STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7117	A. BUILDING: _____ B. WING _____	C 04/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA ALBUQUERQUE	1620 INDIAN SCHOOL ROAD NE ALBUQUERQUE, NM 87102

(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
8 000	Initial Comments The following deficiencies were cited during a Complaint survey completed on 04/24/25 for the state requirements of NMAC 8.370.14, Regulations for Assisted Living Facilities for Adults. Resident Census: 130 Complaint Intake NM[redacted] was investigated and deficiencies were cited. Complaint Intake NM[redacted] was investigated and deficiencies were cited. Complaint Intake NM[redacted] was investigated and no deficiencies were cited. Complaint Intake NM[redacted] was investigated and no deficiencies were cited.	8 000		
8 016	8 NMAC 370.14.16 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 40-mile radius may have one full-time administrator. The administrator shall: (1) be at least 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, 8.370.5 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	8 016		

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8 016	Continued From page 1 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 notarized letters of reference from persons unrelated to the applicant; and (9) comply with the pre-employment requirements pursuant to the employee abuse registry, 8.370.8 NMAC. B. Direct care staff: (1) shall be at least 16 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, 8.370.8 NMAC; and (4) shall comply with the current requirements of reporting and investigating incidents pursuant to incident reporting, intake processing and training requirements, 8.370.9 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, 8.370.5 NMAC, shall provide current (within the last 6 months) proof of	8 016		

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8 016	Continued From page 2 the caregiver's 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, 8.370.5 NMAC. [8.370.14.16 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.16. B (3) (6) Refer to 8.370.8 EMPLOYEE ABUSE REGISTRY 8.370.8 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	8 016		

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8 016	Continued From page 3 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 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	8 016		

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8 016	Continued From page 4 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 instance, or termination or non-renewal of any contract with the department or other governmental agency. [8.370.8.8 NMAC - N, 07/01/2024] 8.370.5.8 CAREGIVER AND HOSPITAL CAREGIVER EMPLOYMENT REQUIREMENTS: . . . D. Application: In order for a nationwide criminal history record to be obtained and processed, the following shall be submitted to the department on forms provided by the department. (1) A form containing personal identification which has a photograph of the person and which meets the requirements for employment eligibility in accordance with the immigration and nationality act as amended. A reasonable xerographic copy of a drivers license photograph will suffice under Subsection D of 8.370.5.8 NMAC. (2) A signed authorization for release of information form. (3) Three (3) complete sets of readable fingerprint cards or other department approved media acceptable to the Department of Public Safety and the Federal Bureau of Investigation submitted using black ink. (4) The fee specified by the department for the nationwide and statewide criminal history screening investigation shall not exceed = seventy-four ($74) dollars. Of which, twenty-four ($24) dollars shall be applied for the federal bureau of investigation nationwide criminal history screening, seven ($7) dollars shall be applied for the statewide criminal history screening. The	8 016		

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8 016	Continued From page 5 remaining application fee shall be applied to cover costs incurred by the Department to support activities required by the Act and these rules. The fees will not be applied to any other activity or expense undertaken by the Department. . . . E. Fees: The federal bureau of investigation has a mandatory processing fee with no exceptions. The Department and Department of Public Safety impose a state processing and administrative fee. The fee payment must accompany the fingerprint application, or otherwise be credited to the department prior to or at the same time with the department's receipt of the application documents. The manner of payment of the fee is by bank cashier check or money order payable to the New Mexico Department of Health or other method of funds transfer acceptable to the department. Business checks will be accepted unless the business tendering the check has previously tendered a check to the department unsupported by sufficient funds. Neither cash nor personal checks will be accepted. The fee may be paid by the care provider or by the applicant, caregiver or hospital caregiver. The department will set a fee in addition to the fees imposed by Department of Public Safety and the Federal Bureau of Investigation that will fully and completely cover costs incurred by the department to support activities required by the act and these rules. The fees will not be applied to any other activity or expense undertaken by the department. F. Timely Submission: Care providers shall submit all fees and pertinent application information for all individuals who meet the definition of an applicant, caregiver or hospital caregiver as described in Subsections B, D and K of 8.370.5.7 NMAC, no later than twenty (20)	8 016		

