

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 4047	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/30/2025	
NAME OF PROVIDER OR SUPPLIER AVAMERE AT RIO RANCHO		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 RIVERVIEW DRIVE SE RIO RANCHO, NM 87124		
(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 07/30/2025 for the state requirements of NMAC 8.730.14, Regulations for Assisted Living for Adults. Census: 80 Assisted Living, 26 Memory Care 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 deficiencies were not cited. Complaint intake NM [REDACTED] was investigated and deficiencies were not cited	8 000		
8 045	8 NMAC 370.14.45 Water Pursuant to the current New Mexico drinking water requirements: A. The water supply system shall be constructed, protected, operated and maintained in conformance with applicable local, state and federal laws, ordinances and regulations. B. Where a facility is supplied by its own water system, the system shall meet the sampling and construction requirement of a non-community water system as defined by the current New Mexico drinking water requirements. C. All water that is not piped into the facility directly from a public water supply system shall be from an approved source, disinfected, transported, handled, stored and dispensed in a sanitary manner. Such water shall be prevented from entering potable water systems by appropriate cross connection and backflow prevention devices. D. Hot and cold running water, under pressure shall be provided in all areas where food is	8 045	8.045.8 Ongoing scheduled mixing valve audits will be conducted by Maintenance Director or designee to ensure regulatory compliance. Data will be reviewed monthly during quality improvement oversight meetings. Third party HVAC/Plumbing vendor came to test the mixing valve on 5/23/25 and found it to be working properly. Ongoing temperature audits have been documented weekly, and temperature fall within compliance. Community will continue to monitor water temperatures on a weekly basis and record in TELS Building Management Services system. Additionally we will do random checks on the apartments' water that were an issue.	Completed date 7/28/25 and ongoing

From:

08/21/2025 16:31

#111 P.002/011

LAURA SCHLAFMAN-PHILIPS

PRINTED: 08/11/2025
FORM APPROVED

Division of Health Improvement
Division of Health Improvement

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



TITLE EXECUTIVE DIRECTOR (X6) DATE

8/21/24

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8 045	<p>Continued From page 1</p> <p>prepared and where equipment and utensils are washed, sinks, lavatories, washrooms and laundries.</p> <p>E. The hot water temperature that is accessible to residents shall be maintained at a minimum of 95 degrees fahrenheit and a maximum of 110 degrees fahrenheit. Hot water in excess of 110 degrees fahrenheit is permitted in kitchen and laundry areas, provided that residents are supervised in order to prevent injury. [8.370.14.45 NMAC - N, 7/1/2024]</p> <p>This REQUIREMENT is not met as evidenced by: 8.370.14.45 E</p> <p>Based on record review and interview, the facility failed to ensure the water in the facility was adequately running and that the hot water reached 95 degrees Fahrenheit and a maximum of 110 degrees Fahrenheit, in resident rooms.</p> <p>These deficient practices could likely result in the residents listed on the census provided by the Administrator on 07/28/2025, being inconvenienced by having to walk to communal areas to take a hot shower, bathe and conduct other grooming tasks.</p> <p>The findings are:</p> <p>A. On 07/28/2025 at 2:04 pm, during an interview, R #2 stated the water in the entire facility was out sporadically for 2 months, from May 2025 to July 2025 and hot water didn't work while taking a shower as well.</p> <p>B. On 07/30/2025 at 8:55 am, during an interview, R#11 stated the water was not running adequately, nor was the hot water adequate on</p>	8 045		

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8 045	Continued From page 2 the Northwest section of the second floor, sporadically from May 2025 to late June 2025. C. On 7/30/2025 at 9:15 am, during an interview R#13, stated the water was shut off a week ago and hot water was not working sporadically from May 2025 to June 2025, in the NW part of facility on the second floor. D. On 07/29/2025 at 10:48 am, during an interview the maintenance director (MD) confirmed that the water supply and hot water was not working in Rooms 209 through 237, which is located in the Northwest part of the building on the second floor, at different times from January 2025 through June 2025. Record review of maintenance logs also confirmed this information. E. On 07/29/2025 at 9:36 am, record review of maintenance logs from the maintenance director (MD) confirmed the water was not running and hot water was not working also, due to a mixing valve not working correctly.	8 045		
8 069	8 NMAC 370.14.69 Memory Care Units An assisted living facility that provides a memory care unit to serve residents with dementia shall comply with the provisions of subsection A-J below in addition to the rules applicable to all assisted living facilities, 8.370.14 NMAC. A. Additional definitions: The following definitions, in addition to those in 8.370.14.7 NMAC, shall apply. (1) "Alzheimer's" means a brain disorder that destroys brain cells, causing problems with memory, thinking and behavior that are severe enough to affect work, lifelong hobbies or social	8 069	8.069.8 DHS or designee will be notified via phone, text or in person, of any behavioral occurrences (physical aggression, verbal aggression, or new onset). An evaluation will be conducted to determine whether the resident remains appropriate for the memory care setting and review	Estimated to be completed by 9/10/25 and ongoing

