents on the census provided by the Administrator on 07/06/21 to be at risk of contracting foodborne illnesses, by ingesting food contaminated by bacteria and germs. The findings are: A. On 07/06/21 at 12:57 pm, during observation and tour of the facility, two refuse containers in the kitchen were observed to not have close fitting covers. B. On 07/06/21 at 12:59 pm, during an interview, the Dining Services Director #12 confirmed that the two refuse containers in the kitchen did not have close fitting covers.	A 036		
A 038	7 NMAC 8.2.38 Housekeeping Services	A 038		

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A 038	Continued From page 18 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. A. All common living areas and all bathrooms shall be cleaned as often as necessary to maintain a clean and sanitary environment. B. Combustibles such as cleaning rags or flammable substances shall be stored in closed metal containers in approved areas that provide adequate ventilation. Combustibles shall be stored away from the food preparation areas and away from the resident rooms. C. Poisonous or flammable substances shall not be stored in residential areas, food preparation areas or food storage areas. If hazardous chemicals are stored on the property, material safety data sheets shall be maintained and stored in the same area as the chemicals, pursuant to state environment department requirements, 11.5.2.9 NMAC. [7.8.2.38 NMAC - Rp, 7.8.2.39 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.38 (C) Based on observation and interview, the facility failed to ensure that cleaning supplies and hazardous chemicals were stored in secure areas and were not accessible to the residents. This deficient practice could likely result in the 49 (R #s 1- 49) residents listed on the census list provided by the Administrator on 07/06/21, being placed at risk of harm, illness, or injury if the residents were to spill or ingest the hazardous	A 038	NMAC 8.2.28 Housekeeping Services The northwest laundry room door is now closed and locked. Staff needing access have been provided a key to get into the room. The chemicals located in the northwest laundry room have been stored properly in the cabinets and the door remains locked at all times. The facility trained staff on this procedure on 8/18/21 and 8/19/21 to ensure that facility is in compliance. The Executive Director will conduct a weekly walk through for the next month and the randomly thereafter.	8/31/21

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A 038	Continued From page 19 chemicals. The findings are: A. On 07/06/21 at 12:53 pm, during an observation of the northwest laundry room, it revealed that the following cleaning chemicals were in an unlocked cabinet and accessible to residents: 1. One 24 ounce bottle of Peroxide Multi-Surface Cleaner 2. Two 24 ounce bottles of Toilet Bowl Cleaner with bleach 3. One 32 ounce bottle of room refresher B. On 07/06/21 at 12:55 pm, during an interview with the Sales Director, she confirmed there were cleaning chemicals stored in an unlocked cabinet in the laundry room, that the door to the laundry room was unlocked, and the cleaning chemicals were accessible to residents.	A 038	The Executive Director will check to ensure that the door is closed and locked and the chemicals are stored correctly. This tag will be reviewed monthly at our QA meeting and any issues or concerns will be addressed at that time.	