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8 016	Continued From page 6 calendar days from the first day of employment or effective date of a contractual relationship with the care provider. G. Maintenance of Records: Care providers shall maintain documentation relating to all employees and contractors evidencing compliance with the act and these rules. (1) During the term of employment, care providers shall maintain evidence of each applicant, caregiver or hospital caregiver's clearance, pending reconsideration, or disqualification. (2) Care providers shall maintain documented evidence showing the basis for any determination by the care provider that an employee or contractor performs job functions that do not fall within the scope of the requirement for nationwide or statewide criminal history screening. A memorandum in an employee's file stating "This employee does not provide direct care or have routine unsupervised physical or financial access to care recipients served by [name of care provider]," together with the employee's job description, shall suffice for record keeping purposes. Based on record review and interview, the facility failed to ensure for 1 Direct Care Staff (DCS #1) of 1 (DCS #1) the following: 1. DCS #1 was cleared by the Employee Abuse Registry (EAR) prior to hire. 2. DCS #1's application and fingerprints were submitted to the Caregivers Criminal History Screening Program (CCHSP) within 20 days of hire. This deficiency practice could likely result in the 103 (R #s 1-103) residents identified on the census provided by the Administrator on 04/21/25, to be at risk of harm or abuse if	8 016	8.370.14.16 B(3)(6) To ensure that DCS is cleared through the EAR prior to hire the community has Background Check Authorizations attached to the applications to fill out. They will then be scheduled a background screening time through our approved agency. Proof of clearance will be provided to Morada within 20 days of hire. All documentation will be kept in employee file with new higher checklist making sure that all items have been completed.	6/7/25

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8 016	Continued From page 7 residents are being provided care by staff who may have a previous history of abusing, neglecting, and/or exploiting residents, and may be a convicted felon. The findings are: A. On 04/23/25 at 4:24 pm, a document request for the employee file of DCS#1 was submitted to the Wellness director. B. On 04/24/25 at 2:15 pm, during an interview, the Wellness director confirmed previous DCS#1's employee file disappeared at the time the previous administrator vacated her position on 10/01/24. The current administrator took over the position on 10/02/24.	8 016	Business Office Director (BOD) will be responsible for ensuring employee backgrounds are in compliance for new and ongoing hires.	
8 022	8 NMAC 370.14.22 Facility Reports, Records, Rules, Policies Facility Reports, Records, Rules, Policies and Procedures: A. Reports and records: Each facility shall keep the following reports, records, policies and procedures on file at the facility and make them available for review upon request by the licensing authority, residents, potential residents or their surrogate decision makers: (1) fire inspection report; (2) zoning approval; (3) building official approval (certificate of occupancy); (4) a copy of the approved building plans; (5) a copy of the most recent survey conducted by the licensing authority, to include adverse actions or appeals and complaints; (6) for facilities with food establishments/kitchens that require a permit from the local health	8 022		

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8 022	Continued From page 8 authority that has jurisdiction, a copy of the current inspection report in accordance with the applicable, municipal, or federal laws and regulations and pursuant to Subsection B of 7.6.2.8 NMAC, regarding kitchen and food management; if a facility is considered a licensed private home and not required to meet specific requirements by the local health authority, a copy of that determination must also be maintained; (7) where necessary, a copy of the liquid waste disposal and treatment system permit from the local health authority that has jurisdiction; (8) 30 days of menus as planned, including snacks and 30 days of menus as served, including snacks; (9) record of monthly fire drills conducted at the facility and the fire safety evaluation system (FSES) rating, if applicable; (10) written emergency plans, policies and procedures for medical emergencies, power failure, fire or natural disaster; plans shall include evacuation, persons to be notified, emergency equipment, evacuation routes, refuge areas and the responsibilities of personnel during emergencies; plans shall also include a list of transportation resources that are immediately available to transport the residents to another location in an emergency; the emergency preparedness plan shall address two types of emergencies: (a) an emergency that affects just the facility; and (b) a region/area wide emergency; (11) a copy of this rule, requirements for assisted living facilities for adults, 8.370.14 NMAC; (12) for facilities with two or more residents (that are not related to the owner), a valid custodial drug permit issued by the NM board of pharmacy, that supervise administration and	8 022		

