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	4057	A. BUILDING: _____ B. WING _____	C 12/14/2023

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments The following deficiencies were cited during a Complaint/Full-Onsite survey completed on [redacted]23 for the state requirements of 7 NMAC 8.2, Regulations for Assisted Living Facilities for Adults. Census: 43 Complaint Intake [redacted] was investigated with no deficiencies cited. Complaint Intake [redacted] was investigated with no deficiencies cited. Complaint Intake [redacted] was investigated with no deficiencies cited. Complaint Intake [redacted] was investigated with no deficiencies cited. Complaint Intake [redacted] was investigated with no deficiencies cited. Complaint Intake [redacted] was investigated with no deficiencies cited.	A 000		
A 034	7 NMAC 8.2.34 Custodial Drug Permits CUSTODIAL DRUG PERMITS: A facility with two (2) or more residents that is licensed pursuant to this rule and that assists with self-administration or safeguards medications for residents shall have a current custodial drug permit issued by the state board of pharmacy. A. Procurement, labeling and storage. The facility shall provide assistance to the resident in obtaining the necessary medications, treatment and medical supplies as identified in the ISP. The facility shall procure, label and store medications for residents who require assistance with self-administration of medication in compliance with state and federal laws. (1) All medications, including non-prescription drugs, shall be stored in a locked compartment or	A 034	A 034 7 NMAC 8.2.17 Staff Training 1. Facility Administrator has designated a vacant apartment to utilize and O2 room for community. 2. Facility Health and Wellness Director will ensure that all O2 tanks are stored in an appropriate O2 crate in O2 room. 3. Health and Wellness Director will ensure that only one secured O2 tank is located in residents apartment whom utilize O2.	[redacted]/2023

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A 034	Continued From page 1 in a locked room, as approved by the board of pharmacy and the key shall be in the care of the administrator or designee. (2) Internal medication shall be kept separate from external medications. Drugs to be taken by mouth shall be separated from all other delivery forms. (3) A separate, locked refrigerator shall be provided by the facility for medications. The refrigerator temperature shall be kept in compliance with the state board of pharmacy requirements for medications. (4) All medications, including non-prescription medications, shall be stored in separate compartments for each resident and all medications shall be labeled with the resident's name. (5) A resident may be permitted to keep his or her own medication in a locked compartment in his or her room for self-administration, if the physician's order deems it appropriate. (6) The facility shall not require the residents to purchase medications from any particular pharmacy. (7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes shall comply with the national fire protection association (NFPA) 99. (8) A proof of use record shall be maintained separately for each schedule II through IV drug (controlled substances). The proof of use sheet shall document: (a) the type and strength of the schedule II through IV drugs; (b) the date and time staff assisted with self-administration; (c) the resident ' s name; (d) the prescriber ' s name; (e) the dose;	A 034		

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A 034	Continued From page 2 (f) the signature of the person assisting with delivery of the medication; and (g) the balance of medication remaining. (9) Any remaining medication discontinued by a physician ' s order, or upon discharge or death of the resident shall be inventoried and moved to a separate locked storage container. Such discontinued medications shall be destroyed upon the next quarterly visit by the consulting pharmacist in accordance with 16.19.11.10 NMAC. (10) The record of medication destruction shall be signed by the administrator or designee and the pharmacist and shall be kept on file at the facility. B. Consulting pharmacist. The facility shall maintain records demonstrating that the consulting pharmacist provides the following oversight and guidance. (1) Reviews the medication regimen as needed, but at least quarterly/every three (3) months, to determine that all medications and records are accurate and current. All irregularities shall be reported to the administrator of the facility and these irregularities shall be resolved by the administrator within seventy-two (72) hours. (2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation. (3) Consultation shall be provided on all aspects of pharmacy services in the facility, including reference information regarding side effects and, when needed, physician consultation in cases involving the use of psychotropic medications. (4) The consulting pharmacist will be responsible for assuring that the facility meets all requirements for storage, labeling, destruction and documentation of medications as required by the state board of pharmacy, 16.19.11.10 NMAC	A 034		

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A 034	Continued From page 3 and 7.8.2 NMAC. [7.8.2.34 NMAC - Rp, 7.8.2.35 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.34 A (7) Refer to: NFPA (National Fire Prevention Association) 99. 2012 Edition. 11.3 Cylinder and Container Storage Requirements. 11.3.1* Storage for nonflammable gases equal to or greater than 85 m3 (3000 ft3) at STP shall comply with 5.1.3.3.2 and 5.1.3.3.3. 11.3.2* Storage for nonflammable gases greater than 8.5 m3 (300 ft3), but less than 85 m3 (3000 ft3), at STP shall comply with the requirements in 11.3.2.1 through 11.3.2.3. 11.3.2.1 Storage locations shall be outdoors in an enclosure or within an enclosed interior space of noncombustible or limited combustible construction, with doors (or gates outdoors) that can be secured against unauthorized entry. 11.3.2.2 Oxidizing gases, such as oxygen and nitrous oxide, shall not be stored with any flammable gas, liquid, or vapor. 11.3.2.3 Oxidizing gases such as oxygen and nitrous oxide shall be separated from combustibles or materials by one of the following: (1) Minimum distance of 6.1 m (20 ft) (2) Minimum distance of 1.5 m (5 ft) if the entire storage location is protected by an automatic sprinkler system designed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems (3) Enclosed cabinet of noncombustible construction having a minimum fire protection	A 034		