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			<p>and update the service plan for any changes that may be necessary. Any physical aggression will be documented through progress notes, incident reports, behavior tracking logs in the electronic health record (PCC). Daily oversight will be held during our morning Clinical Stand Up meetings by the ED and DHS. Regular evaluation of system will be reviewed in the monthly Continuous Quality Improvement (CQI) meeting.</p> <p>Staff training will be conducted in how to respond to aggressive behaviors in memory care, through the electronic learning system. This will be documented in the employee training records. We will also re-train staff on the incident report process.</p>	
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8 069	<p>Continued From page 3</p> <p>life. Alzheimer's gets progressively worse and is fatal.</p> <p>(2) "Care coordination agreement requirement" means a written document that outlines the care and services that are provided by other outside agencies for assisted living residents that require additional care and services.</p> <p>(3) "Dementia" means loss of memory and other mental abilities severe enough to interfere with daily life. It is caused by changes in the brain.</p> <p>(4) "Memory care unit" means an assisted living facility or part of or an assisted living facility that provides added security, enhanced programming and staffing appropriate for residents with a diagnosis of dementia, Alzheimer's disease or other related disorders causing memory impairments and for residents whose functional needs require a specialized program.</p> <p>(5) "Secured environment" means locked (secured/monitored) doors/fences that restrict access to the public way for residents who require a secure unit.</p> <p>B. Care coordination requirement. An assisted living facility that accepts residents with memory issues shall determine which additional services and care requirements are relevant to the resident and disease process.</p> <p>(1) The medical diagnosis and ISP shall be utilized in the determination of the need for additional services.</p> <p>(2) The assisted living facility shall ensure the coordination of services and shall have evidence of an agreement of care coordination for all services provided in the facility by an outside health care provider.</p> <p>C. Employee training: In addition to the training requirements for all assisted living facilities, pursuant to 8.370.14.17 NMAC, all employees assisting in providing care for memory unit</p>	8 069		

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8 069	<p>Continued From page 4</p> <p>residents shall have a minimum of 12 hours of training per year related to dementia, Alzheimer's disease, or other pertinent information.</p> <p>D. Individual service plan (ISP): An assisted living facility that admits memory care unit residents shall create an ISP in coordination with the resident's primary care practitioner, in compliance with the requirements outlined in "individual service plan," 8.370.14.26 NMAC, pursuant to a team meeting as described in "exceptions to admission, readmission and retention," Subsection C of 8.370.14.20 NMAC, and which ensures the following criteria:</p> <p>(1) identification of the resident's needs specific to the memory care unit and the services that are provided; each memory unit resident shall receive the services necessary to meet the individual resident's needs;</p> <p>(2) medications shall be self-administered, self-administered with assistance by an individual that has completed a state approved program in medication assistance or administered by the following individuals:</p> <p>(a) a physician;</p> <p>(b) a physician extender (PA or NP);</p> <p>(c) a licensed nurse (RN or LPN);</p> <p>(d) the resident if their PCP has approved it;</p> <p>(e) family or family designee; and</p> <p>(f) any other individual in accordance with applicable state and local laws.</p> <p>E. Assessments and reevaluations:</p> <p>(1) An assessment shall be completed by a registered nurse or a physician extender within 15 days prior to admission. When emergency placement is warranted the 15 day assessment shall be waived and the assessment shall be completed within five days after admission.</p> <p>(a) The resident shall have a medical evaluation and documentation by a physician, physician's</p>	8 069		