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8 022	Continued From page 9 self-administration of medications or safeguards with regard to medications for the residents; and (13) vaccination records for pets in the facility. B. Reports and records: Each facility shall keep the following reports, records, policies and procedures on file at the facility and make them available for review upon request by the licensing authority: (1) a copy of the facility license; (2) employee personnel records, including an application for employment, training records and personnel actions: (a) caregiver criminal history screening documentation pursuant to 8.370.5 NMAC; (b) employee abuse registry documentation pursuant to 8.370.8 NMAC; and (3) a copy of all waivers or variances granted by the licensing authority. C. Rules: Prior to admission to a facility a prospective resident or his or her representative shall be given a copy of the facility rules. Each facility shall have written rules pertaining to resident's rights and shall include the following: (1) resident use of tobacco and alcohol; (2) resident use of facility telephone or personal cell phone; (3) resident use of television, radio, stereo and cd; (4) the use and safekeeping of residents' personal property; (5) meal availability and times; (6) resident use of common areas; (7) accommodation of resident's pets; and (8) resident use of electric blankets and appliances. D. Policies and procedures: All facilities shall have written policies and procedures covering the following areas: (1) actions to be taken in case of accidents or	8 022		

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8 022	Continued From page 10 emergencies; (2) policy and procedure for updating and consolidating the resident's current physician or PCP orders, treatments and diet plans every six months or when a significant change occurs, such as a hospital admission; (3) policy for medication errors; (4) method of staying informed when residents are away from the facility (e.g., sign-out sheets or other record indicating where the resident will be, cell phone contact, etc.); (5) the handling of resident's funds, if the facility provides such services; (6) reporting of incidents, including abuse, neglect and misappropriation of property, injuries of unknown cause, environmental hazards and law enforcement interventions in accordance with 8.370.9 NMAC; (7) reporting and investigating internal complaints; (8) reporting and investigating complaints to the incident management bureau; (9) staff and resident fire and safety training; (10) smoking policy for staff, residents and visitors; (11) the facility's bed hold policy; (12) admission agreement; (13) admission records; (14) resident records including maintenance and record retention if the facility closes; (15) program narrative; (16) resident's rights with regard to making health care decisions and the formulation of advance directives; (17) personnel policies; (18) identifying and safeguarding resident possessions; (19) securing medical assistance if a resident's own physician is not available;	8 022		

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8 022	Continued From page 11 (20) staff training appropriate to staff responsibilities; (21) staff training for employees who provide assistance to residents with boarding or alighting from motor vehicles and safe operation of motor vehicles to transport residents; (22) witnessed destruction of unused, outdated or recalled medication by the facility administrator with the consulting pharmacist present; and (23) mealtimes, daily snacks, menus, special diets, resident's personal preference for eating alone or in the dining room setting. [8.370.14.22 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.22 B (2) Based on review and interview, the facility failed to ensure 1 (Direct Care Staff [DCS] #1) of 1 (DCS#1) personnel record were available for review by the licensing authority. This deficient practice could potentially lead to the facility's inability to provide documented proof they followed the licensing authority pre-hire requirements ensuring the people they hired did not have questionable criminal backgrounds and documented proof employees recieved appropriate training enforced by licensing authority standards in order to provide quality resident care. The findings are: A. On 04/21/25, document review and interview indicate, staff census (received from administrator on 4/21/25) shows the current administrator started on 10/02/24, and the previous administrator left on 10/01/24.	8 022	8.370.14.22 B (2) To ensure that DCS records are kept and are available for review. The ED and BOM have created a new filing system for past and present employees. All records of current employees are kept updated and ready in BOM's office. Past employees will have all records placed together in a filing system dated for each year. This will create easy access.	6/7/25

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8 022	Continued From page 12 B. On 04/22/25 at 10:22 am, during an interview, DCS#1 confirmed she was hired on 05/06/24, and was released of duties on 10/01/24. C. On 04/23/25 at 4:24 pm, a document request for the employee file of DCS#1 was submitted to the Wellness director. D. On 04/24/25 at 2:15 pm, during an interview, the Wellness director confirmed previous DCS#1's employee file disappeared at the time the previous administrator vacated her position on 10/01/24. The current administrator took over the position on 10/02/24.	8 022		
8 023	8 NMAC 370.14.23 Pets Pets are permitted in a licensed facility, in accordance with the facility's rules. A. Prohibited areas: Animals are not permitted in food processing, preparation, storage, display and serving areas, or in equipment or utensil washing areas. Guide dogs for the blind and deaf and service animals for the handicapped shall be permitted in dining areas pursuant to Subsection K of 7.6.2.9 NMAC. B. Vaccination: Pets shall be vaccinated in accordance with all state and local requirements and records of such vaccination shall be kept on file in the facility. [8.370.14.23 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.23 B	8 023		