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A 034	Continued From page 4 rating of 1/2 hour 11.3.2.4 Gas cylinder and cryogenic liquid container storage shall comply with 5.1.3.5.12. 11.3.2.5 Cylinder and container storage locations shall comply with 5.1.3.3.1.7 with respect to temperature limitations. 11.3.2.6 Cylinder or container restraints shall comply with 11.6.2.3. 11.3.2.7 Smoking, open flames, electric heating elements, and other sources of ignition shall be prohibited within storage locations and within 6.1 m (20 ft) of outside storage locations. 11.3.2.8 Cylinder valve protection caps shall comply with 11.6.2.3. 11.3.2.9 Gas cylinder and liquefied gas container storage shall comply with 5.1.3.5.12. 11.3.3 Storage for nonflammable gases with a total volume equal to or less than 8.5 m3 (300 ft3) shall comply with the requirements in 11.3.3.1 and 11.3.3.2. 11.3.3.1 Individual cylinder storage associated with patient care areas, not to exceed 2100 m2 (22,500 ft2) of floor area, shall not be required to be stored in enclosures. 11.3.3.2 Precautions in handling cylinders specified in 11.3.3.1 shall be in accordance with 11.6.2. 11.3.3.3 When small-size (A, B, D, or E) cylinders are in use, they shall be attached to a cylinder stand or to medical equipment designed to receive and hold compressed gas cylinders. 11.3.3.4 Individual small-size (A, B, D, or E) cylinders available for immediate use in patient care areas shall not be considered to be in storage. 11.3.3.5 Cylinders shall not be chained to portable or movable apparatus such as beds and oxygen tents. 11.3.4 Signs. 11.3.4.1 A precautionary sign, readable from a	A 034		

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A 034	Continued From page 5 distance of 1.5 m (5 ft), shall be displayed on each door or gate of the storage room or enclosure. 11.3.4.2 The sign shall include the following wording as a minimum: CAUTION: OXIDIZING GAS(ES) STORED WITHIN (7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes shall comply with the national fire protection association (NFPA) 99. Based on observation and interview, the facility failed to ensure that oxygen cylinder tanks were: 1. Stored securely in an enclosure or within an enclosed interior space of noncombustible or limited combustible construction. 2. Protected from accidental damage or dislocation. [redacted] practices could likely result in the [redacted] residents listed on the resident census, provided by The Director of Health and Wellness on [redacted]/23, being at risk of harm, injury, or death if the oxygen cylinder tanks were to fall over damaging the valve, causing them to depressurize during a fire, the oxygen feeds the fire, causing it to spread faster and the cylinder tanks act like missiles and hit a resident/staff/rescuer during a fire. The findings are: A. On [redacted]23 at 1:19 PM, during an observation of R#2's resident room [redacted] the following oxygen cylinder tanks were observed: 1. Six (6) large oxygen cylinder tanks were sitting upright and secured in an oxygen cylinder	A 034		

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A 034	Continued From page 6 crate. 2. Three (3) large unsecured oxygen cylinder tanks were sitting upright next to the cylinder crate. B. On [redacted]/23 at 1:50 PM, during an observation of R#8's resident room [redacted] the following oxygen cylinder tanks were observed being stored in the resident room: 1. Three (3) large unsecured oxygen cylinder tanks were sitting upright between the residents' kitchen counter and refrigerator. 2. One (1) large oxygen cylinder tank was sitting upright and secured in a single oxygen cylinder cart. 3. Two (2) small oxygen cylinder tanks were sitting upright and unsecured in a cardboard box. 4. Two (2) small oxygen cylinder tanks were sitting upright and unsecured in two (2) individual oxygen bags. C. On [redacted]/23 at 2:09 PM, during an observation of R#10's resident room [redacted] the following oxygen cylinder tanks were observed: 1. Six (6) large oxygen cylinder tanks were sitting upright and secured in an oxygen cylinder crate. 2. Two (2) large unsecured oxygen cylinder tanks were sitting upright next to the cylinder crate. 3. Two (2) large oxygen cylinder tanks were sitting upright and secured in two (2) individual oxygen cylinder carts. 4. One (1) small unsecured oxygen cylinder tank was sitting upright in the residents room. D. On [redacted]/23 at 2:04 PM, during an observation of R#12's resident room [redacted] the following oxygen cylinder tanks the following	A 034		

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A 034	Continued From page 7 oxygen cylinder tanks were observed: 1. Three (3) large unsecured oxygen cylinder tanks were sitting upright behind the resident couch in a milk crate. 2. One (1) large oxygen cylinder tank was sitting upright and secured in a single oxygen cylinder cart. E. On [redacted]23 at 2:25 PM, during an interview with The Director of Facility Operations, he confirmed the following: 1.The facility does not have an allocated room or secured enclosure to store the oxygen cylinder tanks. 2. Ten (10) oxygen cylinder tanks are being stored in R#2's resident with three (3) of them being unsecured. 3. Eight (8) oxygen cylinder tanks are being stored in R#8's resident room, with seven (7) of them being unsecured. 4. Eleven (11) oxygen cylinder tanks are being stored in R#10's resident room, with three (3) of them being unsecured. 5. Four (4) oxygen cylinder tanks are being stored in R#12's resident room, three (3) of them being unsecured.	A 034		
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 035	A 35 7 NMAC 8.2.35 Medication 1. Facility Health and Wellness Director managed a retraining with all direct care staff, on properly assisting with medications, on [redacted]024. 2. Record of this training will be kept in direct care staffs personal file. 3. Health and Wellness Director will complete an annual retraining of how to properly assist with medication.	[redacted]2024