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8 069	<p>Continued From page 5</p> <p>assistant or a nurse practitioner within six months of admission.</p> <p>(b) The pre-admission assessment shall include written findings, an evaluation of less restrictive alternatives and the basis for the admission to the secured environment. The written documentation shall include a diagnosis from the resident's PCP of Alzheimer's disease or other dementia and the need for the resident to reside in a memory care unit.</p> <p>(c) Only those residents who require a secured environment placement or whose needs can be met by the facility, as determined by the assessment prior to admission or on review of the individual service plan (ISP), shall be admitted.</p> <p>(2) A re-evaluation must be completed every six months and when there is a significant change in the medical or physical condition of the resident that warrants intervention or different care needs, or when the resident becomes a danger to self or others, to determine whether the resident's stay in the assisted living facility memory care unit is still appropriate.</p> <p>F. Documentation in the resident's record: In addition to the required documentation pursuant to 8.370.14.21 NMAC, the following information shall be documented in the resident's record:</p> <p>(1) the physician's diagnosis for admission to a secure environment or a memory care unit;</p> <p>(2) the pre-admission assessment; and</p> <p>(3) the re-evaluation(s).</p> <p>G. Secured environment:</p> <p>(1) Memory care unit residents may require a secure environment for their safety. A secured environment is any locked (secured/monitored) area in which doors and fences restrict access to the public way. These include but are not limited to:</p>	8 069		

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8 069	<p>Continued From page 6</p> <p>(a) double alarm systems; (b) gates connected to the fire alarm; and (c) tab alarms for residents at risk for elopement.</p> <p>(2) In addition to the interior common areas required by this rule, the facility shall provide a safe and secure outdoor area for the year round use by the residents.</p> <p>(a) Fencing or other enclosures shall prevent elopement and protect the safety and security of the residents.</p> <p>(b) Residents shall be able to independently access the outdoor areas.</p> <p>(3) Locked areas shall have an access code or key which facility employees shall have available on their person or on the locking unit itself at all times.</p> <p>H. Resident rights: In addition to the requirements pursuant to 8.370.14.32 NMAC, the following shall apply:</p> <p>(1) the resident's rights may be limited as required by their condition and as identified in the ISP;</p> <p>(2) the resident who believes that he or she has been inappropriately admitted to the secured environment may request the facility in contact the resident's legal guardian, or an advocate such as the ombudsman or the primary care practitioner; upon request, the facility shall assist the resident in making such contact.</p> <p>I. Disclosure to residents: A facility that operates a secured environment shall disclose to the resident and the resident's legal representative, if applicable and prior to the resident's admission to the facility, that the facility operates a secured environment.</p> <p>(1) The disclosure shall include information about the types of resident diagnosis or behaviors that the facility provides services for and for which</p>	8 069		

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8 069	<p>Continued From page 7</p> <p>the staff are trained to provide care for.</p> <p>(2) The disclosure shall include information about the care, services and the type of secured environment that the facility and trained staff provide.</p> <p>J. Staffing: The facility shall provide the sufficient number of trained staff members to meet the additional needs of the residents in the secured environment. There must be at least one trained staff member awake and in attendance in the secured environment at all times.</p> <p>[8.370.14.69 NMAC - N, 7/1/2024]</p> <p>This REQUIREMENT is not met as evidenced by: 8.370.14.69 E (2)</p> <p>Based on record review and interview, the facility failed to ensure for 1 (R #4) of 1 (R #4) Memory Care (MC) residents that a re-evaluation was completed when the resident exhibited physical aggression to determine if the resident's stay in the assisted living MC was still appropriate.</p> <p>This deficient practice could likely put residents and staff at risk of physical harm if residents who are aggressive are not evaluated for a higher level of care.</p> <p>The findings are:</p> <p>A. Record review of R #4's internal incident report (facility-created incident report) dated [REDACTED]/25, revealed R #4 grabbed a caregiver (DCS) #1 by the throat while [REDACTED] was trying to give care and assist with changing [REDACTED]</p> <p>B. Record review on 07/29/2025 of R #4's evaluation (dated 02/07/25) revealed, R #4 was</p>	8 069		
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8 069	Continued From page 8 not re-evaluated after the incident of physical aggression on [REDACTED]/2025, to determine if the resident needed a higher level of care. C. On 07/29/25 at 1:04 pm, during an interview, the Memory Care Director (MCD) stated she was aware of the incident on [REDACTED] 25, in which R #4 put [REDACTED] hands on the neck of DCS #1. MCD confirmed R #4 was not re-evaluated after the incident that occurred on [REDACTED]/25.	8 069		