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8 023	Continued From page 13 See [8.370.14.23 NMAC - N, 7/1/2024]. Based on record review, observation, and interview, the facility failed to ensure for 1 (R[redacted] of 8 (R#'s 1 through 8) residents with pets that the pets had up to date annual vaccinations, in accordance with New Mexico state and local regulations. This deficient practice could likely cause the residents, staff members and other facility pets to be exposed to contagious feline diseases such as Immunodeficiency Virus, Feline Leukemia, respiratory infections and other pathogens (organisms that can cause disease) spread by contact with an unvaccinated pet. The findings are: A. On 04/21/25 at 11:02 pm, during an observation in R[redacted] [redacted] there were two cats: 1. [redacted]. 2. [redacted] B. Record review of R[redacted] signed New Mexico Pet Addendum (additional admission contract document needed for residents' pets at the facility), revealed R[redacted] was admitted to the facility and signed the Pet Addendum Agreement on [redacted] R #3 was granted permission for one cat and given an exception to the one pet rule, for a second cat. C. Record review of the Certificate of Vaccination from [Name of Veterinary Hospital] stated both cats were given the 01-year FVCRP (Feline Viral Rhinotracheitis, Calici virus, and Panleukopenia) vaccine combination and the 01-year Rabies (A deadly viral disease effecting humans if not treated) vaccination on 10/10/23, prior to R[redacted] admission. These vaccination records revealed	8 023	1.370.14.23 B To keep in compliance with state regulation for pets, the community will keep a binder of vaccinations for those individual residents that have pets in the building. The BOM will be responsible for upkeeping and notifying residents and/or POA of expirations of vaccines. The BOM will send out notification, whether email, letter, phone call, 30 days prior to expiration in order to stay in compliance with state and local requirements.	6/7/25

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	7117	A. BUILDING: _____ B. WING _____	C 04/24/2025

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8 023	Continued From page 14 the vaccinations given were only covered for 1 year and the expiration date for both cats' vaccinations was 10/10/24. D. On 04/22/25 at 2:53 pm, during an interview, the Executive Director (ED) stated the facility had no documentation of current vaccination records for R[redacted] two cats and the current vaccination records on file were expired.	8 023		
8 025	8 NMAC 370.14.25 Resident Evaluation A. A resident evaluation shall be completed by an appropriate staff member within 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. 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 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;	8 025		

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8 025	Continued From page 15 (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 months of admission. A resident 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 months or when a significant change in health status occurs. [8.370.14.25 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.25 B C (17) Based on record review and interview, the facility failed to ensure for 1 (R #3) of 8 (R #'s 1 through 8) resident's evaluations were revised after a significant change occurred in the resident's health status. This deficient practice could likely result in staff not implementing the most appropriate care,	8 025	8.370.14.25 B C (17) To ensure the safety of all residents and appropriate care, the Health and Wellness Department will assess all residents coming back to the community that has been absent over 24 hours due to a change in health status. Assessments will be kept in the medical documenting system and reviewed with the resident or POA to confirm POC. POC will then be translated to DCS to perform daily tasks.	6/7/25

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8 025	Continued From page 16 interventions and treatments needed for the resident. The findings are: A. Record review of R #3's facility admission agreement revealed R #3 was admitted to the facility on [redacted] B. Record review of R #3's internal incident report (facility's report) to the Licensing Authority received 09/05/24, revealed R #3 had un[redacted] on [redacted] during the night and sustained a [redacted] back to the facility on 10/17/24. C. On 04/29/25 at 9:30 am, during an interview, the [redacted] explained R #3's care conference was conducted before [redacted] return to the facility on 10/17/24 and there were interventions put in place to facilitate [redacted] return, such as physical therapy (the treatment of disease, injury or physical conditions by methods such as exercise, massage and heat treatments rather than drugs or surgery), occupational therapy (a treatment that helps people to improve their ability to perform daily tasks), speech therapy (a treatment to help people to improve their ability to talk and use other language skills) and nursing care. D. Record review of R #3's internal incident reports revealed R #3 had [redacted] on file on [redacted]. The fall on [redacted] resulted in injury.	8 025	The POC, Plan of Care, that is created after the assessment can and will also be updated/reviewed every 6 months, change of condition, absenteeism of 24+ hours from the community due to medical conditions or by request of the POA.	