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A 035	Continued From page 8 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. C. PRN (pro re nada) medication. (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. (2) The utilization of PRN medications shall be reviewed routinely. Frequent or escalating use of PRN medications shall be reported to the PCP. 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. 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	A 035		

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

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A 035	Continued From page 10 self-administered, administered with assistance or is administered; (16) the initials and signature of the person assisting with or administering the medication; (17) the desired results obtained from or problems encountered with the medication (pain relieved, allergic reaction, etc.); (18) any refused dose of medication; (19) any missed dose of medication; and (20) any medication error. H. No medication shall be stopped or started without specific orders from the primary care physician. I. If a resident refuses to take a prescribed medication, it shall be documented and the facility shall report it to the prescriber. J. A suspected adverse reaction to a medication shall be documented on the MAR and reported immediately to the PCP and the resident's surrogate decision maker. If applicable, emergency medical treatment shall be arranged. Documentation of the event shall be kept in the resident's record. 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: (1) the resident's name; (2) the name of the medication; (3) the date that the prescription was issued; (4) the prescribed dosage and the instructions for administration of the medication; and (5) the name and title of the prescriber. 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. M. The facility shall report all medication errors to the physician, documentation of medication	A 035		

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A 035	Continued From page 11 errors and the prescriber's response shall be kept in the resident's record. 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] This REQUIREMENT is not met as evidenced by: 7.8.2.35 A Based on observation and interview the facility failed to ensure only a Licensed Nurse (LN) or Certified Health Care Professional (CHCP) administered medications to residents. These deficient practices could likely result in the [redacted] residents listed on the resident census, provided by the Director of Health and Wellness on [redacted]23, to be at risk of harm, injury, or death if: 1. Medications are administered by Direct Care Staff (DCS) who are not a LN or CHCP, and the: a. Resident's medications are not administered correctly. b. Residents receive the wrong dose of medication and require medical intervention. c. Assessments need to be made prior to medications being administered. d. Residents have a reaction to an administered medication and are not qualified to provide emergency care. The findings are.	A 035		

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A 035	Continued From page 12 A. On [redacted]/23 at 11:36 AM, during observation of the afternoon medication pass for R #15, DCS#4 was observed putting R #15's medicated/prescribed eye drops into R #15's eye. B. On [redacted]/23 at 2:34 PM, during an interview with the Director of Health and Wellness, she confirmed: 1. DCS#4 administered the medicated/prescribed eye drops into R #15's eyes. 2. The facility trained DCS#4 to assist residents with their medications using a hand-over-hand method, where the resident holds the medication and DCS guides their hand to the route of administration. 3. DCS#4 will receive additional training on how to assist using the hand-over-hand method while assisting residents with their medications.	A 035		
A 036	7 NMAC 8.2.36 Nutrition NUTRITION: The facility shall provide planned and nutritionally balanced meals from the basic food groups in accordance with the " recommended daily dietary allowance " of the American dietetic association, the food and nutrition board of the national research council, or the national academy of sciences. Meals shall meet the nutritional needs of the residents in accordance with the " 2005 USDA dietary guidelines for Americans. " Vending machines shall not be considered a source of snacks. A. Dietary services policies and procedures. The facility will develop and implement written policies and procedures that are maintained on the premises and that govern the following requirements.	A 036	A 036 7 NMAC 8.2.36 Nutrition 1. Facilities Director Culinary will ensure that all weekly menus including snack menus will be posted and available for residents weekly. 2. Culinary Director will keep records of all menus and any changes made to menus for a 30 day calendar period. 3. Culinary Director will ensure that a 30 day record of all temperatures will be maintained and made available for all facility refrigerators, freezers and steam tables. Record of these logs will be kept in a binder in the Culinary Directors office. 4. Culinary Director will cleaning checklist and log for daily maintenance in the kitchen. For all work stations and prep stations and surfaces. Cleaning schedule will include kitchen walls, ceilings, floors, closets, cabinets and any equipment.	[redacted]/2024

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A 036	Continued From page 13 (1) Meal service. The facility shall: (a) serve at least three (3) meals or their equivalent each day at regular times with no more than sixteen (16) hours between the evening meal and morning meal with snacks freely available; (b) provide snacks of nourishing quality and post on the daily menu; (c) develop menus enjoyed by the residents and served at normal intervals appropriate to the residents ' preferences; (d) post the weekly menu, including snacks where residents and families are able to view it; posted menus shall be followed and any substitution shall be of equivalent nutritional value and recorded on the posted menu; identical menus shall not be used within a one (1) week cycle; (e) have special menus or meal items following guidelines from the resident ' s physician for residents who have medically prescribed special diets; (f) serve all residents in a dining room except for residents with a temporary illness, or with documented specific personal preference to have meals in their room; (g) allow sufficient time for meals to enable residents to eat at a leisurely pace and to socialize; and (h) contact the resident ' s PCP within forty-eight (48) hours if a resident consistently refuses to eat. (2) Staff in-service training. The facility shall provide an in-service training program for staff that are involved in food preparation at orientation and at least annually and that includes: (a) instruction in proper food storage; (b) preparation and serving food; (c) safety in food handling;	A 036		

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A 036	Continued From page 14 (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 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,	A 036		

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A 036	Continued From page 15 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 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.	A 036		

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A 036	Continued From page 16 (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. (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.	A 036		

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A 036	Continued From page 17 (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 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 A 1 (b, c, d) B (1) (2) (4) C 1 (a, b, c) 2 (a, b, c, d) 3 D 2, 3, 5, 8 (c) Based on observation and interview, the facility failed to ensure that:	A 036		

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A 036	Continued From page 18 1. Weekly menus that included snacks were posted where residents and families were able to view them. 2. Records of all menus and revisions, including snacks, were maintained at the facility for a minimum of thirty (30) calendar days. 3. A thirty (30) calendar day log of the daily recorded temperatures was maintained and made available for inspection for all facility refrigerators, freezers, and steam tables. 4. The facility kitchen where food is prepared for the residents was maintained in a clean and sanitary condition. 5. Work areas, surfaces, and equipment used to prepare food were clean and maintained. 6. Utensils were protected from contamination and stored in a clean area. 7. The kitchen walls, ceilings, floors, closets, cabinets, and equipment used to cook and serve food were clean and in good repair. 8. The facility dishwasher was in good repair. 9. Staff were aware of proper dishwasher use and procedures. 10. The dishwasher functions that include the detergent dispenser, washing, rinsing and sanitizing temperatures were monitored with a monthly log of the recorded temperatures maintained in the facility and available for inspection. 11. The facility refrigerator and freezers had an accurate, accessible, and easily read thermometer located in the warmest section of the refrigerator and freezer. 12. The facility refrigerators and freezers were kept in clean and sanitary conditions, and the food stored in refrigerators and freezers was covered, dated, and labeled. 13. That the storage areas used to store food were not used to store cleaning supplies.	A 036		

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A 036	Continued From page 19 These deficient practices have the potential for all [redacted] provided by The Director of Health and Wellness on [redacted]23 to be at risk of illness due to not having adequate nutritional meals and snacks available to them, or contracting foodborne illness, needing medical attention, and possibly dying if they are: 1. Unaware of what food/meal and snack choices were available for them to eat. 2. Served the same meals often and are not receiving a variety of healthy foods and snacks during a thirty (30) calendar day meal cycle. 3. Being served foods stored and served from equipment that is not maintained at safe storage and serving temperatures and is no longer safe to eat. 4. Subjected to bacteria, chemical contamination, and contamination due to dirt, grease, food particles (small pieces of food crumbs), or other contaminates when eating food stored and prepared in a poorly maintained, contaminated, unsanitary environment. 5. Served unsafe and unsanitary food because the kitchen staff failed to ensure that kitchen and dietary policies and procedures were followed, including safe and sanitary food storage, cooking, and cleaning techniques that resulted in residents being subjected to bacteria, chemical contamination, contamination due to dirt, grease, leftover food particles or other contaminates. 6. Served food that is not safe due to contamination from the pots, pans, plates, bowls, glasses, and utensils not being sanitized properly as a result of the kitchen staff failing to ensure that the dishwasher was clean, in good working order, that the water temperatures were correct, and that a daily temperature log was kept for each month that recorded the wash cycle temperature daily that was readily available for	A 036		

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A 036	Continued From page 20 inspection. 7. Served foods that are contaminated due to being prepared in dirty kitchen in which the walls, ceilings, floors, closets, cabinets, and equipment used to cook and serve food were not clean and in good repair. 8. Served food on dirty, contaminated dishes due to the facility's dishwasher not being in good repair. 9. Eating food prepared by staff lack training and are unaware of proper dishwasher use and procedures. 10. Eating food contaminated by a dishwasher that is not monitored to ensure that functions, including the detergent dispenser, washing, rinsing, and sanitizing temperatures, were monitored and documented on a monthly log and maintained in the facility and available for inspection. 11. Eating contaminated food due to the facility's refrigerator and freezer temperatures not being maintained properly and the food in them becomes unsafe due to thawing, rotting, and being served to residents. 12. Eating food stored in the facility refrigerators and freezers that is contaminated and unsafe to eat due to being outdated, uncovered, and/or exposed to freezer burn and bacteria. 13. Eating food that is stored in the same area with cleaning supplies and chemicals and has been contaminated. The findings are: Kitchen records: A. On [redacted]23 at 11:04 am, observation of the facility kitchen, dining room, and facility common areas revealed that the facility did not have:	A 036		

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A 036	Continued From page 21 1. Weekly menus that included snacks available and posted for the residents and families to view. 2. A (30) calendar days of menus and revisions, including snacks, maintained and available at the facility for review. 3. A (30) calendar day log of the daily recorded temperatures for all facility refrigerators, freezers and steam tables, was not maintained at the facility and available for review. Kitchen food preparation areas, utensils, work surfaces, and equipment not being maintained and in a clean and sanitary condition: B. O[redacted]23 at 1:21 am, during observation of the kitchen where food is prepared and served, the following was observed: 1. The kitchen walls, floors, and ceilings were dirty and stained and covered with food particles (small pieces of food crumbs), grease, and debris. 2. There was a (3) inch circular perforation (hole) in the wall located at the right end of the steam table with a (1) inch in diameter unsealed metal pipe in the center of the hole. 3. The work areas, counters, surfaces, and steam table equipment used to store, prepare, serve and keep food warm were poorly maintained, dirty, stained, and covered in lint, dirt, grease, food particles, and other contaminants. 4. Utensils used for dining room guests were stored on a shelf approximately (1) one inch above the dirty, crumb, and trash - covered floor in an open and unsecured storage closet near the steam table serving area. 5. The gas - fueled industrial equipment, including the warming/convection oven, deep fryer, griddle top, and stove with oven were covered with grease, lint, and food particles, and	A 036		