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8 025	Continued From page 17 E. Record review of R #3's evaluation dated [redacted] revealed the evaluation was not revised to reflect R #3's significant change in health status and no facility evaluation completed after the fall on [redacted] or that [redacted] was a fall risk after the fall on [redacted]. The evaluation dated [redacted] was also not updated to reflect that the resident was a fall risk after [redacted] current falls on [redacted]. F. Record review of an email from the Executive Director on 04/30/25 at 11:45 am, confirmed R #3 had not had a facility evaluation completed after R #3's significant change in health status.	8 025		
8 032	8 NMAC 370.14.32 Reporting of Incidents A. The facility shall insure that all suspected cases or known incidents of resident abuse, neglect or exploitation are reported in accordance with 8.370.9 NMAC. (1) The facility shall also report any incident or unusual occurrence which has or could threaten the health, safety, or welfare of the residents and staff to the licensing authority complaint hotline within 24 hours or by the next business day, if it is a weekend or a holiday. (2) The facility shall not delay a report to the complaint hotline while an internal investigation is conducted. B. The facility is responsible for conducting and documenting the investigation of all incidents within five business days and shall submit a copy of the investigation report to the licensing authority. A copy of the report and the documentation, including the date and time that it was submitted to the licensing authority, shall be maintained on file at the facility. The investigation	8 032		

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8 032	Continued From page 18 shall include the following: (1) a narrative description of the incident; (2) the result of the facility's investigation shall be recorded on the state approved incident report form for the current year, pursuant to 8.370.9 NMAC; and (3) plans for further actions in response to the incident. [8.370.14.32 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.32 (A); (B) Based on record review and interview, the facility failed to ensure for 1 (R #3) of 1 (R #3) resident that an unwitnessed fall with injury was reported to the Licensing Authority within 24 hours or the next business day and that an investigation was submitted to the Licensing Authority within five (5) business days of the incident date. This deficient practice could likely result in preventing staff from determining the cause of the incident, identifying staff training opportunities, and implementing changes as needed. The findings are: A. Record review of R #3's facility admission agreement revealed R #3 was admitted to the facility on [redacted] B. Record review of R #3 facility file revealed an internal incident report of a recent unwitnessed fall with [redacted] dated [redacted]	8 032	8.370.14.32 (A) (B) The community will have training with DCS to clarify reporting requirements. Any incidents that could be threatening to the health, safety or welfare of the residents will be reported within 24 hours to the licensing Authority then followed up with a 5-day report by H&W Director or Executive Director. Records of the incident will be noted in the community's system for incidents. All reported incidents that were given to the Licensing Authority will be printed and kept in tan incident file in the Executive Director's office for future review if needed.	6/7/25

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8 032	Continued From page 19 C. Record review of the facility's internal incident report, dated [redacted], revealed R #3's fall may have occurred around 12:00 am on [redacted] Two caregivers found R #3 on the floor, next to the couch. The health and wellness assistant director, the power of attorney (POA), and the [redacted] were notified, as R #3 had complained of pain in [redacted] D. On 04/24/25 at 03:47 pm, during an interview, the Executive Director (ED) confirmed R #3's incident was not reported to the Licensing Authority within twenty-four (24) hours nor was the investigation submitted to the Licensing Authority within five (5) business days of the incident date. E. Record review of the State Database revealed R #3's incident dated [redacted], was not reported to the Licensing Authority until 05/01/25 and the follow up investigation report dated 05/01/25 was not submitted within five (5) business days to the Licensing Authority.	8 032		
8 035	8 NMAC 370.14.35 Medication Administration of medications or staff assistance with self-administration of medications shall be in accordance with state and federal laws. No medications, including over-the-counter medications, PRN (when needed) medications, or treatment shall be started, changed or discontinued by the facility without an order from the physician, physician assistant or nurse practitioner and with entry into the resident's record. A. State board of nursing licensed or certified health care professionals are responsible for the	8 035		

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8 035	Continued From page 20 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 medications shall know interactions or possible side effects that might occur.	8 035		

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8 035	Continued From page 21 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 self-administered, administered with assistance or is administered;	8 035		

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8 035	Continued From page 22 (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 errors and the prescriber's response shall be kept in the resident's record.	8 035		