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A 036	Continued From page 22 residue (dried food/liquids) on and around the equipment. C. On [redacted]23 at 1:17 pm, during observation of the food service area that included a storage closet, a steam table used to keep food warm, a serving area where plates of food are prepared and served to residents the following was observed: 1. (1) storage closet with unsecured (2) side-by-side doors used that had dirty floors that were covered with food particles, spilled ground coffee, debris, trash, grime and contained: a. (1) 60-count plastic container of disinfectant cleaning wipes. b. (1) 16-ounce spray can of disinfectant spray. c. Food service aprons and various pieces of clothing lying on the shelves and hanging in the closet. d. (1) uncovered plastic container that contained metal forks, knives, and spoons sitting on a shelf approximately (1) inch off of the dirty floor. e. (1) 16 - ounce container of black pepper. f. (1) package of (6) four - ounce plastic containers of apple sauce. g. (1) cardboard box of tea bags. h. (1) cardboard box of individual teaspoon-sized packets of white sugar. i. (1) cardboard box of coffee filter packs. j. (1) cardboard box, individual teaspoon-sized packets of white sugar. k. (1) cardboard box of metal food cooking/storage pans. l. (1) cardboard box of napkins. m. (8) packages of Styrofoam cups with lids. n. Round plastic serving trays. o. Pots, pans, plastic food storage containers, plastic utensils (forks/spoons/knives), and small styrofoam bowls.	A 036		

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A 036	Continued From page 23 Findings related to the food and condiments stored in the facility kitchen that are used to prepare food served to residents: D. On [redacted]23 at 1:47 pm, during observation of the facility kitchen, the following foods, condiments, and spices were observed stored on shelves covered with food particles, lint, grease, and dust in dirty containers that were not all sealed/closed, including: 1. (1) (5) pound plastic buck of peanut butter that was dirty with peanut butter and grime on the outside of the container sitting next to a (2) gallon-sized red bucket of cleaning and sanitizing solution. 2. (1) (1) gallon plastic bottle of cooking oil that was dirty and sitting on a dirty, stained open metal shelf under a work table. 3. (1) (1) gallon plastic bottle of balsamic vinegar with a loose, unsealed lid that was dirty, stained, and had salt spilled on it stored on a dirty, stained open metal shelf under a work table. 4. (1) (1) pound bag of brown sugar and (1) loaf of bread stored on a bottom shelf covered with food particles, grease, and dust, along with multiple dirty and stained plastic bottles of cooking oil and vinegar. 5. (1) (1) gallon bottle of light corn syrup that was dirty and covered with food particles sitting on a food stained shelf that was covered with food particles. Findings related to the Industrial automatic dish washer: E. On [redacted]23 at 2:23 pm, during observation of the Industrial dishwasher used to wash and sanitize kitchenware and tableware and facility records revealed that: 1. The facility failed to ensure that the staff	A 036		

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A 036	Continued From page 24 operating the dishwasher received training on the proper dishwashing procedures and techniques. 2. Documentation of the operation of the detergent dispenser, washing, rinsing, and sanitizing temperatures was not kept at the facility and available for review. 3. Documentation of the cleanliness of the dishwasher, the mechanical condition of the water jets, and of the temperature controls was not kept at the facility and available for review. 4. The Industrial dishwasher was not in good mechanical condition and had was leaking water onto the floor, and was dirty, covered with food debris, and in need of being thoroughly cleaned. Findings related to the walk-in refrigerator and freezer: F. On [redacted]23 at 2:37 pm, during observation of the facilities (1) Walk-in refrigerator, and (1) Walk-in freezer and food pantry revealed that: 1. The (1) Walk-in refrigerator and (1) Walk-in freezer: a. Did not have an accurate, accessible, and easily read thermometer located in the refrigerator or the freezer and, b. Were not kept in a clean and sanitary condition, and were observed to have trash, food particles, dried liquids, dirt, and grime on the doors, around the doors, and on the floors and shelves of the refrigerator and freezer. 2. The (1) Walk-in refrigerator contained the following foods stored in dirty containers, that were not marked with the date they were opened or the date they were stored in the refrigerator, and some foods were expired and no longer safe to eat including: a. (8) Unopened and opened bottles of wine that were not marked with the date they were opened or the date they were stored on a beige shelf that	A 036		