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8 035	Continued From page 23 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. [8.370.14.35 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.35 G (19) (20) (M) Based on record review, observation and interview, the facility failed to ensure for 1 (R #3) of 8 (R #'s 1 through 8) residents that the medication for [redacted] had been given at the correct dosage and frequency as ordered by the physician. This deficient practice could likely result in the resident [redacted] if they miss the prescribed dosage as well as having [redacted] if they were given more than the prescribed dosage. The findings are: A. Record review of R #3's physician order dated 03/26/25, revealed [redacted] B. Record review of R #3's Medication Administration Record (MAR), dated 04/01/25 through 04/20/25, revealed the following: 1. 04/01/25 through 04/10/25, R #3 was administered [redacted] 2. 04/11/25, though 04/12/25, R #3 was not administered [redacted]	8 035	8.370.14.35 G(19) (20) (M) In person training for DCS will ensure to review correct rules and regulations for medication administration and to clarify the process of what to do for medication errors. 1. The training will include how to correspond with physicians, agencies or POA's involved in the individual residents' care, 2. Training on comparing orders and prescriptions being received. 3. Reviewing the seven rights of medications will be reviewed with the Medications Aids. 4. Medication Aid pass audit will be done each month for everyone certified to pass medications.	6/7/25

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8 035	Continued From page 24 3. 04/11/25, though 04/12//25, R #3 was administered a [redacted] 4. 04/13/25, 04/19/25, and 04/20/25, R #3 was not administered [redacted] 5. 04/14/25 through 04/18/25, R #3 was administered [redacted] 6. 04/14/25 through 04/18/25, R #3 was not administered a [redacted] C. On 04/23/25 at 04:17 pm, during an interview, Direct Care Staff #2/Medication Technician (DCS #2) stated the medication is not consistently given because the bottle of [redacted] goes missing on the cart sometimes. DCS #2 also stated when the bottle of [redacted] was not found, the medication technicians used the exception, "Awaiting Medication From the Pharmacy/Family". D. On 04/24/25 at 10:30 am, during an observation, the [redacted] container inside the cart was a small white bottle of capsules that read, [redacted] on the label. The description on the back label of the [redacted] bottle revealed the dosage per [redacted] E. On 04/24/25 at 02:00 pm, during an interview, the health and wellness assistant director confirmed the [redacted] on the MAR had not been dispensed at the correct frequency, as prescribed by the physicians order. She stated, the staff seemed like they were marking the medication as awaiting the medication rather than looking for it. F. On 04/24/25 at 02:27 pm, during a follow-up interview, the health and wellness assistant director (HWAD) stated they were not aware the	8 035	These reviews and audits will be conducted by the Director of Health and Wellness, Assistant Director of Health and Wellness or the Director of Memory Care.	

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8 035	Continued From page 25 [redacted] listed on R#3's MAR had not been dispensed in the correct dosage [redacted] as written on R#3's MAR. The HWAD stated they had given R #3 the medication the night before and did not see the error in dosage. The HWAD confirmed the bottle was labeled [redacted] and that R #3 had not received the [redacted] as written on the MAR but was administered the [redacted] dosage.	8 035		
8 036	8 NMAC 370.14.36 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 meals or their equivalent each day at regular times with no more than 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	8 036		

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8 036	Continued From page 26 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 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 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	8 036		

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8 036	Continued From page 27 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 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, 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	8 036		

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8 036	Continued From page 28 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. (1) The facility shall ensure that a minimum of a three calendar day supply of perishables and a five 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 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 35 - 41 degrees fahrenheit. (b) Freezer temperatures shall be maintained at zero degrees fahrenheit or below. (3) Refrigerators and freezers shall be kept clean and sanitary at all times. Food stored in	8 036		

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8 036	Continued From page 29 refrigerators and freezers shall be covered, dated and labeled. Unused leftover food shall be discarded after three 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 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. (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 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 41 degrees fahrenheit; (b) the temperature for all hot foods is maintained at 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	8 036		

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8 036	Continued From page 30 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. [8.370.14.36 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.36 C 1. (b),1 (c), 5. Based on observation and interview, the facility failed to ensure kitchen utensils/dishes were stored in a clean, dry, protected area free from contamination from pests and rodents and kitchen walls, ceilings, floors, food coverings and kitchen appliances where food or drink was stored, prepared and served were kept clean and in good repair. As well that kitchen staff wore hair nets or caps at all times. These deficient practices could likely result for all residents (R #1 through R #130) identified on the resident census provided by the Executive Director on 04/21/25, to be at risk of food contamination due to utensils/dishes being stored in a area exposed to pests/rodents, food particles/grease present on cooking appliances, walls, kitchen floors, storage shelves, damaged/unsealed food storage lids and containers and food handlers not wearing hair net or caps at all times.	8 036	8.370.14.36 C1. (b), 1 (c) 5 To ensure that the kitchen is protected from contamination the kitchen will maintain a cleaning schedule for all areas on a weekly basis. This will focus on cleaning the floors, utilities, and refrigerators. Hairnets or caps will be required for all staff members assigned employment in the kitchen	6/7/25

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8 036	Continued From page 31 The findings are: A. On 04/21/25 at 9:01 am, during observation of annexed (joined on to or adjacent to) kitchen storage room the following items were observed stored near a bug floor strip containing dead cockroaches on a rust/dirt stained floor: 1. plastic crates with drinking glasses/mugs 2. a large rolling bin of metal food containers 3. a large plastic bowl 4. a dirty plastic tablecover 5. plastic cutting boards 6. a metal ice bucket B. On 04/21/25 at 9:20 am, during an interview, the Maintenance manager confirmed the annexed kitchen storage room was storing kitchen dishes and accessories near a bug floor strip with dead insects. C. On 04/21/25 at 8:45 am, during observation of the entire kitchen and the walk-in freezer floors the following was observed: 1. Food particles found throughout kitchen and freezer floors. 2. Dried food particles were observed on metal surfaces/appliances and shelves. 3. A bug strip with dead insects underneath a kitchen sink. 4. Food spills on back aisle kitchen walls. 5. A rolling serving cart with dried food particles (located near the stove). 6. A dried (orange-colored) liquid spill on (back row) kitchen floor. 7. A white, powdery substance near a dead insect underneath dry food racks. 8. Dried food on the side of a garbage can. 9. Food particles stuck in crevices of (plastic) storage containers.	8 036	To ensure the kitchen sanitary process is being completed the Director of Culinary will maintain this compliance going forward.	

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8 036	Continued From page 32 10. Dried food on metal storage racks (back aisle). 11. Dried food/grease on the surface of double ovens and stove top. D. On 04/21/25 at 9:20 am, during an interview, the Culinary Director confirmed the freezer floors and kitchen area had food particles, dried liquid floors spills and bug strips with dead insects. E. On 04/24/25 at 11:24 am, during an observation of the kitchen/dining area, two kitchen staff were observed serving food to residents without a hair nets or caps. F. On 04/24/25 at 11:25 am, during an interview, the Culinary Director confirmed two kitchen staff were not wearing the required hairnets/caps.	8 036		
8 038	8 NMAC 370.14.38 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	8 038		

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8 038	Continued From page 33 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. [8.370.14.38 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.38 (A) (C) Based on observation and interview, the facility failed to ensure the restroom near the dining room was clean and free from offensive odors and that poisonous chemicals were stored in secured areas and not in or near residential areas. These deficient practices could likely cause harm to residents if they are exposed to unsanitary conditions or were to spill chemicals on themselves or ingest (take food, drink, or another substance in the body by swallowing or absorbing it) the cleaning supplies or hazardous chemicals (any chemical which can cause a physical or a health hazard). The findings are: A. On 04/24/25 at 11:30 am, during observation of the bathroom near the dining room was not clean or free from offensive odors it revealed the toilet bowl had a yellow liquid substance that appeared to be vomit with toilet paper on top of it. B. On 04/24/25 at 04:58 pm, during an interview, the Wellness Director confirmed the bathroom was not clean or free from offensive odors.	8 038	8.370.14.38 (A) (C) Cleanliness and sanitation of bathrooms will be a focus of the housekeeping department. If there is a communal area that needs attention, housekeeping will make priority of that area before any other. DCS and all Directors will notify housekeeping via intercom to have the situation corrected immediately. The storage unit containing chemicals in the memory care unit was not latching. This was corrected on the same day, 4/21/25, of notification by state agent. Ongoing, the Maintenance Director will check storage units and locks and handles on a monthly basis for proper access and will be documented in the electronic maintenance system.	6/7/25