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A 036	Continued From page 25 was covered with dried wine, food debris, and grime. b. (10) Plastic gallon jars of condiments (mayonnaise, tartar sauce, pickles, and salad dressing that were dirty with dried liquids and food particles on them c. (1) Plastic gallon jar of tartar sauce with a piece of foil that was not sealed over the top of the jar. d. (2) plastic containers containing 24 eggs each that was outdated. 3. The (1) Walk-in freezer contained the following foods in dirty containers, that were not marked with the date they were opened or the date they were stored in the freezer, and some foods were expired and no longer safe to eat including: a. (1) clear plastic trash bag of approximately (16) uncooked meat patties that was not tightly sealed/closed and not marked with the date of when the package was opened. b. (1) clear plastic bag of approximately (18) uncooked biscuits that was not tightly sealed/closed and not marked with the date of when the package was opened and used. c. (1) clear plastic bag of approximately (1) pound of diced potatoes that was frost burned, not tightly sealed/closed and was not marked with the date of when the package was opened. d. (1) clear plastic bag of approximately (20) pre-cooked pancakes that was not tightly sealed/closed and was not marked with the date of when the package was opened and used. e. (1) clear plastic bag of approximately (6) pre-cooked breaded chicken tenders that was not tightly sealed/closed and was not marked with the date of when it opened and used. f. (1) clear plastic bag of approximately (1) pound of pre-cooked chicken nuggets that was not tightly sealed/closed and was not marked with the date of when it opened and used.	A 036		

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A 036	Continued From page 26 g. (1) clear plastic bag of approximately (20) uncooked dinner rolls that was not tightly sealed/closed and was not marked with the date of when it opened and used. h. (1) clear plastic bag of approximately (5) pounds of uncooked hamburger patties that was not tightly sealed/closed and was not marked with the date of when it opened and used. i. (1) clear plastic bag of approximately (6) pre-cooked breaded chicken fried steak patties that was not tightly sealed/closed and was not marked with the date of when it opened and used. G. On [redacted]23 at 3:04 pm, during an interview with DCS #9, the only kitchen staff working in the facility kitchen at the time of the survey, he confirmed that he has not receive food service training at the facility. H. On [redacted]23 at 3:18 pm, during an interview with the Executive Director, he confirmed that the facility: 1. Did not have Weekly menus available at the facility and posted residents and families to view. 2. Did not have records of menus, revisions, and snacks available at the facility for residents and families to view. 3. Did not keep a thirty (30) calendar day log of the daily records for all facility refrigerators, freezers and steam tables that were available for inspection for all facility. 4. Kitchen where food is prepared for the residents was dirty and was not maintained in a clean and sanitary condition. 5. Work areas, surfaces, and equipment in the facility kitchen was not maintained in a clean and sanitary condition. 6. Failed to ensure that the utensils used to eat food prepared at the facility were protected from	A 036		

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A 036	Continued From page 27 contamination and stored in a clean area. 7. Kitchen walls, ceilings, floors, closets, cabinets, and equipment used to cook and serve food were not kept in clean and sanitary conditions and in good repair. 8. Dishwasher was not in good repair, and was not being monitored to ensure it was working properly and sanitizing the pots, pans, dishes, glasses, and utensils used by the facility to cook and serve the food to the residents. 9. Staff were not trained and aware of proper dishwasher use and procedures. 10. The dishwasher functions, including the detergent dispenser, washing, rinsing, and sanitizing temperatures, were monitored with a monthly log of the recorded temperatures maintained in the facility and available for inspection. 11. The facility refrigerator and freezers had an accurate, accessible, and easily read thermometer located in the refrigerator and freezer. 12. The facility refrigerators and freezers were kept clean and sanitary, and the food stored in refrigerators and freezers was covered, dated, and labeled appropriately. 13. Stored cleaning supplies in the same storage areas used to store food. 14. Had no training files for DCS #9, the kitchen staff responsible for cooking and serving meals to the residents and maintaining the facility kitchen.	A 036		
A 037	7 NMAC 8.2.37 Laundry Services LAUNDRY SERVICES: A. General requirements. The facility shall provide laundry services for the residents, either on the premises or through a commercial laundry and linen service.	A 037	A 037 7 NMAC 8.2.37 Laundry Services 1. Facilities Maintenance Director has ensured that the laundry room door properly locks and all cleaning supplies have been removed and are being kept in a secured area. 2. Facilities Administrator will do a weekly walk through of all areas ensuring that no hazardous chemicals are left in laundry room and maintain that the laundry room door remains closed.	[redacted]/2024

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A 037	Continued From page 28 (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. (2) Soiled laundry shall be kept separate from clean laundry, unless the laundry facility is provided for resident use only. (3) Staff shall handle, store, process and transport linens with care to prevent the spread of infectious and communicable disease. (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. (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. (6) All linens shall be changed as needed and at least weekly or when a new resident is to occupy the bed. (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. (8) Bath linens consisting of hand towel, bath towel and washcloth shall be changed as needed and at least weekly. (9) There shall be a clean, dry, well ventilated storage area provided for clean linen. (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. B. Residents may do their own laundry, if it is	A 037		

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A 037	Continued From page 29 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] This REQUIREMENT is not met as evidenced by: 7.8.2.37 A (10) Based on observation and interview, the facility failed to ensure the access laundry door was locked and laundry/cleaning supplies were kept in a secured room, closet, or cabinet. This deficient practice could likely result in the [redacted] residents identified on the census provided by The Director of Health and Wellness on [redacted]23 being at risk of harm or injury if they were to ingest or spill laundry or cleaning supplies on their face or body. The findings are: A. On 1[redacted]/23 at 11:10 am, during observation of the facility's laundry room revealed that the laundry room was unlocked, and the following chemicals were found unsecured: 1. One (1) 128. Laundry detergent 2. One (1) unmarked bag of laundry detergent pods B. On [redacted]23 at 11:10 am, during observation of the facility's laundry room revealed unsecured access to: 1. An unlocked door to a gas laundry dryer 2. An unlocked main door accessible from the facility hallway	A 037		

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A 037	Continued From page 30 C. On [redacted]23 at 12:15 pm, during an interview with the Health and Wellness director and facility Maintenance manager, they confirmed that the chemicals above were located in the unlocked laundry room and an unsecured door to the gas laundry dryer.	A 037		
A 038	7 NMAC 8.2.38 Housekeeping Services 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	A 038	A 038 7 NMAC 8/2/38 Housekeeping Services 1. Facility Maintenance Director will ensure that all hazardous chemicals will be kept in a secured and locked location. 2. Facilities Administrator will do a weekly walk through of all areas ensuring that no hazardous chemicals are left in unsecured areas.	[redacted]2024

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A 038	Continued From page 31 Based on observation and interview, the facility failed to ensure that hazardous chemicals located in the staff breakroom were secured and not accessible to residents. This deficient practice has the potential to cause harm or even death, to all [redacted] as identified by the resident census provided by The Director of Health and Wellness on [redacted]23, if the chemicals are spilled on the food and ingested by the residents. The findings are: A. On [redacted]23 at 11:35 am, during observation of the staff breakroom, the following was observed to be stored in an unlocked cabinet: one (1) 32 oz. can of stainless steel cleaner and one (1) 128 fl. oz of hospital disinfectant cleaner. B. Or[redacted]23 at 1:54 pm, during an observation of the Activities Room, the following were observed unsecured: 1. Twelve (12) 19 oz cans of disinfectant spray in an unlocked cabinet. 2. One (1) 1.20 lb tub of disinfecting wipes. C. On [redacted]3 at 12:15 pm, during an interview with the Health and Wellness director and facility Maintenance manager, they confirmed the unsecured chemicals were located in the staff breakroom and activities room.	A 038		
A 043	7 NMAC 8.2.43 Hazardous Areas HAZARDOUS AREAS: Hazardous areas include: Fuel fired equipment rooms (not a typical residential kitchen), bulk laundries or laundry rooms with more than one hundred (100) sq. ft.,	A 043	A 43 7 NMAC 8.2,43 Hazardous Areas 1. Facilities Maintenance Director has ensured that the all storage closets containing heaters, or boilers are free from any debris or hazardous chemicals. 2. All hazardous chemicals will be stored in a safe and secure location away from any combustibles. 3. Facilities Administrator will do a weekly walk through of all areas ensuring that no hazardous chemicals are left in areas where heaters and boilers are located.	[redacted]2024

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A 043	Continued From page 32 storage rooms more than fifty (50) sq. ft. but less than one hundred (100) sq. ft. not storing combustibles, storage rooms with more than one hundred (100) sq. ft. storing combustibles, chemical storage rooms with more than fifty (50) sq. ft., garages and maintenance shops/rooms. A. Hazardous areas on the same floor as, and in or abutting, a primary means of escape or a sleeping room shall be protected by either: (1) an enclosure of at least one hour fire rating with self-closing or automatic closing on smoke detection fire doors having a three-quarter (3/4) hour rating; or (2) an automatic fire protection (sprinkler) and separation of hazardous area with self-closing doors or doors with automatic-closing on smoke detection; or (3) other hazardous areas shall be enclosed with walls with at least a twenty (20) minute fire rating and doors equivalent to one and three-quarter (1 3/4) inch solid bonded wood core, operated by self-closures or automatic closing on smoke detection. B. Boiler, furnace or fuel fired water heater rooms. For facilities with four (4) or more residents: all boiler, furnace or fuel fired water heater rooms shall be protected from other parts of the building by construction having a fire resistance rating of not less than one (1) hour. Doors to these rooms shall be one and three-quarter (1-3/4) inch solid core. [7.8.2.43 NMAC - Rp, 7.8.2.44 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.43 Based on observation and interviews, the facility	A 043		

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A 043	Continued From page 33 failed to ensure that combustible items were not stored in an area with gas-fueled heaters and hot water heaters. This deficient practice could likely result in the [redacted] residents listed on the census provided by the Director of Health and Wellness on [redacted]/23 being at risk of harm, injury, or death if combustible items were to ignite and a fire were to occur. The Findings are: A. On [redacted]23 at 11:40 am, during an observation of a closet located in the restroom near [redacted] where a gas fuel-fired hot water heater was located, the following combustibles were observed: 1. One (1) one-gallon jug of insecticide 2. Two (2) 3 foot (ft) x 2 ft. cardboard sheets 3. One (1) pair of discarded latex gloves 4. One (1) shop vac 5. One (1) box of florescent light bulbs 6. One (1) shower chair 7. One (1) window blind B. On [redacted]23 at 1:10 pm, during an interview, the Director of Facility Operations confirmed the combustible items were being stored in the same room as the gas fuel fired hot water heater. C. On [redacted]23 at 11:40 am, during observation of Mechanical Room #1 located near the facility lobby. there were (2) two gas fueled hot water heaters, (5) five electric switch boxes on the walls, (1) free-standing electric box on the floor, and an exposed telephone-Wi-fi system (wireless network used to provide high-speed internet service) attached to the wall, and the following items were stored in the room blocking access to	A 043		