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8 038	Continued From page 34 C. On 04/21/25 at 11:15 am, during an observation of the storage unit door in the memory care unit in the east hall, the handle did not latch and the door was able to be opened. The following chemicals were found unsecured and accessible to the memory care residents: 1. One (1) 17 oz (ounces) aerosol stainless steel cleaner. 2. One (1) 16 oz bottle of multipurpose cleaner. 3. One (1) 67.6 oz general purpose deodorant concentrate. 4. One (1) 1-lb (pound) 5.5 oz disinfecting wipes. 5. One (1) 10 oz can aerosolize gel lubricant. 6. One (1) 7 oz bottle insecticide. 7. One (1) 2.2 oz liquid insect bait. 8. One (1) 32 oz Multi-use kitchen cleaner. 9. Two (2) 1 gallon liquid detergent concentrate. 10. One (1) 1.7 box concentrated coffee and tea destainer. D. On 04/21/2025 at 11:24 am, during an interview, the maintenance director stated the Memory Care storage unit door was unsecured and had hazard and poisonous chemicals that were accessible to residents.	8 038		
8 042	8 NMAC 370.14.42 Maintenance of Building and Grounds The building(s) shall be maintained in good repair at all times. Such maintenance shall include, but is not limited to, the following areas:	8 042		

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8 042	Continued From page 35 A. Storage areas/grounds: Storage areas and grounds shall be maintained in a safe, sanitary and presentable condition at all times. Storage areas and grounds shall be kept free from accumulation of refuse, weeds, discarded furniture, old newspapers or other items that create a fire hazard. B. Floors: Floors shall be maintained stable, firm and free of tripping hazards. [8.370.14.42 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: NMAC 8.370.14.42 A Based on observation and interview, the facility failed to ensure that ceiling tiles in the kitchen and annexed kitchen hallway of the facility were in good condition, had no penetrations/perforations (holes/gaps), and were maintained in good repair at all times. This deficient practice could likely result in all (R #s 1-130) residents listed on the census, provided by the Administrator on 04/21/25, to be at risk of harm, injury, or death if there was a fire and it was not contained due to perforations (holes/gaps) in the ceilings. The findings are: A. On 04/21/25 at 9:20 am, during a walk through of the facility kitchen and annexed hallway revealed ceiling tiles: 1. Were not secured or attached to the ceiling properly. 2. Had (1/4) one-forth inch or larger perforations around the edges. 3. Had (1) one inch and larger perforation holes in them.	8 042	8.370.14.42A To ensure that the building maintenance is kept up to date. The Maintenance Director/department will review ceiling tiles monthly and replace those that are distressed and out of compliance. The ceiling tiles in question were replaced on the same day, 4/21/25, when State Agent reported the deficiency to the Maintenance Director.	6/7/25

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8 042	Continued From page 36 4. Had missing ceiling tiles causing electrical wires to be exposed. B. On 04/21/25 at 9:22 am, during an interview, the maintenance manager confirmed that the kitchen area and annexed hallway had ceiling tiles that were not secured or attached to the ceiling properly, had (1/4) one-fourth inch or larger perforations in them, had perforation holes and/or missing tiles causing electrical wires to be exposed.	8 042		
8 052	8 NMAC 370.14.52 Corridors A. Corridors in an existing building shall have a minimum width of 36 inches. Corridors in newly constructed facilities shall have a minimum width of 44 inches. B. Corridors shall have a clear ceiling height of not less than seven feet measured to the lowest projection from the ceiling. C. Corridors shall be maintained clear and free of obstructions at all times. D. The floors of corridors and hallways shall be waterproof, greaseproof, smooth, slip-resistant and durable. [8.370.14.52 NMAC - N, 7/1/2024] This REQUIREMENT is not met as evidenced by: 8.370.14.52 C Based on observation and interview, the facility failed to ensure corridors were maintained free and clear of obstructions at all times. This deficient practice could potentially lead to delays and/or inability for residents utilizing corridors to exit the facility safely in cases of an	8 052	8.370.14.52 C To ensure ease of all access points, the corridor in question was cleaned and cleared the same week the State Agent brought it to the attention of the Maintenance Director. The Maintenance Director will maintain the organization and cleanliness of the corridors to ensure ease of exit doors.	6/7/25

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8 052	Continued From page 37 emergency. The findings are: A. On 04/21/25 at 9:20 am, during a walk through of the kitchen and annexed (joined on to or adjacent to) hallway, the following items were observed near exit doors: 1. One (1) wheelchair. 2. Two (2) damaged lounge chairs. 3. Two (2) porcelain toilets on a flatbed dolly. 4. One (1) laundry roller cart with a bag of trash. 5. One (1) detached door 6. One (1) small cabinet panel 7. Two (2) bathroom sinks B. On 04/21/25, during a interview, the facility maintenance manager confirmated the identifying objects were stored near the annexed hallway (delivery dock) exit doors.	8 052		