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A 043	Continued From page 34 the electric boxes, hot water heaters, and Wi-fi system: 1. One (1) 24 inch (in.) x 18 in. x 18 in. electric air blower. 2. One (1) 36 in. x 48 in. folding table. 3. One (1) 18 in. x 18 in. x 22 in. folding table. 4. One (1) 3 ft. tall stepping stool. 5. One (1) 4 ft. tall white water dispenser. 6. One (1) 20 in. x 20 in. square wheelchair cushion. 7. Two (2) 12 in. x 9 in. gray plastic containers with lids. 8. One (1) rolling cart. 9. One (1) 24 in. x 36 in. long green and black wagon. 10. Seven (7) 5 gallon (ga) blue plastic bottles. 11. One (1) 8 in. x 12 in. white styrofoam cooler. 12. One (1) 4 ft. x 2 ft. wide wooden sign. 13. Three (3) black computer monitors. 14. One (1) black 14 in. x 20 in. microwave oven. 15. One (1) 6 ft. x 2 ft. popcorn machine. 16. One (1) 4 ft. tall metal folding display easel. 17. One (1) 6 in. x 18 in. x 24 in. box of unknown electronic parts. 18. One (1) 4 ft. x 2 ft. wide gray electric box on the floor. D. On [redacted]3 at 1:12 pm, during observation of Mechanical Room #2 there were (2) two gas fueled hot water heaters, (4) gray electric switch boxes on the walls, (1) free-standing electric box on the floor, an exposed telephone-Wi-fi system (wireless network used to provide high-speed internet service) attached to the wall, and the following items were stored in the room blocking	A 043		

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A 043	Continued From page 35 access to the electric boxes, hot water heaters, and Wi-fi system: 1. One (1) 10 in. tall white flower pot. 2. Two (2) Glass Hummingbird feeders (blue/red). 3. Three (3) 18 in. wide roll of blue insulation. 4. One (1) 18 in. x 22 in. folding table. 5. One (1) black metal walking cane. 6. Two (2) 5 (ga) blue plastic water bottles. 7. One (1) 5 (ft) tall wood cabinet. 8. One (1) Electric box on the wall. 9. One (4) 4 ft. x 2 ft. gray electric box on the floor. 10. One (1) 3 ft. x 2 ft. piece of glass 11. One (1) 4 ft. x 2 inch (in) x 4 in. piece of wood. 12. One (1) 6 ft. tall yellow ladder, blocking access to the electric box. 13. One (1) 3 ft. tall white water dispenser, blocking access to the electric box. E. On [redacted]'23 at 1:37 pm, during an interview, the Director of Facility Operations (Maintenance)confirmed that there were combustible items and other items stored in the rooms that were blocking access to the electric boxes and the gas fueled hot water heaters.	A 043		
A 059	7 NMAC 8.2.59 Windows WINDOWS: A. Each sleeping room shall be provided with an exterior window. (1) The window shall be operable, screened and have a clear operable area of 5.7 square feet minimum; measured twenty (20) inches wide minimum and measured twenty-four (24) inches high minimum. (2) The top of the window sill shall not be more	A 059	A 059 7 NMAC 8.2.59 Windows 1. Facilities Director will maintain that all windows frames and screens are operable, having no rips or tears on the screens. 2. Facilities Maintanence Director will replace any damaged or missing window screens as needed. 3. Facilities Administrator will complete a monthly walk through of community to ensure that all windows and screens are operable.	[redacted]/2024

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A 059	Continued From page 36 than forty-four (44) inches above the finished floor. B. Screens shall be provided on all operable windows. C. The proposed use of bars, grilles, grates or similar devices shall be reviewed and approved by the licensing authority prior to installation. D. Sleeping rooms, living rooms, activity room areas and dining room areas shall have a window area of at least one tenth (1/10) of the floor area with a minimum of ten (10) square feet. [7.8.2.59 NMAC - Rp, 7.8.2.52 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.59 B Based on observation and interview, the facility failed to ensure that all the facility's windows had screens that were in good repair. This deficient practice could likely result in the [redacted] residents identified on the census provided by The Director of Health and Wellness on [redacted]/23 to be at risk of injury or illness if they are exposed to bugs/insects, allergens, or debris coming in through the damaged and missing window screens. The findings are: A. On [redacted]23 from 1:45 pm to 2:00 pm, during observation of the exterior of the facility, the following was observed: 1. One (1) window in [redacted] had a damaged screen. 2. One (1) window in [redacted] had a damaged screen. 3. One (1) window in [redacted] did not have a screen.	A 059		

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A 059	Continued From page 37 4. One (1) window in [redacted] had a damaged screen. 5. One (1) window in [redacted] did not have a screen. 6. One (1) window in [redacted] had a damaged screen. 7. One (1) window in [redacted] had a damaged screen. 8. One (1) window in [redacted] did not have a screen. 9. One (1) window in [redacted] ad a damaged screen. 10. One (1) window in [redacted] had a damaged screen. 11. One (1) window in [redacted] did not have a screen. 12. One (1) window in [redacted] had a damaged screen. B. On [redacted]23 at 2:40 pm, during an interview, the Director of Facility Operations confirmed the missing and damaged window screens for rooms [redacted]	A 059		